



Arc of Onondaga Corporate Compliance Policies

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Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.1.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Overview/Corporate Compliance Plan

Description: Outlines overview summary of the compliance program

Revision: Revision includes clarification of what is deemed an effective compliance program; added required annual review of compliance policies

Approved by Executive Director: Week of 4/11/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: April Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.1.1
SUBJECT: Corporate Compliance
TOPIC: Overview
Corporate Compliance Plan

POLICY

As a not-for-profit health and human services organization dedicated to improving the everyday lives of people with developmental disabilities, Arc of Onondaga is committed to complying with the rules and regulations of federal, state and local government, including but not limited to those promulgated by the US Centers for Medicare and Medicaid Services and New York State OPWDD. Arc of Onondaga seeks to provide a work environment where high standards of ethical and legal behavior are recognized and practiced.

As Medicaid funding makes up a significant portion of Arc of Onondaga's operating budget, we are under ongoing scrutiny to ensure that our services are appropriate, timely and properly reimbursed. As Medicaid providers, we are subject to the federal and state laws that govern this program.

In the development of this Corporate Compliance Plan, we have relied upon a number of resources including NYSARC's Corporate Compliance Plan and numerous government issuances. An effective Compliance program means a well-integrated compliance plan within our operations and supported by the highest levels of our agency, including the Executive Director, Senior Management and the governing body; promotes adherence to our legal and ethical obligations and is reasonably designed and implemented to prevent, detect and correct non-compliance with Medicaid program requirements, including fraud, waste and abuse. In summary, in order to demonstrate that we have developed an effective compliance program, we must demonstrate that we have:

- (1) developed standards and procedures in order to reduce the prospect of improper conduct; developed policies for non-retaliation and non-intimidation for good faith participation in the Compliance program.
- (2) designated a high-level individual to oversee compliance;
- (3) not delegated authority to individuals who have exhibited a propensity for misconduct;
- (4) taken steps to communicate the standards to our employees and agents;
- (5) engaged in auditory and monetary compliance and established a reporting system in which employees can report potential misconduct without fear of retribution;
- (6) taken appropriate disciplinary measures against individuals found to have violated the Corporate Compliance Plan or related policies and procedures;
- (7) taken reasonable steps to respond and prevent future violations.

Senior Management staff and members of the Board of Directors are directly involved in the implementation and oversight of the Corporate Compliance Plan.

The Corporate Compliance Plan was initially instituted by the Board of Directors on April 2002, and was significantly revised in 2007. The Compliance Plan, including all compliance related policies and procedures, are reviewed on an annual basis and revised as needed, to ensure on-going compliance with regulatory standards and to reflect on-going operations. Our Corporate Compliance Plan also supports and complies with the NYSARC Board of Governors' policy requiring each chapter of NYSARC implement an effective Corporate Compliance Plan.

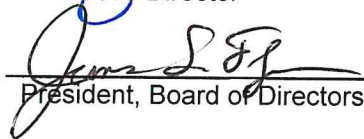
Arc of Onondaga developed this Corporate Compliance Plan, including our Code of Conduct and a wide array of policies and procedures that address key risk areas, to guide our best efforts to operate under ethical and legal standards. Arc of Onondaga expects that all aspects of individual care and business conduct will be performed in compliance with this Corporate Compliance Plan, professional standards and applicable governmental laws, rules and regulations.

DATE: 4/9/2007

REVISED: 4/2012, 2/2022, 2/2023; 4/2023



Executive Director



President, Board of Directors

4-11-2023

Date

4/25/23

Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.1.2
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Overview/Elements of the Corporate Compliance Plan

Description: Outlines the seven key elements of the compliance plan to address key risk areas and overview of the elements

Revision: Revision includes updates to be consistent with OMIG regulations; clarifies that volunteers, interns and contractors are subject to the compliance plan to the extent their role/responsibilities fall within our risk areas; reformatted sections; removed information related to background checks; updated language

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.1.2
SUBJECT: Corporate Compliance
TOPIC: Overview
Elements of the Corporate Compliance Plan

POLICY

The Corporate Compliance Plan consists of seven key elements as well as a wide array of policies and procedures that address key risk areas, to guide our best efforts to operate under ethical and legal standards. An overview of each element is described below.

Element I: Corporate Compliance Plan – Policies and Procedures

Our compliance philosophy is expressed within this Corporate Compliance Plan and related documents, including our Code of Conduct, our policies and procedures related to compliance, program operations, human resources and fiscal management. Collectively, these documents establish standards and procedures that must be followed by Arc of Onondaga employees and, as applicable, independent contractors and the Board. Understanding and following these standards will reduce the prospect of unethical, illegal and criminal conduct.

A. Code of Conduct

The purpose of Arc of Onondaga's Code of Conduct is to provide information and guidance to all employees, independent contracts and the board to assist in carrying out the day-to-day responsibilities within legal and ethical standards.

The Arc of Onondaga Code of Conduct is a set of guiding principles that are more completely developed in the Corporate Compliance Plan and its related policies and procedures. Our Code of Conduct, which reflects our tradition of caring, provides guidance to ensure our work is done in an ethical, legal manner. The Code of Conduct emphasizes the shared common values and culture we seek to cultivate that guides our actions each day.

Arc of Onondaga requires that each employee, volunteer, intern, independent contractors (as appropriate) and Board member sign a written acknowledgment that he or she understands and will follow the Arc of Onondaga Code of Conduct. Volunteers, interns and independent contractors are subject to the compliance program only to the extent that their role and responsibilities fall within Arc of Onondaga's identified risk areas.

B. Policies and Procedures

Arc of Onondaga has developed and will continuously review policies and procedures associated with the Corporate Compliance Plan. These policies and procedures establish the activities and processes that Arc of Onondaga will undertake to operate in conformance with all applicable laws and regulations. The agency will review, revise and develop new policies and procedures, as necessary, to ensure that Arc of Onondaga's operations are conducted with "best practices". The policies and procedures of not only the regulatory components of the agency, 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. Divisional policies and procedures, as well as agency-wide policies, have been established to

outline compliance standards and practices, including documentation and billing of services.

C. Non-Intimidation and Non-retaliation

Arc of Onondaga maintains a policy of non-intimidation and non-retaliation for good faith participation in the compliance program. Specific areas of protected activity include, but are not limited to, reporting potential issues, investigating issues, self-evaluations, audits and remedial actions and reporting to appropriate officials as allowed by NYS Labor Laws §§ 740 and 741

Element II: Compliance Program Structure and Oversight Responsibilities

Arc of Onondaga 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 the Corporate Compliance Officer, and are empowered to implement the Corporate Compliance Plan, investigate compliance concerns, report compliance concerns directly to those in higher positions of authority, up to and including, the President, the Arc of Onondaga Board of Directors and the Executive Director. The Compliance Officer is an employee of the agency and reports directly to the Executive Director.

Arc of Onondaga has established a Corporate Compliance Committee comprised of key management and operations staff and agency leadership with responsibility to meet regularly to advise the Corporate Compliance Officer, to identify and resolve compliance concerns and to continue to improve and refine the agency's overall compliance activities. Arc of Onondaga Board of Directors is an integral part of the Corporate Compliance Plan and is knowledgeable about the content and operation of the agency's Corporate Compliance Plan. The Board of Directors exercises oversight with respect to the implementation and effectiveness of the Corporate Compliance Plan and receives periodic updates directly from the Compliance Officer.

Element III Education and Training

The Board of Directors, all employees and, as applicable, independent contractors, must be informed about regulatory requirements and agency policies and procedures that implement these requirements, as they apply to each individual. Therefore, Arc of Onondaga adequately trains the Board, high-level personnel, substantial authority personnel, employees and independent contractors on the organization's standards and procedures. The agency will continuously identify training topics, including those arising as a result of self-monitoring, audits by regulatory agencies and regulatory developments.

New employees receive training in the Arc of Onondaga Code of Conduct, this Corporate Compliance Plan and those policies and procedures relevant to their job duties as part of agency-wide Orientation. Additional training, tailored to the roles and responsibilities of each group of individuals and in a manner that the individual can understand, is provided on a divisional basis. Compliance training is provided annually to all employees.

Element IV: Reporting of Compliance Concerns

Reporting

All covered parties, which include employees, former employees, directors, officers, volunteers and independent contractors, have a responsibility to report through our

compliance processes any activity by any colleague, clinician, independent contractors or client that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice or the Corporate Compliance Plan. Arc of Onondaga encourages a culture in which all covered parties feel free to report behaviors or actions which they believe should be reported. Therefore, the effectiveness of our Corporate Compliance Plan depends on the willingness and commitment of the employees in all parts and at all levels of the agency to step forward, in good faith with questions and concerns. Likewise, we are committed to making every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports a concern in good faith.

For the purpose of reporting compliance concerns, all covered parties have access and can report concerns directly to the Compliance Officer. The Compliance Officer can be contacted in a variety of ways, including direct contact, in writing or via telephone. The Corporate Compliance Hotlines allows for anonymous and confidential reporting of compliance issues.

It is an expected good practice, when one is comfortable with it and thinks it is appropriate under the circumstances, for concerns to be raised first with a supervisor. If this is not comfortable or not a viable option, covered parties are encouraged to contact the Compliance Officer at 315-476-7441, extension 1127 or the Corporate Compliance Hotline at 476-7441, extension 1310

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

Element V: Disciplinary Action and Incentives

Failure to comply with the Corporate Compliance Plan, the Code of Conduct and/or laws and regulations applicable to Arc of Onondaga 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 Division Director, the appropriate member of the Executive Management team, the Human Resources Director, and the Corporate Compliance Officer and, as appropriate, the Executive Director. 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 agency will endeavor to be consistent in its approach to discipline with the same disciplinary action for similar offenses. Disciplinary actions applicable to the Board of Directors will be handled in accordance with the Board's governing documents. Sanctions against independent contractors, interns and/or volunteers may include dissolution of business arrangements/contracts. The agency will also seek to reward employees who foster a culture of compliance.

Element VI: Auditing and Monitoring

A. Internal Auditing and Monitoring

Arc of Onondaga 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.

B. Compliance Program Review

In order to build upon and promote improvements in areas of compliance, an annual review of the effectiveness of the compliance plan is completed by the Corporate Compliance Officer, working with the Compliance Committee. An outside entity may also be used to complete a compliance program effectiveness review. An annual work plan is then developed by the Corporate Compliance Officer and approved by the Compliance Committee.

C. Exclusion Checks

Arc of Onondaga checks to determine if new hires or existing employees, independent contractors and members of the Board of Directors have been excluded from participation in the federal healthcare programs by checking the OMIG and OIG's "List of Excluded Individuals/Entities", a database which provides a list of parties excluded from participation in federal healthcare programs. Similarly, the General Services Administration maintains the List of Parties Excluded from Federal Procurement and Nonprocurement programs, which identifies those parties excluded from receiving federal contracts or certain subcontracts and certain types of federal financial and nonfinancial assistance and benefits.

Arc of Onondaga also complies with requirements promulgated under state law with respect to background checks and appropriate screening activities as those requirements apply to personnel with the agency's operations.

Element VII: Responding to Compliance Issues

Arc of Onondaga is committed to fostering our culture of compliance through detecting, correcting and preventing 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 agency'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.

REFERENCE:

DATE: 4/9/2007

REVISED: 8/2009, 1/2011, 4/2021, 2/2022, 2/2023


Executive Director

2/6/2023
Date


President, Board of Directors

3/1/27
Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.2.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element I/Code of Conduct

Description: Outlines standards of conduct as part of the Compliance Plan

Revision: Revision includes addition of language that conduct contrary to the Code of Conduct is a violation of the compliance plan; clarified applicability to contractors whose scope of work subject them to the compliance plan; updated procedure for annual board review of the code of conduct

Approved by Executive Director: Week of 4/10/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: April Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.2.1
SUBJECT: Corporate Compliance
TOPIC: Element I/Code of Conduct

POLICY

All employees, interns, volunteers, independent contractors and vendors and Board members must know, understand and follow the Arc of Onondaga Code of Conduct. It is an integral component of our Corporate Compliance Plan and provides guidance to all employees and assists us in carrying out our daily activities within appropriate ethical and legal standards. Conduct contrary to the Code of Conduct is considered a violation of the compliance program and related policies and procedures.

Each staff member is provided with a copy of the Code of Conduct at the time of initial hire and at the time of annual training. New staff will be trained on our Code of Conduct during agency-wide Orientation and will sign an acknowledgment of the Code of Conduct at that time, indicating his or her receipt of the Code and understanding and commitment to follow the Code of Conduct.

The Code of Conduct is reviewed as a part of the annual Corporate Compliance training. At that time, the employee will be required to re-sign the acknowledgement form.

While all employees are obligated to follow the Arc of Onondaga Code of Conduct, the agency management team is expected to set an example. We expect all Arc supervisory employees to:

1. exercise their responsibilities in a manner that is kind, sensitive, thoughtful and respectful. We expect each supervisor to create an environment where all employees feel free to raise concerns and propose ideas;
2. ensure their employees have sufficient information to comply with laws, regulations and agency policies and procedures, including but not limited to those related to the Corporate Compliance Plan and to resolve ethical dilemmas. Supervisors must create a culture within the agency which promotes the highest standards of ethics and compliance.

PROCEDURE

Person(s)

Chief Compliance and Quality Officer or designee

Responsibility

Conducts Corporate Compliance session during agency orientation.

As part of training session, distributes and reviews Code of Conduct. Ensures attending staff, interns or volunteers sign Acknowledgement form.

Forwards signed Acknowledgement forms to HR Department, for personnel files.

Conducts annual Corporate Compliance training. As part of training session, reviews Code of Conduct and has all employees, interns or volunteers sign Acknowledgement forms. If annual training is held via the Learning Management System (LMS), the Code of Conduct will be reviewed through the LMS.

Independent contractors, consultants and vendors involved in providing service to individuals, providing auditing/billing functions and/or who are subject to other risk areas of the agency as determined by the Compliance Officer based on their scope of work will be provided with a copy of the Code of Conduct at the time of entering into a written agreement with the Arc of Onondaga.

Each independent contractor, consultant or vendor will sign an acknowledgement of the Code of Conduct at the time of initial contract and at renewal, indicating his or her understanding and commitment to follow the Code of Conduct.

PROCEDURE

Person(s)

CFO and Chief Compliance and Quality Officer

Responsibility

Determines if new vendor or contractor meets criteria for signing Code of Conduct.

As applicable, at time of signing initial contract and upon renewal, works with Finance staff to ensure independent contractor, consultant or vendor reviews Code of Conduct and signs Acknowledgement form.

Chief Compliance and Quality Officer

Maintains original Acknowledgement form in the QA office.

Maintains list of contractors and vendors who have signed the Code of Conduct,

On an annual basis, sends letter to identified vendors or contractors reminding them of the Code of Conduct and the Arc

of Onondaga Compliance plan as well as providing the link to documents on the Arc of Onondaga website.

Each Board member shall be provided with a copy of the Code of Conduct at the time of Board orientation and on an annual basis.

PROCEDURE

Person(s)

Executive Director and/or President of Board of Directors

Responsibility

At time of initial election and upon renewal/re-election, ensures each member of the Board of Directors reviews Code of Conduct and signs Acknowledgement form.

Maintains original Acknowledgement forms.

Forwards copy of Acknowledgement form to Corporate Compliance Officer.

Chief Compliance and Quality Officer

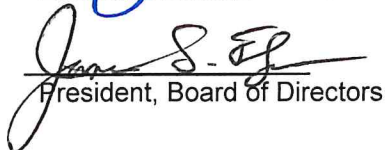
On an annual basis, works with the Executive Assistant to obtain a signed acknowledgement of the Code of Conduct from all Board members.

REFERENCE:

DATE: 4/9/2007

REVISED: 11/2010, 3/2017, 2/2022, 2/2023; 4/2023


Executive Director


President, Board of Directors

4-11-2023
Date

4/25/23
Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.2.4
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element I/Documentation of Compliance Activities

Description: Outlines portion of Element I related to the documentation of actions taken to demonstrate the effectiveness of the compliance plan.

Revision: Revision includes number change from 2.4.2.3; clarifies use of compliance tracking as ongoing

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.2.4
SUBJECT: Corporate Compliance
TOPIC: Element I
Documentation of Compliance Activities

POLICY

Documentation of actions taken under the Arc of Onondaga's Corporate Compliance Plan is a key factor in the effectiveness of the Plan. The agency must be able to demonstrate that actions that are taken throughout the development and implementation of the Corporate Compliance Plan are reasonable in the event that the agency is investigated by outside regulatory bodies, such as the State of New York Medicaid program, OPWDD, the Attorney General's Office, CMS or the OIG.

Maintenance and Handling Procedures for Documents

- The Corporate Compliance Officer will create and maintain, or oversee the maintenance of, all documentation of the Corporate Compliance Plan, including the policies and procedures related to the Corporate Compliance Plan.
- The Corporate Compliance Officer will maintain an ongoing log of all compliance related complaints of which he or she is aware. Information from the Corporate Compliance Log will be presented at meetings of the Corporate Compliance Committee, and reported to the Board of Directors.
- Activities related to the Corporate Compliance Plan may result in the creation or receipt of documents that are of a confidential nature. These may include business documents, investigation materials, or consumer records that must be protected from general disclosure or distribution. Documents generated as part of investigations regarding potential self-disclosure should be designated and maintained as confidential documents, as determined by the Corporate Compliance Officer and outside counsel. Each of these pages should be labeled "Confidential/Do Not Duplicate For External Use".
- Any records generated by the Corporate Compliance Officer as a result of communication with legal counsel should be marked on each page "Confidential Attorney-Client Privileged Communication – Not for Redislosure". All efforts will be made to refrain from duplicating documents that are Confidential and/or Attorney-Client Privileged". All documents that are marked Confidential and/or Attorney-Client Privileged will be maintained separately in secured file cabinets.

Documents to Maintained/Indexed

The Corporate Compliance Officer and other agency staff will maintain the following types of compliance documents. The Corporate Compliance Officer is responsible for identifying who is responsible for maintaining these documents, and for ensuring that this occurs. Ensuring that these items are maintained is included as part of the Annual Workplan.

1. Corporate Compliance Program Development
 - a. Board Resolution and/or minutes establishing the Corporate Compliance Plan, the Selection of the Corporate Compliance Officer and the Corporate

Compliance Committee, and the ongoing operation of the Corporate Compliance Plan.

- b. Corporate Compliance Plan implementation schedules/work plans
 - c. Results of compliance risk assessments, if any
2. Written Policies and Procedures/Standards of Conduct
 - a. Past and current versions, including dates reviewed, revision dates and responsible parties of all Corporate Compliance Plan policies and procedures
 - b. The Arc or Onondaga Code of Conduct
3. Corporate Compliance Officer and Corporate Compliance Committee
 - a. Names, titles and ~~backgrounds~~ for all members of the Corporate Compliance Committee, including the Corporate Compliance Officer
 - b. Job descriptions for the Corporate Compliance Officer and any compliance staff
 - c. Agenda and minutes of Corporate Compliance Committee meetings
 - d. Copies of reports made to the Board and/or Executive Director by the Corporate Compliance Officer and the Corporate Compliance Committee
 - e. Copies of all workplans
4. Human Resources
 - a. Human Resource and Corporate Compliance policies and procedures regarding the hiring of new personnel
 - b. Documentation evidencing each individual's background check, including documentation reflecting individuals refused employment based upon background check findings
 - c. Signed acknowledgement forms of the Code of Conduct for each employee and any signed acknowledgement of specific policies and procedures, when applicable
 - d. Information collected during exit interviews regarding compliance issues
5. Compliance Training
 - a. Information regarding the development and roll-out of the training program on the Corporate Compliance Plan
 - b. Information regarding the development and implementation of specialized training for certain groups of personnel
 - c. Information regarding attendance at training sessions
 - d. Agenda and contents of training, including length of session and instructor
 - e. Copies of all training handout materials and instructor guides
 - f. Copies of sample quizzes or tests administered
6. Dissemination of Compliance Related Materials
 - a. Copies of all notices sent to the Board, employees, independent contractors, agents and vendors regarding the compliance plan and other compliance related topics
 - b. Copies of all newsletters and other company publications that address the Corporate Compliance Plan
7. Monitoring and Auditing

- a. Information regarding the number and frequency of audits of claims and documentation requirements
- b. Information regarding any risk assessments or benchmarks and progress made on these assessments
- c. Information regarding the credentials of individuals and entities who perform audits on behalf of the agency, if outsourced
- d. Information regarding the individuals that make up the audit team, if audits are conducted internally

8. Disciplinary Actions

- a. Copies of all disciplinary and/or corrective action policies and procedures
- b. Records of all compliance-related disciplinary actions taken, including any individuals terminated for violations of company policy

9. Response to Prevention of Detected Offenses

- a. Reports on the investigations conducted into area of potential non-compliance
- b. Information regarding voluntary self-disclosures and overpayment returns

10. Contacts with the Government and Payors

- a. Log of all contacts made between the agency and any government authority including, but not limited to, NY Medicaid, CMS and the OIG. The log will include the name, title, and agency of the person spoken to, the date of the call, the matter referenced, and the response received from the individual along with the information regarding the source of the response.
- b. All compliance correspondence to/from a government authority
- c. Documentation of any response to a request from a government authority for documents, including a summary of any investigation conducted by the agency prior to responding to the government authority

11. Contracts with Independent Contractors, Agents and Vendors

- a. Copies of all written agreements
- b. Signed acknowledgement forms of the Code of Conduct for each agent or vendor and of specific policies and procedures, when applicable

REFERENCE:

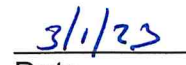
DATE: 6/11/2007

REVISED: 2/2023


Executive Director


Date


Board of Directors


Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.2.5
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element I/Compliance Standards/Documentation of Services

Description: Outlines portion of Element I related to the compliance standards of documentation of services

Revision: Revision includes number change from 2.4.2.4; updated title

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

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Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.2.5
SUBJECT: Corporate Compliance
TOPIC: Element I
Compliance Standards – Documentation of Services

POLICY

Arc of Onondaga requires that all employees accurately and completely document the services that they provide to individuals. All documentation prepared by Arc of Onondaga employees and independent contractors shall be accurate and complete. Employees should not falsify any document related to service provision, billing or referrals.

Arc of Onondaga utilizes an electronic records systems to document most provision of services. The following standards apply to documentation generated either electronically or in paper format. All employees of Arc of Onondaga are expected to comply with the agency's Corporate Compliance standards. The following is a listing of some of the agency's standards:

- Employees must not make any false entries in any of the agency's records or in any public record for any reason.
- Permanent entries in the agency's records cannot be altered. Errors should be crossed out with a single line, initialed and dated. The use of "white-out" is not permitted.
- Employees shall not create or participate in the creation of any records that are intended to mislead or to conceal anything that is improper.
- Employees will document only the services that he or she provided.
- Documentation should be prepared contemporaneously with the provision of services and should be consistent with the applicable third party payors' requirements for documentation and any other regulatory requirements.
- Documentation of plan/program implementation is expected to be completed prior to the end of shift. Documentation of staff supports may be completed within 24 hours of service provision. The only exceptions to this are for off-site plan implementation for Supported Employment. In those situations, documentation must be completed during the next working day. Plans must be implemented according to identified frequency.
- Documentation must include required elements, and must be made in ink, permanent and legible. Late entries must be dated as such.
- Completion of time-sensitive compliance related job tasks must be done prior to planned leave time.
- Supervisors/managers will complete required review of documentation in a timely manner and in accordance with programmatic timeframes. Supervisors will monitor adherence to compliance standards on an on-going basis.

Each program area, as well as the Finance and Human Resources Department, have developed additional specific compliance standards. Program and service provision areas have developed specific policies and procedures related to authorization of services as well as development, implementation, review and revision of program/service plans.

Employees who create documentation related to the provision of services to individuals will be adequately trained to do so and will have the necessary skills to perform their jobs.

Arc of Onondaga periodically audits documentation practices to evaluate whether employees are accurately and completely documenting the services provided to consumers. The results of an audit should be evaluated carefully and corrective action implemented, as needed. Internal auditing processes are outlined within the Compliance Plan policies.

Inaccurate documentation may subject the Arc of Onondaga, involved employees and other representatives to civil or criminal penalties. Any employee or other individual who presents or otherwise is involved in the documentation of a false, fraudulent or fictitious claim for payment may be subject to immediate termination.

Employees who fail to comply with the Arc of Onondaga's Compliance Plan, including Compliance Standards and the Code of Conduct, or who have engaged in conduct that has the potential of impairing the agency's status as a reliable, honest, and trustworthy health care provider will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The HR Director will provide a summary, on a monthly basis, of all disciplinary actions involving violations of the Compliance Plan, including the Code of Conduct.

PROCEDURE

Person(s)

Corporate Compliance Officer/Committee

Responsibility

Monitors adherence to Compliance Standards as part of Annual Work Plan.

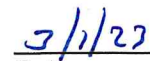
REFERENCE:

DATE: 6/11/2007
REVISED: 12/2011, 2/2022, 2/2023


Executive Director


Date


Board of Directors


Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☒ New ☐ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.2.10
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element 1/Contract Management

Description: Outlines the process for entering into written contracts, business agreements and memorandums of understanding with outside entities. Includes requirements to determine if outside entity is considered an affected individual and subjected to the compliance plan.

Revision:

Approved by Executive Director: Week of 5/8/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: May Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☐ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☒ new ☐ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.2.10
SUBJECT: Corporate Compliance
TOPIC: Element I
Contract Management

POLICY

Arc of Onondaga is committed to complying with the rules and regulations of federal, state and local government. Arc of Onondaga seeks to provide a work environment where high standards of ethical and legal behavior are recognized and practiced. At times Arc of Onondaga enters into written contracts, Memorandums of Understanding (MOU's) or Business agreements with other business entities that perform work for or on behalf of the agency. This includes contractors, agents, subcontractors and independent contractors. Examples may include but is not limited to colleges or universities that provide interns; staffing agencies; landscaping; credentialing service; billing services; transportation services; clinical services; etc.

Contractors, agents, subcontractors and/or independent contractors are subject to the Arc of Onondaga Compliance Plan to the extent that it is related to their contracted role and responsibilities within the scope of the contract as it relates to the compliance risk areas of Arc of Onondaga. Prior to execution of any contracts, a review of the scope of the contracted work is completed by the Division Director initiating the contract and submitted to the Corporate Compliance Officer for review. A determination is made regarding if the contractor, agent, subcontractor or independent contractor will be subject to the compliance plan.

For contracts, MOU's or business agreements that are determined to be subject to the compliance plan, the party will be considered an Affected Individual. A clause must be added to the contract, MOU or business agreement indicating that the Affected individuals will act in accordance with the standards (code) of conduct; must refuse to participate in any unethical or illegal conduct and that they must report any unethical or illegal conduct to the Compliance Officer. Additionally, a termination provision must be included for failure to adhere to the Arc of Onondaga Compliance Program requirements. Applicable policies and procedures, compliance training material and the Code of Conduct will be provided to the affected individual at the time of execution of the contract and an attestation must be completed and returned with the executed contract. On an annual basis, compliance training material will be sent to the affected individual with a request to return an attestation indicating their understanding.

PROCEDURE

Person(s)

Division Director

Responsibility

Prior to execution of a contract, MOU or business agreement, completes the Contractor Risk Assessment based on the scope of work being contracted. For contracts, MOU's or business agreements executed prior 3/30/23; completes Contractor Risk Assessment prior to contract renewal but no later than 3/30/25.

Consults with appropriate member of the Executive Management team and/or Compliance Officer as appropriate. Submits Compliance Risk Assessment to the Compliance Officer for review and

determination.

Compliance Officer

Reviews Contractor Risk Assessment; consults with the Corporate Compliance Committee as appropriate. Makes determination if scope of contracted works meets the criteria for the contract to be subject to the Compliance Program.

Notifies the Division Director of the determination. Maintains a copy of the completed Contractor Risk Assessment.

If subject to the compliance program, provides the Division Director with the appropriate training material and/or policies, Code of Conduct, (Business Associates Agreement if required) and attestation documents.

Division Director

If the contract, MOU or business agreement is not subject to the compliance program, proceeds with execution of the contract as appropriate.

If the contract, MOU or business agreement is subject to the compliance program, adds required clause and termination provision as outlined in this policy.

Submits contract, MOU or business agreement to the Executive Director for review and signature.

For contracts, MOU's or business agreements that are subject to the compliance plan, provides the training material, policies, Code of Conduct, BAA if appropriate and attestation to the affected party. Obtains attestation and any other required signed documents and submits to the Compliance Officer.

Executes the contract, MOU or business agreement. Ensures fully executed (signed and dated by both parties) is received. Forwards to the Executive Director, CFO and Executive Assistant.

Executive Assistant

Maintains record of the executed contract, MOU or business agreement. Uploads scan to the Interdepartment/Contract Management folder as appropriate. Updates Contract Management spreadsheet with dates and terms of contract.

Compliance Officer

Maintains copies of Contractor Risk Assessment for all contracts, MOU's or business agreements. Maintains copies of all attestations for affected individuals. Uploads documents to the

Interdepartment/Contract Management folder as appropriate. Ensures annual training is completed per Administrative Manual Policy 2.4.4.2

Monitors Contract Tracking spreadsheet and reports in Compliance report for necessary follow up.

Division Director

Notifies Compliance Officer as per Administrative Manual Policy 2.4.5.1 upon learning that an affected individual contractor has possibly violated the terms of the contract related to Compliance.

Compliance Officer

Conducts investigation as appropriate per Administrative Policy 2.4.8.1. Notifies Division Director, CFO and Executive Director if the findings are substantiated and a contract requires termination.

Division Director

Works with the CFO and Executive Director to terminate contract as appropriate.

For contracts that are not going to be renewed unrelated to compliance concerns; notifies the Compliance Officer and CFO to ensure appropriate tracking and payments cease.

REFERENCE: 18 NYCRR Part 521
DATE: 5/2023
REVISED:



Executive Director



Date



Board of Directors



Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.3.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element II/Corporate Compliance Structure/Corporate Compliance Officer

Description: Outlines portion of Element II related to the delegation and authority to the Compliance Officer and Compliance Committee for oversight of the Corporate Compliance program. Outlines duties of the Compliance Officer

Revision: Revision includes updated policy title; added at least quarterly reports to the Board; added language regarding improved efficiency, quality of service and reduction in vulnerabilities

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List:

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.3.1
SUBJECT: Corporate Compliance
TOPIC: Element II – Corporate Compliance Structure
Corporate Compliance Officer

POLICY

Arc of Onondaga is committed to establishing and maintaining high standards of ethical conduct related to its business and operational practices. The agency delegates responsibility and authority to Corporate Compliance Officer and the Corporate Compliance Committee for the oversight of implementation and operation of the Corporate Compliance program.

The Corporate Compliance Officer is responsible for the day-to-day operation of the Compliance Program and shall foster an environment of compliance. The Corporate Compliance Officer oversees and monitors the development and implementation of the agency's compliance policies, the achievement and maintenance of compliance standards, including audits, training, and the investigation and response to employee compliance complaints/reports. The Corporate Compliance Officer reports directly to the Executive Director and, as necessary, to the Board of Directors.

Duties of the Corporate Compliance Officer include:

- Maintenance and improvement of the written standards and policies.
- Liaison to the Board, the Compliance Committee and agency management and employees. The Compliance Officer presents and/or provides direct reports related to the Compliance Program to the Board of Directors at least quarterly. On at least an annual basis, the Compliance Officer meets privately with the Board of Directors in Executive Session in which no other employees are present. During the first quarter of the year, the Compliance Officer will prepare and present to the Board of Directors a written report on the operation of the Compliance Program during the preceding year.
- Liaison with the NYSARC Corporate Compliance office
- Background/Exclusion Checks. The Compliance Officer will work with the Human Resources and Finance departments to ensure the agency does not hire or contract with an individual or entity who has been excluded or debarred from participation in Federal and state health programs, including Medicaid.
- Education and Training. The Corporate Compliance Officer is responsible for overseeing the development of training seminars on Corporate Compliance. The Compliance Officer also serves as a resource regarding the implementation of the Corporate Compliance Plan.
- Audit Responsibilities. The Corporate Compliance Officer is responsible for overseeing compliance audits conducted by either internal staff or outside consultants. As directed by the Corporate Compliance Officer or as detailed in policy, agency supervisory staff and employees will assist with the audits.
- Provides support to departments to assist and/or guide them in the development of methods designed to improved efficiency, quality of service and reduction in vulnerability to fraud, waste and abuse.
- Investigations and Receipt of Complaints and Concerns. The Corporate Compliance Officer will pursue and promptly investigate any employee concerns or complaints received via the Corporate Compliance Hotline or other methods of reporting. The Compliance Officer will document all compliance complaints or reports brought by the Board, by employees, by independent contractors or by clients.
- Discipline/Enforcement of the Corporate Compliance Plan. Working with the HR Director, the Corporate Compliance Officer is responsible for ensuring that the agency imposes appropriate sanctions against an individual employee or independent contractor for failure to comply with the Corporate Compliance Plan, the Code of Conduct and/or laws and

regulations applicable to the agency. The Compliance Officer will also evaluate whether misconduct is based on a lack of awareness or understanding of a regulatory obligation, policy or procedure and will institute a program of education and training for staff, as needed.

- Disclosure and Internal/External Corrective Action. The Corporate Compliance Officer will coordinate and oversee the detecting, correcting and preventing non-compliant behaviors. When an internal investigation or report results in the identification of a violation of law, regulations or policy/procedure, the Compliance Officer is responsible for working, as necessary, with the Board, the Executive Director, the Compliance Committee and the management team to ensure that the agency conducts the appropriate corrective action, such as making prompt restitution, notifying the appropriate governmental agency and instituting whatever action is necessary. The Compliance Officer must also ensure that the agency identifies and implements changes to its day-to-day policies and procedures to prevent a similar violation from recurring in the future.
- Annual Workplan. The Compliance Officer is responsible for preparing an annual work plan for the agency to follow to address key areas of risk. The Corporate Compliance Officer will update and report progress on an annual basis. The Corporate Compliance Committee will approve and assist the Compliance Officer in achieving the goals of the workplan.

The Compliance Officer has the authority to review all documents and other information relevant to compliance activities, including but not limited to work product and records concerning agency's arrangement with independent contractors, governmental agencies, third party payors, suppliers and agents.

The Compliance Officer is vested with full authority to stop work on a project that is believed to be problematic until such time as the issue in question has been resolved.


The Compliance Officer is authorized to recommend disciplinary action for employees and independent contractors, in accordance with policy.

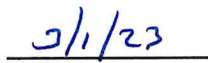
DATE: 7/2007

REVISED: 12/2010, 4/2012, 12/2016 1/2022, 2/2023


Executive Director


President, Board of Directors


Date


Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.3.2
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element II/Corporate Compliance Structure/Corporate Compliance Committee

Description: Outlines portion of Element II related to the delegation and authority to the Compliance Officer and Compliance Committee for oversight of the Corporate Compliance program. Outlines charter of the Compliance Committee

Revision: Revision includes updated policy title; coordinating with Compliance Officer to ensure communication/cooperation on compliance related issues; advocating for sufficient funding and resources as well as on required modifications to the compliance program as appropriate; added review of this policy required on an annual basis by the Committee

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List:

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.3.2
SUBJECT: Corporate Compliance
TOPIC: Element II – Corporate Compliance Structure
Corporate Compliance Committee

POLICY

Arc of Onondaga is committed to establishing and maintaining high standards of ethical conduct related to its business and operational practices. The agency delegates responsibility and authority to the Corporate Compliance Officer and the Corporate Compliance Committee for the oversight of implementation and operation of the Corporate Compliance program.

The Corporate Compliance Committee has been established to monitor the results of the compliance functions and determine the agency's strategy for promoting compliance. The Compliance Committee serves as a resource for the Corporate Compliance Officer. The Corporate Compliance Committee will continually foster a culture of compliance with the agency at every level and in every department.

Members of the Corporate Compliance Committee are appointed by the Executive Director and the Board of Directors. The Committee is comprised of individuals representing Arc of Onondaga leadership and key departments, including; administrative and program areas. The Executive Director and Corporate Compliance Officer both serve on this Committee. The Committee will also include at least one member of the Board of Directors. A member of the Board of Directors is designated as the Chairperson for this Committee.

The Corporate Compliance Committee meets on a monthly basis, and may meet more often as deemed necessary by the Chair or by a majority of the Committee. The Committee may invite non-members to meet with the Committee. The Chairperson of the Corporate Compliance Committee will communicate with members of the Committee between meetings, as necessary, to inform the members of significant developments or to solicit input.

The agenda for regular meetings will be set by the Chair and all members are entitled to add items to the agenda of regular and called meetings as they deem appropriate. Agenda items should include internal audit results, external audit results, potential compliance violations that have been detected, investigations and responses to reported offenses, identification of risk areas and plans for risk reduction.

Duties of the corporate Compliance Committee are as follows:

- Maintenance and Improvement of the Written Standards and Policies. Review the effectiveness of the Corporate Compliance Program and offer recommendations for improving and strengthening the policies, procedures and commitment to compliance. The Committee reviews and assesses existing policies and procedures that address

risk areas. Members of the Committee will analyze the regulatory environment and legal requirements with which the agency must comply, and specific risk areas for the agency.

- Required training topics are completed timely.
- Liaison to the Board of Directors and Arc of Onondaga management. The Corporate Compliance Committee minutes are considered a direct reporting mechanism from the Compliance Officer and serves to provide updates on compliance issues to the Board of Directors. The Committee is responsible for receiving reports from the Corporate Compliance Officer or from the NYSARC Board of Governors concerning or related to the operation of the compliance program. The Committee will provide support and feedback to the Corporate Compliance Officer and others, and will provide strategic direction for the Corporate Compliance Plan.
- Coordinates with the Compliance Officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits. Affected individuals is defined as employees, executive management, contractors, agents, subcontractors, independent contractors and the governing body.
- Advocating for the allocation of sufficient funding, resources and staff to fully perform their responsibilities within the compliance plan.
- Auditing. The Committee will recommend and monitor in conjunction with the relevant departments, the development of internal systems and controls to carry out the agency's standards, policies, and procedures as part of daily operations. The Committee will evaluate internal and external audits and investigations for the purpose of identifying troublesome issues and deficient areas, and implementing corrective and preventive action. The Committee reviews and approves the annual work plan.
- Investigations and Receipt of Complaints and Concerns. The Committee will ensure that the Corporate Compliance Officer has appropriate independence and support for investigations and matters related to compliance issues.
- Discipline/Enforcement of the Corporate Compliance Plan. The Committee will support the Corporate Compliance Officer and other management to impose appropriate sanctions for violations of law, regulations and agency policies and procedures, including the compliance plan.
- Disclosure and Internal/External Corrective Action. The Committee will provide input into any corrective action plan developed by the agency, including self-disclosure to a governmental agency. The Committee will assist the Compliance Officer to oversee implementation of corrective and preventative action plans, and follow-up to determine effectiveness.
- Advocating for adoption and implementation of required modifications to the compliance program as appropriate.

The Corporate Compliance Committee has the authority to retain outside counsel and independent consultants, as needed, and is empowered to assure that appropriate allocation of resources for support of and effective implementation of the Corporate Compliance Program is made available by the agency, including but not limited to funding for internal auditing and monitoring of the effectiveness of the plan.

The Corporate Compliance Committee and the Board of Directors are responsible for fostering a culture of compliance supported by the effective implementation of the Corporate Compliance Plan.

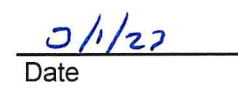
The Corporate Compliance Committee will review policy on an annual basis and make updates as required. This will be documented in the Committee Meeting Minutes.

DATE: 7/2007,
REVISED: 11/2019, 2/2023


Executive Director


President, Board of Directors


Date


Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.4.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element III/Initial Compliance Training

Description: Outlines portion of Element III related to the initial compliance training provided to employees, volunteers, interns, board members and contractors (as applicable)

Revision: Revision includes policy number change from 2.4.5.1; updated policy title; additions include procedure for training with board members; applicable contractors; clarified elements included in the training

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List:

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.4.1
SUBJECT: Corporate Compliance
TOPIC: Element III
Initial Compliance Training

POLICY

The development and implementation of regular, effective education and training seminars for employees is an integral part of the compliance program. Education and training are critical elements of the Compliance Program. All employees and interns are expected to be familiar and knowledgeable about the Compliance Program and have a solid working knowledge of his or her responsibilities under the Compliance Plan. Compliance policies and standards will be communicated to all employees through required participation in training programs. Volunteers will receive training if appropriate to the type of volunteering that they are providing. Board members receive initial Compliance training upon appointment to the Board. Independent Contractors as appropriate, are provided written Compliance material upon initiation of contracts, including the Arc of Onondaga Code of Conduct.

Compliance education is divided into two general components. First, all employees must receive an introduction to the compliance program. Second, employees whose work is linked to identified risk areas should receive specialized compliance education pertaining to their function and responsibilities.

As part of their initial orientation, all new employees will receive a training session as part of the general orientation program. The purpose of this training program is to discuss the goals and objectives of the Corporate Compliance Plan and to familiarize new employees with the Corporate Compliance program. Each new employee will sign an acknowledgment that they are aware of and will abide by the Corporate Compliance program and the Code of Conduct. A pre and post test is used to evaluate understanding.

Initial training session will include, at a minimum, information on the following aspects of the compliance program:

- Compliance related policies and procedures
- Code of Conduct, including compliance standards
- Risk areas
- The role of the Compliance Officer and the Compliance Committee
- False Claims Act
- Communication channels (hotline)
- Organization expectations for reporting problems and concerns
- How potential compliance problems are investigated and resolved as well as disciplinary standards
- Non-retaliation/not intimidation policy
- Prohibitions against submitting a claim for services when documentation of the service does not exist
- Prohibitions against signing for the work of another employee
- Prohibitions against alterations to records
- Proper documentation of services rendered

Training sessions related to the Corporate Compliance Program are verified by attendance through the use of a sign-in sheet that records the name of the instructor, date, start and end time, and signature of attendees. Original sign-in sheets are maintained by the Staff Development Coordinator. Original signed Codes of Conduct are forwarded to the HR department for inclusion in personnel files. Details regarding attendance at compliance training sessions are noted within personnel files.

As part of site/program orientation, all new employees will receive specialized training in specific job responsibilities pertaining to aspects of the Compliance program. This training is documented on a program/area-specific checklist. In many divisions, this checklist has been incorporated into existing orientation checklists. In other areas, a separate checklist outlining compliance related responsibilities may be developed. The completed checklist, signed by the employee and supervisor, is maintained in the employee's personnel file. Additionally, targeted training may be provided to all employees who could create exposure to enforcement actions, such as coding and billing personnel.

Specific training programs may be developed for supervisors and managers so that these employees are trained to answer questions, provide oversight and respond to situations regarding the compliance program. Supervisors and managers play a critical role in the success of the Compliance program. Supervisors and managers who fail to provide such instruction and/or fail to detect non-compliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any problems or violations may be sanctioned.

All employees in any training session are provided with the opportunity to seek clarification or more information on any aspect of the compliance program. Trainers who are not able to answer specific questions will arrange for follow-up to be conducted by the Compliance Officer or a member of Executive or Senior Management.

PROCEDURE for Employees, Interns, (Volunteers as appropriate)

Person(s)	Responsibility
Staff Development Coordinator/Corporate Compliance Officer	Ensures that Corporate Compliance session is included for all new employees, as part of Initial Orientation. Ensures sign-in sheet is completed. Ensures acknowledgement forms are completed and maintained in personnel files. Ensures documentation of training is maintained per policy.
Employees	Sign acknowledgement form, indicating awareness of Corporate Compliance program and receipt of Code of Conduct.
Supervisors/Directors	As part of site/program orientation and training, ensures all new employees receive appropriate training in job responsibilities pertaining to Compliance program.

Ensure completion of orientation checklist, documenting receipt of training, including employee and supervisor signatures.

PROCEDURE: Board Members

Person(s)

Executive Director and/or Corporate Compliance Officer

Responsibility

Provides training as part of the new Board Training. Documents completion of board member training.

PROCEDURE: Independent Contractors/Vendors

Person(s)

Chief Financial Officer

Responsibility

Identifies Contractors or Vendors who are subject to the compliance program to the extent of scope of the contracted work; consults with Compliance Officer as necessary.

Provides Compliance Training Material at the time of contract execution. Forwards copy of acknowledgement of receipt to the Compliance Officer.

Compliance Officer

Maintains documentation of acknowledgements. Keeps track of list of vendors/contractors for use in annual training.

REFERENCE:

DATE: 5/2002

REVISED: 7/2005; 5/2007, 1/2012, 12/2016, 2/2023



Executive Director



Date



President, Board of Directors



Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.4.2
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element III/On-going Compliance Training

Description: Outlines portion of Element III related to the ongoing compliance training provided to employees, volunteers, interns, board members and contractors (as applicable)

Revision: Revision includes policy number change from 2.4.5.2; updated policy title; additions include training for board members; applicable contractors; updates to delivery methods for training

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.4.2
SUBJECT: Corporate Compliance
TOPIC: Element III
On-going Compliance Training

POLICY

Education and training related to the Compliance Plan, including documentation requirements, should be discussed on an on-going basis within all divisions. Compliance training specific to divisional identified risk areas, based on results of internal audits and monitoring should complement agency-wide training efforts. Compliance issues should be discussed regularly at staff meetings. Documentation of such training should be maintained by the divisional supervisor.

There may be times when a staff person does not achieve or demonstrate the desired level of competence in performing aspects of his or her job related to the compliance plan. At these times, intensive and continuous re-training will be provided to this person to bring performance up to the desired level of competence. Documentation of this re-training will be maintained by the divisional supervisor. Excessive need for re-training for a specific employee may be considered a performance issue and result in disciplinary action.

Staff must be trained as soon as possible in any changes to policies and procedures and/or job responsibilities as related to the Corporate Compliance program. Documentation of this training should be maintained by the divisional supervisor.

On an annual basis, all employees, interns and volunteers are expected to review the Corporate Compliance program, including the Code of Conduct. This training is provided in person, through the use of alternative platforms (i.e. zoom, Teams, Webex) or as an online training through a Learning Management System. Training material is reviewed and approved by the Corporate Compliance Officer. Supervisors are responsible for ensuring that staff attend this training. On an annual basis, the Compliance Officer provides a Compliance training update to the Board of Directors. Independent contractors, as appropriate to their scope of work in relation to the compliance program, are provided written training material related to the Compliance Program.

PROCEDURE

Person(s)

Supervisor/Director

Responsibility

As needed, and on a regular basis, reviews division or program-specific concerns related to documentation or other compliance issues.

As needed, ensures employees are trained in any policy/procedure changes and are aware of any changes in job responsibilities, as related to the Corporate Compliance program. Requests assistance from Compliance Office, as needed.

Maintains documentation of employee training.

Forwards documentation of training to Corporate Compliance Officer upon request.

Corporate Compliance Officer

On an annual basis, develops training for employees, interns and/or volunteers for the year including topics deemed appropriate based on the knowledge of the organizational risks for the agency.

Provides training to the Board of Directors on Compliance topics.

Sends written training material to Independent Contractors as appropriate and obtains attestation of their understanding.

Supervisors/Directors

Ensures staff attend required compliance related training, including annual training.

REFERENCE:

DATE: 5/2002

REVISED: 7/2005; 5/2007, 1/2012, 11/2019, 1/2022, 2/2023


Executive Director


Date


President, Board of Directors


Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.5.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element IV//Reporting Compliance Concerns/Whistleblower
Protections-Non-Retaliation/Non-Intimidation

Description: Outlines portion of Element IV related to reporting compliance concerns; includes protections for whistleblowers; includes methods to report concerns

Revision: Revision includes policy number change from 2.4.6.3; updated policy title; additions include adding Medicaid recipients as covered party; posting of policy to website

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List:

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.5.1
SUBJECT: Corporate Compliance
TOPIC: Element IV-Reporting Compliance Concerns
Whistleblower Protections- Non-Retaliation/Non-Intimidation

POLICY

Arc of Onondaga recognizes that a critical aspect of the compliance program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state requirements, as well as the agency's ethical and business policies. To promote this culture, the agency has established a compliance reporting process and a strict whistleblower/non-retaliation/non-intimidation policy to protect covered parties. Covered parties include employees, former employees, directors, officers, volunteers, Medicaid recipients and independent contractors who report problems and concerns in good faith from retaliation. Any form of retaliation or retribution or intimidation can undermine the compliance resolution process and result in a failure of communication channels in the organization. This policy applies and is distributed to all covered parties of Arc of Onondaga. Distribution is satisfied by posting this policy to Arc of Onondaga's website as well as on Arc of Onondaga's Intranet. Agency employees are provided a copy of this policy during agency orientation.

All covered parties are required to report any known or suspected misconduct, including actual or potential violations of the Corporate Compliance Plan, the Code of Conduct, policies and procedures or any of the federal, state, or local statute, rules or regulations, executive order, or any judicial or any administrative decision by which Arc of Onondaga is governed.

The "open-door" policy is maintained at all levels of management to encourage covered parties to report problems and concerns. Covered parties are encouraged to follow the general lines of communication when reporting concerns, however, all employees can report concerns or questions regarding the Corporate Compliance plan, including known or suspected misconduct, actual or potential violations of policies/procedures or the Code of Conduct to the Corporate Compliance Officer.

Arc of Onondaga maintains a separate Compliance Hotline. The Compliance Hotline number is published on the agency directory, located on the agency website and may be posted in a manner consistent with employee notification in locations frequented by Arc of Onondaga employees.

Covered parties may report their compliance concerns confidentially to the Compliance Officer through the use of this hotline. Callers should be aware that it may not be possible to preserve anonymity if they identify themselves, provide other information that identifies them, the investigation reveals their identity, or if they inform others that they have called the Compliance Hotline. If a covered parties wishes to make the report

anonymously to the Compliance Hotline, no attempt will be made to trace the source of the call or identify the person making the call. Covered parties may also report concerns directly (in person or via telephone) or in writing, either electronically or via letter, to the Compliance Officer.

Confidentiality is maintained to the extent that is practical and allowable by law. Covered parties should be aware that Arc of Onondaga is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.

Arc of Onondaga will not threaten or impose any adverse employment action, including discharge, suspension, demotion, intimidation, harassment, discrimination, or any other adverse action as defined in Section 740 of NY Labor Law in retaliation to a covered party who discloses or threatens to disclose to any public body as defined in Section 740 of NY Labor Law, whether within the scope of their job duties. This includes employment action that adversely impacts a former employee's current or future employment. Specifically, no adverse employment action will be taken when a covered party or former employee discloses or threatens to disclose any violation of any aforementioned areas governed by Arc of Onondaga. This includes, but is not limited to, any activity, policy, or practice by Arc of Onondaga that the covered party reasonably believes presents a substantial and specific danger to public health or safety, constitutes improper quality of care to people receiving supports and services, or constitutes health care fraud. The protections within this section apply when a covered party makes a good faith effort to notify Arc of Onondaga of any known or suspected violation(s) of the aforementioned areas governing the Chapter.

A covered party may seek remedy for alleged retaliatory action for up to two years after the alleged retaliatory action occurred.

Arc of Onondaga prohibits adverse employment actions when employees object to or refuse to participate in any activity, policy, or practice in violation of a law, rule, or regulation. All covered parties are prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in retaliation or retribution against, or intimidation of, any individual for reporting their concerns relating to a possible violation of any aforementioned areas by which Arc of Onondaga is governed.

Further, Arc of Onondaga does not impose any disciplinary or other action in retaliation, including intimidation, harassment, and discrimination, against individuals who provide information or testify before any public body conducting an investigation, hearing, or inquiry into any violation of law, rule, or regulation by Arc of Onondaga.

Covered parties cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action. Disciplinary actions taken against a covered party who reports their own wrongdoing result from the wrongdoing itself, not

the reporting of such wrongdoing, and therefore are not considered acts of intimidation, retaliation or retribution.

Arc of Onondaga strictly prohibits its covered parties from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation against any director, officer, employee or volunteer for reporting his or her concerns. Retaliation is defined as "intimidation, harassment, discrimination, or employment consequences". If covered party believes in good faith that he or she has been retaliated against for reporting a compliance complaint or concern, or for participating in any investigation, hearing or inquiry related to ~~of~~ such a report or complaint, the covered party should immediately report the retaliation to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident and should include the names, dates and specific events, the names of any witnesses and the location or name of any document that supports the alleged retaliation. Additionally, knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or the Compliance Hotline.

All reports of suspected concerns, violations, misconduct or other issues will be documented. Any supervisor or director who receives a report of a compliance-related concern or suspected violation must complete a Corporate Compliance Concern/Issue Form. The completed form must be immediately forwarded to the Compliance Officer. Additionally, the Compliance Officer will generate a Corporate Compliance Concern/Issue for all reports received through the Compliance Hotline, the Compliance Office or otherwise. The Compliance Officer is responsible for completing an initial inquiry and investigation, in accordance with policy 2.4.6.2. The Compliance Officer provides a written summary, on a monthly basis, to the Audit Committee and/or Corporate Compliance Committee of all calls received on the Compliance Hotline, all Compliance Complaint forms received, as well as actions taken.

The Compliance Officer is responsible for recording contacts, including reports of suspected violations or misconduct, on a tracking form, and for compiling this information into a report format. This information will be analyzed on a semi-annual basis by the Compliance Officer and the Audit Committee and/or Compliance Committee of the Board, and may be used to suggest improvements, updates, changes or clarifications of any practices. The Board of Directors oversees implementation of and compliance with this policy. Committee members who may be employees cannot participate in any board or committee deliberations or voting relative to administering the whistleblower policy. A person who is the subject of a whistleblower complaint may not be present or participate in board or committee deliberations or vote on the matter related to the complaint (except that nothing prohibits the person from providing background information or answering questions before deliberation/voting begins).

PROCEDURE

Person(s)

Covered parties

Responsibility

Immediately report any knowledge of misconduct to management, the

Compliance Officer, or the Compliance Hotline.

Participates in any investigative process.

Immediately reports possible retaliation to the Compliance Officer or the Compliance Hotline.

Supervisor or Director

Receives report of possible misconduct.

Initiates Corporate Compliance Concern/Issue form and forwards to Compliance Officer immediately and within 24 hours of receipt of report.

Compliance Officer

Generates Corporate Compliance Concern/Issue form for any calls to Compliance Hotline.

Completes initial inquiry for all received/generated Corporate Compliance Concern/Issue forms.

Documents response and actions taken via Corporate Compliance Issue Tracking Record.

Compiles information regarding Hotline calls and other Compliance Complaint forms on a monthly basis for Compliance Committee.

Ensures process for reporting compliance concerns as well as non-retaliation/non-intimidation policy is included in initial and annual training for all employees.

Provides copy of this policy to all employees during Corporate Compliance Training in Orientation. Obtains signature of receipt and forwards to HR Generalist.

Posts a copy of this policy on the agency's website.

HR Generalist

Provides copy of this policy to all volunteers who provide substantial services to the agency at time services begin.

"Substantial services" is defined as ongoing volunteer work on a regular basis. This does not include those volunteers who provide assistance for a specific event.

Files a copy of acknowledgement of receipt in the employee or volunteer file.

Executive Director and/or President of Board of Directors and/or designee

Upon installment of a new member of the Board of Directors, a copy of this policy will be distributed with an acknowledgement of receipt statement.

Statement of receipt will be maintained and a copy sent to the Corporate Compliance Officer


REFERENCE: NPRA 2013; 715-B NY Not for profit Corporation Law; Section 740 of NY Labor Law; Section 363-D of NY Social Services Law; Title 18 Part 521 of NYCRR

DATE: 8/2007

REVISED: 7/2012, 6/2014, 2/2021, 2/2022, 2/2023




Executive Director



President, Board of Directors



Date



Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.6.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element V/Disciplinary Action and Incentives/Disciplinary Program

Description: Outlines portion of Element V related to the disciplinary actions and/or sanctions for violations of applicable laws and regulations, the Corporate Compliance plan, the Code of Conduct or the policies/procedures of the agency

Revision: Revision includes policy number change from 2.4.7.1; updated policy title; additions include sanctions for Board members, contractors, interns and/or volunteers; posting of policy to website and disseminating to covered parties; added procedure

Approved by Executive Director: Week of 2/6/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List:

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.6.1
SUBJECT: Corporate Compliance
TOPIC: Element V-Disciplinary Action and Incentives
Disciplinary Program

POLICY

Arc of Onondaga employees, volunteers, board members and independent contractors who, upon investigation, are found to have committed violations of applicable laws and regulations, the Corporate Compliance Plan, the Code of Conduct, or the policies and procedures of the agency will be subject to appropriate disciplinary action, up to and including termination. Disciplinary actions applicable to the Board of Directors will be handled in accordance with the Board's governing documents. This may include removal from the Board for egregious violations. Sanctions against independent contractors, interns and/or volunteers may include dissolution of business arrangements/contracts.

This policy is available on the agency intranet for employees as well as on the agency website. It is disseminated to all new employees, volunteers and interns through agency orientation. New board members will receive a copy of this policy at the time of installment. Information related to this policy is provided to independent contractors and is available to them on the agency website.

Disciplinary action taken due to violations of the Corporate Compliance, including the Code of Conduct, should be taken in accordance with the agency's Human Resources Disciplinary Action policy.

Examples of when disciplinary action may be taken include:

- a. authorization of or participation in actions that violate law, regulations and the Corporate Compliance Plan, including the Code of Conduct and all related policies and procedures;
- b. failure to report any violation of a peer or a subordinate;
- c. failure to cooperate in an investigation;
- d. retaliation against an individual
- e. failure to act as an honest, reliable and trustworthy service provider
- f. encouraging, directing, facilitating, or permitting non-compliant behavior

Factors that the agency may consider in determining the level of disciplinary action to be taken include:

- a. Whether the violation was committed knowingly;
- b. Whether the individual lied or was otherwise dishonest during the investigation
- c. Whether there was pattern of misconduct;
- d. Whether the individual attempted to cover up the violation
- e. Whether the violation involved retaliation against other persons who reported violations in good faith;
- f. Whether the employee deliberately failed to check whether a particular course of action was prohibited;
- g. Whether the violation was criminal in nature;
- h. Whether the individual cooperated with the investigation of the violation
- i. Whether the individual received personal benefit;
- j. Whether the individual voluntarily reported the violation

- k. The seriousness of the damage caused by the violation; and
- l. Whether an individual supported by the agency was or could have been harmed as a result of the violation

As outlined in the HR Disciplinary Action policy, the agency will apply progressive discipline consistent with the violation. Examples of disciplinary action that may be taken in accordance with the nature and scope of the infraction include, but are not limited to:

- a. retraining;
- b. verbal counseling/warning
- c. counseling with written warning
- d. final written warning
- e. reassignment/demotion
- f. suspension without pay; and
- g. termination

The agency may wish to report the employee or independent contractor to the appropriate federal or state regulatory agency for civil and/or criminal prosecution. The Human Resources Director may consult with the Corporate Compliance Officer, the Corporate Compliance Committee and/or the Executive Director, as appropriate, to determine the appropriate response to a violation, including those by an independent contractor.

Throughout the process of determining the appropriate disciplinary action to be taken in each instance of non-compliance, the Human Resources Director and the Corporate Compliance Officer will be responsible for ensuring that the disciplinary action to be taken is consistent with that taken in similar instances of non-compliance.

Disciplinary action will be taken in compliance with the agency's Human Resource policy on Disciplinary Action. When the conduct is related to serious violations of compliance related standards, the HR Director, the Division Director, and the Compliance Officer may meet to discuss appropriate disciplinary action. The Compliance Officer has the discretion to recommend a disciplinary process other than the normal procedure.

The Human Resources Director is responsible for generating a monthly report to the Corporate Compliance Officer, indicating those disciplinary actions taken as a result of violations of the Corporate Compliance Plan, including the Code of Conduct. This report is also shared with the Executive Director and the Corporate Compliance Committee.

The Corporate Compliance Officer serves as a liaison with the agency representative who is responsible for the engagement with an independent contractor who has committed a violation as described in this policy. The agency representative is responsible for reporting when an independent contractor commits a violation to the Compliance Officer.

Documentation of disciplinary measures for violations of the compliance program will be retained in the disciplined employee's personnel file and should be considered during regular and promotional evaluations.

The Corporate Compliance Officer maintains the monthly report of disciplinary actions and will reference these records as necessary to ensure consistency in application of disciplinary action for violations of the Compliance plan.

Procedure Person(s)	Responsibility
Compliance Officer or designee	Reviews disciplinary standards at initial employee orientation and disseminates a copy of the policy. Obtains signed receipt from employee and forwards to Staff Development Coordinator.
Staff Development Coordinator	Files copy of receipt within the training record for each employee.
Executive Director; Board President or designee	Upon installment of a new board member, provides copy of the policy and obtains signed receipt from board member. Maintains a copy of the receipt with board documents and forwards a copy to the Compliance Officer.
Compliance Officer	Maintains current copy of this policy on the agency website for access by independent contractors.
HR Director	Provides a copy of this policy to volunteers and obtains a signed receipt from volunteer. Maintains documentation within volunteer file.

REFERENCE: NYS SSL Section 363-d; NYCRR Part 521

DATE: 8/2007

REVISED: 12/2016, 2/2023


Executive Director


President, Board of Directors


Approval Date


Approval Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.7.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element VI/Auditing and Monitoring/Auditing

Description: Outlines requirements of Element VI to conduct ongoing auditing and monitoring of risk areas related to compliance

Revision: Revision includes policy number change from 2.4.6.1; updated policy title; added additional risk areas specific to regulations; includes that identified overpayments are reported, returned and explained; updated procedure; includes annual work plan and audit schedule; Corporate Compliance Committee review and approval

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.7.1
SUBJECT: Corporate Compliance Plan
TOPIC: Element VI-Auditing and Monitoring
Auditing

POLICY

Arc of Onondaga conducts internal audits and reviews all areas of the organization to ensure compliance with federal, state, local and organizational standards by which the agency is governed and with the agency policies and procedures.

Arc of Onondaga conducts on-going auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, program/clinical operations and service provision. Additional potential areas of inclusion include employment policies, third-party billing practices, contractual relationships, reporting and record-keeping practices, employee and independent contractor training and education, proper documentation and individual record accuracy, duplicate billing, medical necessity, governance, credentialing, mandatory reporting, knowingly billing for inadequate or sub-standard care, and other areas as identified by the agency.

The audits and reviews will examine the agency's compliance with specific rules and policies through on site visits, personnel interviews, general questionnaires, medical and clinical record reviews to support claims for reimbursement, and documentation reviews.

Audits and reviews are conducted by QA staff as well as divisional staff. Copies of any file reviews completed by program or divisional staff are forwarded on a monthly basis to the Compliance Officer. Regular audits conducted by QA staff consist of billing/claim audits as well as file reviews as part of self surveys.

Division Directors will immediately notify the Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority. Additionally, information related to overpayments from any payors should be sent to the Compliance Officer. Any identified overpayments will be reported, returned and explained in accordance with regulations. Results, oral or written, of any visits, audits, investigations, or surveys will be forwarded to the Compliance Officer promptly upon receipt by agency personnel.

Results of internal and external audits are shared on a monthly basis with the Corporate Compliance Committee and Board of Directors. Corrective action plans are developed for any issues identified by any audit, including both deficient practices and areas for improvement. The Corporate Compliance Committee receives monthly updates on the implementation of corrective action plans until all items are completed. The Corporate Compliance Officer is responsible for verification of development and implementation of corrective measures.

PROCEDURE

Person(s)

Corporate Compliance Officer

Responsibility

On an annual basis, develops annual work plan and audit schedule for the year, identifying areas of focus based on organizational experience. Submits to the Compliance Committee for feedback and approval.

Corporate Compliance Committee

Reviews and approves annual work plan and audit schedule.

Corporate Compliance Officer and/or designated individuals

Completes or assigns audits to designated staff. Develops and/or utilizes appropriate audit tool to conduct audit.

Prepares written report within two weeks following completion of audit, identifying issues of concern, deficient practices, areas of improvement, and best practices. If necessary, identifies potential disallowances.

Distributes report to Division Director, Chief Operating Officer, as appropriate, Chief Financial Officer as appropriate, and Executive Director.

Division Director

Prepares written response to report, identifying corrective action, within two weeks of receipt of report.

Ensures billing correction notices are completed and forwarded to Finance Department, as necessary.

Forwards copies of divisional audits and/or file reviews to Compliance Officer on a monthly basis.

Corporate Compliance Officer

Ensures audit results and responses are reviewed at Corporate Compliance Committee meetings.

Ensures Corporate Compliance

Committee receives monthly updates on implementation of corrective action.

Maintains data from audits and reviews, reviewing on at least a quarterly basis to identify trends and needed corrective actions. Shares data with Compliance Workgroup, Compliance Committee and Board of Directors.

DATE: 5/2002

REVISED: 6/2007, 7/2009, 12/2011, 12/2016, 5/2021, 2/2023




Executive Director



President, Board of Directors



Date



Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.7.4
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element VI/Auditing and Monitoring/Caseload Audit

Description: Outlines the agency focus on completion of caseload audits for specific positions based on roles, responsibilities and risk areas

Revision: Revision includes policy number change from 2.4.4.1; updated policy title; added exclusion database of NYS OMIG; minor update to procedure

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.7.4
SUBJECT: Corporate Compliance Plan
TOPIC: Element VI-Auditing and Monitoring
Exclusion Checks

POLICY

The Arc of Onondaga is committed to maintaining high quality care and services as well as integrity in its financial and business operations. Therefore, the Arc of Onondaga will conduct appropriate screening of key providers, officers, employees, independent contractors, ordering physicians, and business vendors to ensure that they have not been sanctioned by a federal or state law enforcement, regulatory or licensing agency.

The Arc of Onondaga will conduct exclusion screening of all current and proposed employees and independent contractors. Exclusion checks are completed through the Office of Inspector General List of Excluded Individuals/Entities, New York State Office of the Medicaid Inspector General and the General Service Administration Excluded Parties List System. Additionally, the agency will verify that entities and businesses that provide and/or perform service for the agency have not been the subject of adverse governmental actions and/or excluded from the federal healthcare programs.

The Human Resources Department is responsible for performing an exclusion check on all applicants for employment and monthly for all current employees. Additionally, as the Human Resources Department is responsible for arrangement with staffing agencies and independent contractors, the HR department is also responsible for conducting exclusion checks prior to entering an agreement.

Contracts with business vendors will contain a certification that the vendor and its employees are not excluded by the federal government. The Assistant Director of Finance shall ensure that an exclusion check of the business entity is conducted prior to entering a business contract with the vendor and on a monthly basis. The Finance Department is responsible for ensuring that exclusion checks are completed on all vendors with whom the agency does business.

In certain divisions/service areas, services are provided based on a prescription or written order issued by a physician. In situations where Arc of Onondaga is directly submitting claims for these services, the agency will ensure that the ordering physicians were properly licensed and not excluded from the Medicaid program at the time the services were ordered. The Finance Department is responsible for ensuring the exclusion checks are completed on all physicians where Arc of Onondaga is directly submitting claims for these services.

Arc of Onondaga may not employ or be affiliated with excluded persons or entities. Additionally, Arc of Onondaga will conduct exclusion screenings for individuals with ownership or control interests in Arc of Onondaga, including members of the Board of Directors. The Compliance Officer is responsible for conducting exclusions checks on current and potential Board members monthly.

In addition to exclusion screening, the credentials of medical/healthcare professionals employed by the Arc of Onondaga or with whom they establish a contractual business relationship will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individuals that might impair his or her performance of duties, or fiduciary responsibilities on behalf of the agency. The process will include, but not be limited to, physicians and other health care practitioners for which the license is required for the performance of their duties. The screening and verification will be conducted as part of the hiring process or prior to entering a contractual agreement and at least annually thereafter. Credentials checks are completed through both the Office of Professional medical Conduct and the NYS Department of Education.

If the exclusion check indicates that any individual or entity has been excluded from the federal healthcare programs, the individual or entity cannot be employed by or conduct business with the Arc of Onondaga. Additionally, if any employee, contractor or vendor is charged with a criminal offense related to healthcare or is proposed to be subject to debarment or exclusion from federal programs, the individual or entity must be removed from direct responsibility or involvement in any federally funded health care program while the matter is pending. If resolution of the matter results in conviction, debarment or exclusion, the Arc of Onondaga shall immediately terminate its employment or other contractual arrangement with the individual or entity.

PROCEDURE:

Person(s)

Human Resource Director

Responsibility

Ensures that exclusion checks are performed on all applicants for employment.

Ensures that exclusion checks are performed on all current employees, on a monthly basis.

Ensures that exclusion checks are performed on individual contractors or individuals referred by staffing agencies.

Ensures that credentials checks are completed for all individuals applying for a position requiring licensure or certification, and on an annual basis.

Ensures that Corporate Compliance Officer is informed of results of exclusion checks.

Director of Finance

Ensures that exclusion checks are performed on all vendors on a monthly basis.

Ensures that contracts include language noted in policy.

Ensures that exclusion checks are performed on ordering physicians for services where the agency

bills directly for the service.

Ensures that Corporate Compliance Officer is informed of results of exclusion checks.

Compliance Officer

Upon being informed of any current employee, individual or entity excluded from federal programs, completes assessment of liability or risk to agency.

Informs Executive Director of possible need for self-disclosure. Consults counsel as directed and/or necessary.

Ensures that Exclusion Checks are documented and maintained for employees, independent contractors, vendors/contractors as indicated above.

Conducts exclusion screening on current and potential members of the Board of Directors monthly.

A report of this audit will be made to the Corporate Compliance Committee and the Board of Directors, along with any recommendations for remedial actions or improvement to the process as part of the annual compliance report.

REFERENCE: OMIG Regulations Part 521
DATE: 4/16/2007
REVISED: 6/11/2007, 10/15/2007, 10/2010, 11/2017, 2/2023


Executive Director


President, Board of Directors


Approval Date


Approval Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.8.1
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element VII/Responding to Compliance Issues/Internal Investigations

Description: Outlines the requirements of Element VII; outlines documentation and response activities related to compliance issues.

Revision: Revision includes policy number change from 2.4.6.2; updated policy title; updated procedure to include completion of compliance issue form; updated position titles

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List:

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.8.1
SUBJECT: Corporate Compliance
TOPIC: Element VII- Responding to Compliance Issues
Internal Investigations

POLICY

Arc of Onondaga responds to reports or reasonable indications of suspected non-compliance by commencing a prompt and thorough investigation to determine whether a violation has occurred. The Corporate Compliance Officer will conduct or oversee the conducting of all internal investigations involving compliance-related issues. The Corporate Compliance Officer will have the authority to contact legal counsel or other consultants, as needed. The Corporate Compliance Officer will consider whether the investigation should be conducted under attorney/client privilege.

Upon report or notice of alleged non-compliance, the Compliance Officer will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative techniques. The Compliance Officer should:

- a. conduct a fair impartial review of all relevant facts
- b. restrict the inquiry to those necessary to resolve the issues; and
- c. conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue

For investigations that do not involve legal counsel, the Corporate Compliance Officer will determine what personnel possess the requisite skills to examine the particular issue(s) and will assign an investigator or assemble a team of investigators, as needed. The Compliance Officer will also decide whether the agency has sufficient internal resources to conduct the investigation or whether external resources are necessary. For minor situations, the Compliance Officer may determine that divisional staff should conduct the investigation. For more significant situations, QA staff will conduct the investigation.

As necessary, the Corporate Compliance Officer will work with the investigator to develop a strategy for reviewing and examining the facts surrounding the possible violations. The Compliance Officer will consider the need for an audit of documentation or billing practices and determine the scope of interviews. The Compliance Officer will maintain all notes of the interviews and review of documents as part of the investigation file.

The Compliance Officer will ensure that the following objectives are accomplished:

- All interviews conducted thoroughly
- Notification of appropriate internal parties
- Identify possible causes of problem, desired outcomes, affected parties, applicable guidelines, possible regulatory or financial impact

- Complete list of findings and recommendations, including identification of necessary corrective action measures to minimize the potential for recurrence of the issue (e.g. policy changes, operational changes, system changes, personnel changes, training/education)
- Documentation of investigation

If, during the initial inquiry, the Corporate Compliance Officer determines that there is sufficient evidence of possible noncompliance of any criminal, civil or administrative law to warrant further investigation, the issue will be turned over to legal counsel. The Executive Director will be immediately informed and a memorandum to this effect should be directed to legal counsel. This memorandum should state whether legal counselor or the Compliance Officer will be leading the investigation. All documents produced during the investigation by legal counsel to be possible protected from disclosure should include a notation indicating such.

Upon completion of the investigative report, depending upon the scope and severity of the identified violations, the Compliance Officer may consult with the Executive Director, the Corporate Compliance Committee and/or legal counsel to determine:

- a. the results of the investigation and the adequacy of recommendations for corrective actions
- b. the completeness, objectivity and adequacy of recommendations for corrective actions; and/or
- c. further actions to be taken as necessary and appropriate.

The completed investigative report, with recommendations, will be forwarded to the Division Director of the division or area investigated, or to the Executive Director or Chief Operating Officer (COO) if the Division Director is involved in the investigation. Copies may also be forwarded to the CFO, Executive Director or COO as appropriate. The Director will be expected to respond, in writing, to the recommendations in the investigative report, including actions that will be taken, staff responsible and timeframes for completion. The written response is expected to be forwarded to the Compliance Officer within one week of receipt of report.

Upon conclusion of the investigation, the Corporate Compliance Officer will organize the information in a manner that enables the agency to determine if an infraction did, in fact, occur. The Corporate Compliance Officer will track the investigation, implementation of recommendations, responsible parties and due dates in a chart. The chart includes the resolution of the investigation as closed or fully resolved.

If investigations result in the discovery of overpayments, the policy on overpayments/self-disclosures will be followed. Overpayments must be repaid within 60 days of discovery of the overpayment.

The Corporate Compliance Officer is responsible for reporting the results of all investigations to the Executive Director, the Corporate Compliance Committee and the Board of Directors. The open investigation chart is shared on a monthly basis with the

Compliance Committee and the Board. A complete chart, reflecting all investigations, is submitted on an annual basis.

PROCEDURE

Person(s)

Division Director

Responsibility

Upon notification or identification of a potential compliance issue, completes a compliance issue form and forwards to the Corporate Compliance Officer or designee indicating the issue identified. For minor issues such as missing documentation for billing of services, indicates amount of billing loss and corrective actions.

Corporate Compliance Officer

Receives report of suspected non-compliance or potential violation. Maintains tracking of all compliance issues.

Conducts initial inquiry to determine need for additional investigation. Documents results of inquiry. Ensures Executive Director is informed of need for investigation.

As necessary, assigns investigator(s) or conducts investigation. As possible, completed investigation within five business days.

As necessary, and following informing of Executive Director, contacts legal counsel or external resources regarding need for additional investigation.

Reviews completed investigative report. As necessary, consults with Executive Director, Corporate Compliance Committee and/or legal counsel to determine if additional investigation is required, etc.

If investigation identifies receipt of overpayments, ensures overpayment is repaid in appropriate timeframe, including identification of need for self-disclosure.

Forwards completed investigative report to Division Director or Executive/COO if

Division Director is involved in investigation.

Division Director

Provides written response to recommendations within five business days of receipt of investigative report.

Provides written monthly update on implementation of recommendations, until investigation is deemed "resolved" or "closed" by the Corporate Compliance Committee.

Corporate Compliance Officer

Ensures investigative report, supporting documentation and response to investigation is maintained in a confidential manner.

Reports results of all investigations to Executive Director and Corporate Compliance Committee through use of investigation chart.

Updates Corporate Compliance Committee on status of any unresolved/open investigations on a monthly basis.

DATE: 7/2007
REVISED: 12/2011, 5/2021, 2/2023




Executive Director



Date



President, Board of Directors



Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.8.2
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: Element VII/Response to Compliance Issues/Overpayments/Self-Disclosures

Description: Outlines the policy/procedures for responding to compliance issues and Medicaid billing requirements. Outlines process for the identification, timely reporting and return of identified overpayments.

Revision: Revisions include renumbering from 2.4.6.2.1; addition of use of Full Self-Disclosure statement and Abbreviated Self-Disclosure statement consistent with OMIG guidance; updated procedures to incorporate new requirements.

Approved by Executive Director: Week of 9/4/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: September 2023 Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.8.2
SUBJECT: Corporate Compliance
TOPIC: Element VII-Response to Compliance Issues
Overpayments/Self Disclosures

POLICY

Arc of Onondaga takes its obligation to fully comply with all Medicaid billing requirements very seriously. Upon discovering an overpayment or improper payment the agency will take appropriate action. This policy establishes the process for the identification and timely reporting and return of identified overpayments as required under Section 6402 of the federal Patient Protection and Affordable Care Act (PPACA) and subdivision 7 of section 363-d of the Social Services Law.

Effective March 23, 2010, PPACA establishes an obligation for providers to report and return identified Medicaid or Medicare overpayments. Specifically, an overpayment must be reported and returned within 60 days after the date on which the overpayment was identified or the date any corresponding cost report is due, whichever is later. Overpayments retained beyond the applicable 60-day period can result in the imposition of triple damages and monetary penalties under the False Claims Act if there is a knowing and improper failure to return the overpayment.

“Overpayment” is defined under PPACA as “any funds that a person receives or retains under title XVIII (Medicare) or title XIX (Medicaid) to which the person, after applicable reconciliation, is not entitled under such title”. Overpayments include, but are not limited to findings of incorrect coding, insufficient or lack of documentation to support billed services; lack of medical necessity, or duplicate payment. All reasonably suspected overpayments will be carefully investigated, beginning immediately upon their being reported to the Compliance Officer. Once Arc of Onondaga is reasonably certain an overpayment has occurred and is reasonably certain of the overpayment amount, the overpayment has been identified. The amount of the overpayment shall be calculated, reported, and repaid not more than 60 days after the overpayment is identified.

This policy applies to overpayment identified during routine compliance monitoring activities including internal audit activities or compliance investigations. This policy also applies to overpayments discovered by other internal or external sources where the overpayment has been verified and confirmed by Arc of Onondaga.

In the case of a Medicaid overpayment, a self-disclosure is required to be submitted to the Office of the Medicaid Inspector General (OMIG) through either the Self-Disclosure Full Statement process or the Self-Disclosure Abbreviated Statement Process. The overpayment must be submitted following the process identified by the NYS OMIG. Depending on the scope of the problem and the amount of the overpayment the agency may consult with legal counsel before submitting a self-disclosure. Additionally, Arc NY state office compliance staff must be notified of any self-disclosures made by the agency utilizing the Full Self Disclosure process. In the case of a significant self-

disclosure where installment payments are required or based on the conduct being disclosed, a Self-Disclosure and Compliance (SDCA) Agreement may be required. The SDCA is a binding contract between the agency and the OMIG and includes at minimum, the agreement to repay the amount of the overpayment and interest as determined by the OMIG; agreement for installment payments; identification of and agreement to implement any corrective actions to prevent the issues from recurring.

Examples of issues that are to be self-disclosed using the Full Statement process include but are not limited to: errors that require the creation and implementation of a formal corrective action plan; actual, potential or credible allegations of fraudulent behavior by employees or others; discovery of an employee on the Excluded Provider list; documentation errors that resulted in overpayments; overpayments that resulted from software or billing systems updates; systemic billing or claiming issues; overpayments that involve more than one Medicaid provider; non-claim based Medicaid overpayments; any error with substantial monetary or program impacts and any instance upon direction by the OMIG.

Examples of issues that may be disclosed using the Abbreviated Statement process include: routine credit balance/coordination of benefits overpayments; typographical human errors; routine net available monthly income adjustments; instance of missing or faulty authorization for services due to human error; instance of missing or insufficient support documentation due to human error; inappropriate rate, procedure or fee code used due to typographical or human error; or routine recipient enrollment issue.

Medicare overpayments will be returned to the Medicare Contractor that paid the claim.

Overpayment from other payers shall be returned in the manner and at the address specified by the payer. Overpayment identified in connection with an OPTS contract must be processed through the local DSO or OPWDD.

Any identified overpayments are reported to the Corporate Compliance Committee through divisional reports. The Corporate Compliance Officer is responsible for reporting all self-disclosures to the Executive Director, the Corporate Compliance Committee and the Board of Directors.

PROCEDURE

Person(s)

Employee/Vendor/Contractor

Responsibility

Reports any situation where the agency may have received reimbursement it should not have received to the Compliance Officer.

Corporate Compliance Officer

Receives report of suspected overpayment.

Ensures reasonably suspected overpayments are investigated immediately.

Determines if overpayment meets definition of need for full or abbreviated self-disclosure to OMIG. As necessary, consults with Arc NY Compliance staff and/or legal counsel.

Ensures Self-disclosure submission meets OMIG requirements and required elements. Maintains documentation of the Self-disclosure. Follows up on any additional information requests from the OMIG as a result of their review of the self-disclosure.

Ensures that the amount of the overpayment is calculated, reported and repaid no more than 60 days after the overpayment is identified. Ensures Full Self-Disclosure statement is submitted within 60 days. For those self-disclosures utilizing the Abbreviated process, ensures the statement is submitted by the 5th of the month following the identification.

Division Director

Informs Compliance Officer of any overpayments; completes Compliance Issue form and submits to Compliance Officer. For situations that result in voids/adjustments, ensures appropriate forms are forwarded to Finance in a timely manner.

Includes any voids/adjustments or corrections in monthly divisional reports.

Reports on any needed systemic changes or corrections made as a result of discovery of overpayment in monthly compliance report.

Finance Staff/CFO

Notifies the Compliance Officer of any claim adjustments not generated by the programs that result in an overpayment. Completes a Compliance Issue form describing the issue.

Reflects all voids or adjustments in monthly Compliance reports. Ensures adjustments are made within 60 days after the

overpayment is identified.

Corporate Compliance Officer

Compiles information on voids/adjustments as outlined in the Abbreviated Self-Disclosure process and submits statement by the 5th of the following month.

Upon receipt of notification of the completed OMIG review of the self-disclosure, shares information with the Executive Director, CFO, COO and Division Director, as appropriate.

If a SDCA has been implemented, ensures corrective action implementation and follow up. Maintains documentation of such.

CFO

Reviews amount of overpayment determined by the OMIG and remits full amount of overpayment and interest within 15 days of receipt of the determination, if not already completed.

If a SCDA has been implemented, remits payments according to the agreement.

Reference: 18 NYCRR Subpart 521-3; OMIG Self Disclosure Program Requirements dated 8/2023

DATE: 12/2011

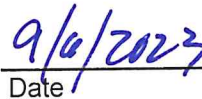
REVISED: 9/2015, 9/2023



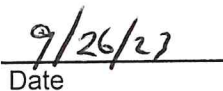
Executive Director



President, Board of Directors



Date



Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.2
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: General Policies/False Claims Act

Description: Outlines details of the False Claims Act

Revision: Updated civil penalties according to Federal guidelines; updated hotline extension to 1310

Approved by Executive Director: 1/8/18

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors:

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☐ Division Director

Distributed On: _____
Date

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.9.2
SUBJECT: Corporate Compliance
TOPIC: General Policies
False Claims Act

POLICY

The Arc of Onondaga is committed to prompt, complete and accurate billing of all services provided to individuals. The Arc of Onondaga and its employees, contractors and agents shall not make or submit any false or misleading entries on any claim forms. No employee, contractor or agent shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager, that results in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

It is the policy of the Arc of Onondaga to detect and prevent fraud, waste and abuse in federal healthcare programs in accordance with the False Claims Act. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194) and other New York State laws concerning false statements or claims and employee protections against retaliation. This policy also sets forth the procedures Arc of Onondaga has put into place to prevent any violations of federal or New York State laws regarding fraud or abuse in its health care programs. This policy applies to all employees, including management, and all contractors and agents.

Overview of the Federal False Claims Act:

The False Claims Act, 31 U.S.C. § 3729 *et seq.*, is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. The False Claims Act establishes liability for any person who “knowingly” submits a false claim either (1) directly to the Government or (2) to a contractor or grantee of the Government, if the money or property is to be spent or used on the Government’s behalf or to advance a Government program or interest. A violation of the False Claims Act can result in a civil penalty between \$10,957 and \$21,916 for each false claim submitted, plus up to three times the amount of the damages sustained by the Government due to the violation(s). Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim;
- and

- Acts in reckless disregard of the truth or falsity of the information in a claim.

Specifically, the False Claims Act may be violated by the following acts:

- a. Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval;
- b. Knowingly making or using, or causing to be made or used, a false record or statement material to a false claim;
- c. Conspiring to commit a violation of the false claims act; or
- d. Knowingly making, using or causing to be made or used, a false record or statement material to an obligation to pay money or transmit property to the government, or knowingly concealing or avoiding or decreasing an obligation to pay money or transmit property to the Government

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim.

A few examples of actions that violate the False Claims Act include knowingly:

- a. Billing for services that were not actually rendered;
- b. Charging more than once for the same service;
- c. Billing for medically unnecessary services; and
- d. Falsifying time records used to bill Medicaid

Whistleblower or “Qui Tam” Provisions

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or whistleblower provision.

The Government, or an individual citizen acting on behalf of the Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the U.S. Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered. If the Government elects not to join the lawsuit, the Relator may still proceed with the action and is entitled to 25 – 30% of any recovery.

The False Claims Act prohibits discrimination by the Arc of Onondaga against any employee, contractor or agent for taking lawful actions under the False Claims Act. Under the False Claims Act, any employee, contractor or agent who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts in False Claims actions is entitled to relief necessary to make the employee, contractor or agent whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorneys’ fees.

To ensure compliance with the False Claims Act, the Arc of Onondaga follows the general principles outlined below:

- a) Training in this policy and procedure is provided to all employees, contractors and agents. This training is provided to all new employees as part of Orientation.
- b) Billing activities are performed in a manner consistent with the regulations and requirements of third party payors, including Medicaid and Medicare and in accordance with the agency's documentation and billing policies and procedures..
- c) Regular auditing and monitoring procedures are conducted as part of our efforts to assure compliance with applicable regulations, including detecting and preventing fraud, waste and abuse.
- d) Any employee, contractor or agent who has any reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the practice according to the agency's Reporting of Compliance Concerns and Non-Retaliation Policy and Procedure. Arc of Onondaga's Compliance Hotline Telephone number is 315-476-7441, extension 1310.
- e) Arc of Onondaga will not retaliate against any employee for taking any lawful action under the False Claims Act. Arc of Onondaga will not retaliate against any employee, contractor or agent for reporting any potential compliance concern, as described in the Reporting Compliance Concerns and Non-Retaliation policy. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
- f) Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.

There are additional federal and state laws relating to filing false claims:

Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812). The Program Fraud Civil Remedies Act of 1986 is a federal law that provides for administrative recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. Violations of this law are investigated by the Department of Health and Human Services and monetary sanctions may be imposed in an administrative hearing setting. Monetary sanctions may include penalties of up to \$5,500 per claim and damages of twice the amount of the original claim

New York State False Claims Laws

1. New York State False Claims Act (State Finance Law §§187-194). The New York State False Claims Act was modeled after the Federal False Claims Act and its provisions are very similar. This Act provides that anyone who "knowingly" submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties between \$6,000 and \$12,000 for each false claim submitted. The False Claims Act defines "knowingly" to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. The Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. In addition, the New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an

action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

2. Social Service Law §145-b. Under this section it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. In the event of a violation of this law, the local Social services district or the State has a right to recover civil damages equal to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the damages (or \$5,000, whichever is greater) sustained by the government due to the violation. In addition, the Department of Health may impose a monetary penalty of up to \$2,000 per violation unless a penalty under the section has been imposed within the previous five years, in which case the penalty may be up to \$7,500.
3. Social Services Law § 145-c. Under this section, if any person individually or as a member of a family applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, then the needs of that person shall not be taken into account for determining the needs of that person or those of his or her family: (i) for a period of 6 months if a first offense; (ii) for a period of 12 months if a second offense, or upon an offense which resulted in the wrongful receipt of benefits in an amount of between \$1,000 and \$3,900; and (iii) for a period of 18 months if a third offense or upon an offense which resulted in the wrongful receipt of benefits in excess of \$3,900, and 5 years for any subsequent occasion of any such offense.
4. Social Services law §145. Under this section, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. This crime is punishable by fines and by imprisonment up to one year.
5. Social Service Law § 366-b. Under this section any person who, with intent to defraud, presents for payment any false or fraudulent claim for services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which he/she is legally entitled to shall be guilty of a class A misdemeanor.
6. Penal Law Article 155. Under this Article, the crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or similar behavior. This Article has been applied to Medicaid fraud cases. This crime is punishable by fines and imprisonment up to twenty-five years.

7. Penal Law Article 175. Under this Article, four crimes relating to falsifying business records or filing a false instrument have been applied in Medicaid fraud prosecutions. These crimes are punishable by fines and imprisonment up to four years.
8. Penal Law Article 176. This Article establishes the crime of insurance fraud. A person commits such a crime when he/she intentionally files a health insurance claim, including Medicaid, knowing that it is false. This crime is punishable by fines and imprisonment up to twenty-five years.
9. Penal Law Article 177. This Article establishes the crime of health care fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly and willfully provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health Care Fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.
10. Labor Law §740. In addition to provisions contained in the Federal and New York State False Claim Acts, this section offers protections to employees who may notice and report inappropriate activities. Under New York State Labor Law §740, an employer may not take any retaliatory personnel action against an employee because the employee:
 - discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that is in violation of law, rule or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;
 - provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by such employer; or
 - objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

To bring an action under this provision, the employee must first bring the alleged violation to the attention of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. The law also provides that employees who bring an action without basis in law or fact may be held liable to the employer for its attorneys fees and costs.

11. Labor Law §741. Under this section, an employer may not take any retaliatory personnel action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law

enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gives the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs.

Procedure

Person(s)

Corporate Compliance Officer

Responsibility

Ensures that employees receive training related to the False Claims Act.

Ensure that records are maintained to document this training.

Ensures that information related to the False Claims Act is attached to contracts with outside contractors or agents who provide direct service to consumers, or perform billing or auditing functions.

Director of Human Resources

Ensures that information related to the False Claims Act is included in the employee handbook, and that all employees receive a copy of this information.

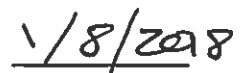
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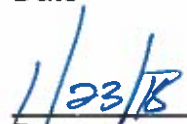
DATE: 4/23/2007

REVISED: 8/6/2007, 1/25/2010, 11/2017


Executive Director


Board of Directors


Date


Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.3
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: General Policies/Billing Third Party Payors

Description: Outlines the expectations to bill third party payors accurately for services appropriately provided to individuals.

Revision: Revision includes updated language

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.9.3
SUBJECT: Corporate Compliance
TOPIC: General Policies
Billing Third Party Payors

POLICY

Arc of Onondaga will bill third party payors accurately for all services appropriately provided to individuals. Agency employees and independent contractors will provide only those services that are authorized and will submit only true and accurate bills to third party payors that reflect accurately the services provided and that are not fraudulent. No employee or independent contractors may knowingly present or cause to be presented a claim for payment that is false, misleading or fraudulent.

Examples of fraudulent billing practices that the New York Medicaid program has identified include but is not limited to:

- Billing for services that were not provided
- Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient;
- Requiring the recipient to return to the agency for more visits when another appointment is not necessary;
- Providing unnecessary services and billing a third party payor for the unnecessary service;
- Upcoding (e.g. billing for a full day of service when half day was provided)
- Having an unlicensed person perform services that only a licensed professional should render, and bill as if the professional provided the services;
- Billing for more time than actually provided; and
- Billing for a home visit when there was none

Claim submissions will be conducted in accordance with the requirements of the applicable payor (e.g., Medicaid, OPWDD, State Education Department), including but not limited to those related to coding, bad debt reporting, medical necessity, credit balances and duplicate billing.

Employees who create and submit bills to third party payors will be adequately trained to do so and will have the necessary skills to perform his or her job.

As part of the internal auditing process, the agency will periodically audit billing practices to evaluate whether bills are being submitted to third party payors that are accurate and reflect appropriate services.

Inaccurate claims submission may subject the agency, involved employees and other representatives to civil or criminal penalties. Any employee or other individual who presents or otherwise is involved in the submission of a false, fraudulent or fictitious

claim for payment may be subject to immediate disciplinary action, up to and including termination.

This policy applies to all employees, particularly those who provide services and prepare documentation for the submission of claims, and those who prepare claims to be submitted to third party payors. Individual departments, including Finance, have developed internal policies and procedures to ensure the agency will bill accurately for all services appropriately provided to individuals.

REFERENCE:

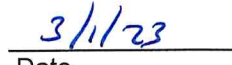
DATE: 7/2007

REVISED: 2/2023


Executive Director


President, Board of Directors


Date


Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.5
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: General Policies/Inducements; Waiver of Co-Payments

Description: Outlines expectations prohibiting offering or transfer remuneration to service recipients or potential service recipients; billing for all applicable out of pocket costs

Revision: Revision includes updated language

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.9.5
SUBJECT: Corporate Compliance
TOPIC: General Policies
Inducements; Waiver of Co-Payments

POLICY

Arc of Onondaga and its employees shall not offer or transfer remuneration to any individual eligible for benefits under federal or state health care programs, including Medicare or Medicaid, that the agency and its employees know or should know is likely to influence the individual to order or receive from a particular provider, practitioner, or supplier any item or service for which payment may be made, in whole or in part, by a federal or state health care program. Arc of Onondaga and its employees shall bill for all applicable out-of-pocket amounts, other than those for which it is mandated to pay, by state regulation. Financial waivers or reductions of cost-sharing amounts are not routinely offered by the agency.

Arc of Onondaga and its employees shall not offer or provide any gift, hospitality or entertainment of more than nominal value to any Medicaid beneficiary. Examples of permissible items include pens, t-shirts, water bottles, etc., valued at less than twenty-five dollars as long as such items are not offered or provided to influence health care decisions by an individual, family member or responsible party.

Arc of Onondaga and its employees shall not offer waivers of coinsurance or deductible amounts as part of any advertisement or solicitation. Arc of Onondaga and its employees shall not routinely waive coinsurance or deductible amounts, and shall waive such amounts only after determining in good faith and documenting that the beneficiary is in financial need, or after making reasonable efforts to collect the cost-sharing amounts from the beneficiary.

DATE: 8/2007
REVISED: 2/2023




Executive Director



Date



President, Board of Directors



Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.6
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: General Policies/Conflict of Interest and Related Party Transactions

Description: Outlines agency's commitment to maintaining ethical standards by requiring the use of conflict of interest statements and resolutions for key persons

Revision: Revision includes policy number change from 2.4.4.3; updated policy title

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.9.6
SUBJECT: Corporate Compliance
TOPIC: General Policies
Conflict of Interest and Related Party Transactions

POLICY

Purpose:

Onondaga County Chapter, NYSARC, Inc. (hereinafter "Arc of Onondaga"), as a commitment to its members and the public at large, strives to maintain the highest ethical standards in the delivery of programmatic services through the design, implementation and adherence to clearly articulated policies and procedures in an effort to avoid either actual or the appearance of improper or undisclosed conflicts of interest. Each Director, Officer, and Key Person of Arc of Onondaga has a duty of loyalty Arc of Onondaga, which requires those individuals to prefer the interests of Arc of Onondaga over their own. Arc of Onondaga further wishes to clarify that where the terms "Director", "Officer" and "Key Person" appear, all members of the Arc of Onondaga Executive Committee, as outlined in the Chapter's By-laws, are considered part of this group and are subject to the requirements of this Policy.

The purpose of this policy (hereinafter the "Policy") is to protect the interests of Arc of Onondaga when it is contemplating entering into a transaction or arrangement that might benefit the private interest, financial or otherwise, of a Director, Officer, or Key Person of Arc of Onondaga. Arc of Onondaga will not enter into any such transaction or arrangement unless it is determined by the Board in a manner described below to be fair, reasonable, and in the best interests of Arc of Onondaga at the time of such determination.

Definitions:

Affiliate. An affiliate of Arc of Onondaga is an entity that is directly or indirectly through one or more intermediaries, controlled by, and in control of, or under common control with Arc of Onondaga.

Ethics Committee. A committee of the Arc of Onondaga Chapter Board.

Board of Directors or Board. The body responsible for the management and governance of Arc of Onondaga.

Conflict of Interest. Any situation in which a Director, Officer, or Key Person of Arc of Onondaga has a competing professional or personal interest in a matter, which is the subject of a decision or duty by that person. Such competing interest may make it difficult for such person to fulfill their duties impartially and can create an appearance of impropriety even if no unethical or improper act results from the conflict. A Conflict of Interest can be actual or perceived. An actual Conflict of Interest exists when an individual has two conflicting duties in a given situation. A perceived Conflict of Interest exists where there may be no actual conflict, but someone could reasonably think there is, which may have its own ramifications. As many Chapter Board members serve on multiple boards, it is important to consider both actual and perceived conflicts and to ensure that all are disclosed for maximum transparency. This definition of Conflict of Interest includes Related Party Transactions, defined below.

Director. Any voting or non-voting member of the governing board of Arc of Onondaga.

Financial Interest. A person has a Financial Interest if such person would receive an economic benefit, directly or indirectly, from any transaction, agreement, compensation agreement, including direct or

indirect remuneration as well as gifts or favors that are not insubstantial or other arrangement involving Arc of Onondaga.

Independent Director. A member of the Board of Directors who:

- Has not been an employee or an Affiliate of Arc of Onondaga within the last three years;
- Does not have a Relative who has been a Key Person of Arc of Onondaga or an Affiliate of Arc of Onondaga within the last three years;
- Has not received and does not have a Relative who has received more than \$10,000 in compensation directly from Arc of Onondaga or an Affiliate of the Chapter within the last three years; and
- Does not have a substantial Financial Interest in and has not been an employee of, and does not have a Relative who has a substantial Financial Interest in or was an Officer of any entity that has provided payments, property or services to or received payments, property services from The Arc New York or an Affiliate of The Arc New York in any of the last three fiscal years that exceeds of the lesser of (a) \$10,000 or (b) 2% of The Arc New York or the Affiliate's consolidated gross revenue if revenue was less than \$500,000¹ (payment does not include charitable contributions or payments made by the corporation at fixed or non-negotiable rates as long as those services received by the corporation are also not otherwise available from another source).

Key Person. A Key Person is someone who is in a position to exercise substantial influence over the affairs of Arc of Onondaga. This includes, but is not limited to:

- Voting members of the Board;
- Presidents, chief executive officers, chief operating officers or employee of any other title with similar responsibilities;
- Treasurers and chief financial officers or employee of any other title with similar responsibilities; or
- A "highly compensated" employee, within the meaning of section 4958 of the Internal Revenue Code and guidance issued by the Internal Revenue Service, who is in a position to exercise substantial influence over the affairs of Arc of Onondaga.
- All supervisory staff of Arc of Onondaga are considered to be key employees of the agency for the purpose of this policy.
- Non-supervisor employees in the HR, Finance and Compliance/Quality Departments are considered to be key employees.

Officer. A person designated as such in the Arc of Onondaga Chapter By-laws.

Related Party. Persons who may be considered a Related Party of Arc of Onondaga under this Policy include:

- Directors, Officers, or Key Persons of Arc of Onondaga or an Affiliate of Arc of Onondaga;
- Relatives of Directors, Officers, or Key Persons of Arc of Onondaga or any Affiliate of Arc of Onondaga; and
- any entity in which a person in (i) or (ii) has a 35% or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of 5%.

¹ If the entity's consolidated gross revenue was \$500,000 or more but less than \$10,000,000, the payments, property or services cannot exceed \$25,000; if the entity's consolidated gross revenue was more than \$10,000,000, the payments, property or services cannot exceed \$100,000.

Related Party Transaction. Any transaction, agreement or any other arrangement with Arc of Onondaga or an Affiliate of Arc of Onondaga in which a Related Party has a Financial Interest, except that a transaction is not a Related Party Transaction if: (i) the transaction or the related party's financial interest in the transaction is *de minimis*, (ii) the transaction would not customarily be reviewed by the board or boards of similar organizations in the ordinary course of business and is available to others on the same or similar terms, or (iii) the transaction constitutes a benefit provided to a related party solely as a member of a class of the beneficiaries that the corporation intends to benefit as part of the accomplishment of its mission which benefit is available to all similarly situated members of the same class on the same terms. Any Related Party Transaction will be considered a conflict of interest for purposes of this Policy.

Relative. A Relative is a spouse, ancestor, child (whether natural or adopted), grandchild, great grandchild, sibling (whether whole or half-blood), or spouse of a child (whether natural or adopted), grandchild, great grandchild or sibling (whether whole or half-blood).

Policy:

Duty to Disclose

In connection with initial and annual disclosures required in this Policy, Directors, Officers, and Key Persons must disclose the existence of the financial or other interest and be given the opportunity to disclose in good faith all material facts to the Ethics Committee. In addition to initial and annual disclosures, Directors, Officers, and Key Persons are under a continuing obligation to similarly disclose the material facts surrounding actual or possible Conflicts of Interest as they arise, and may do so to the Board and/or Ethics Committee, as appropriate. Directors, Officers and Key Persons are under an obligation to avoid even the appearance of impropriety and shall disclose material facts relating to an situation which could potentially be a Conflict of Interest for further consideration by the Board and/or Ethics Committee. Directors, Officers and Key Persons shall disclose all business and volunteer relationships including Board Memberships without making their own independent determination as to whether a Conflict of Interest Exists prior to disclosure.

All employees should avoid situations involving a conflict between their personal interests and the interests of Arc of Onondaga. Employees should avoid outside business interests that could compromise the employee's commitment to the agency – either by dividing loyalties or by diverting the energies and attention owed to the agency in the normal course of an individual's employment at Arc of Onondaga. Employees will act in the best interests of the Arc of Onondaga in dealing with individuals, other employees, volunteers, independent contractors, vendors and other agents.

Determining Whether a Conflict of Interest Exists

After disclosure of the financial or other interest and all material facts, and after discussion with the individual raising the potential conflict, he/she shall leave the meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or Ethics Committee members shall decide if a conflict of interest exists.

Procedures for Addressing the Conflict of Interest

The Director, Officer, or Key Person may make a presentation at the Board meeting, but after such presentation that individual shall leave the meeting during any discussion of, and/or vote on the transaction, arrangement or activity being addressed as the possible conflict of interest. Further, the individual with a conflict shall refrain from any attempts to improperly influence the deliberations and voting on the matter giving rise to the conflict. In order to avoid any actual or perceived improper influence, the Director, Officer or Key Person who has a Conflict of Interest should not discuss the

matter on which they have a conflict of interests with any other Board Member until after the vote on the matter has concluded.

After the exercise of due diligence, the Board shall determine whether it can obtain by reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

If a more advantageous transaction or arrangement is not reasonably possible under the circumstances that does not produce a conflict of interest, the Board shall determine by a majority vote of the disinterested Directors then present and voting whether the transaction or arrangement is in Arc of Onondagas best interest, for its own benefit, and whether it is fair and reasonable.

Violations of the Policy

If the Board determines that a Director, Officer, or Key Person has failed to disclose an actual or possible conflict of interest, it shall inform such person of the basis for such belief and afford the person the opportunity to explain the alleged failure to disclose.

If after hearing the individual's response and after making further investigation as warranted by the circumstances, the Board determines the individual has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action, including but not limited to consideration of the act as conduct detrimental to Arc of Onondaga in violation of its by-laws.

Ethics Committee Review:

The Board delegates to the Ethics Committee, which shall be composed solely of Independent Directors, the adoption, implementation of and compliance with this policy. The Board may delegate to the Ethics Committee review and approval of any Related Party Transaction involving a Related Party and Arc of Onondaga, as contained in this Policy; provided that if the Related Party Transaction is of a magnitude that would otherwise require full Board approval, the Ethics Committee shall submit the Related Party Transaction to the Board for consideration, providing its recommendation as to whether or not to approve it. The Corporate Compliance Committee serves as the Ethics Committee for the Arc of Onondaga.

In the event the Board delegates the review and approval of Related Party Transactions to the committee, all references to the Board in this Policy shall be deemed to refer to such Committee and all references to a majority of the Board shall be deemed to refer to a majority of such Committee. Further, the Ethics Committee shall report material findings on all matters arising under this Policy to the Arc of Onondaga Executive Committee and/or Board of Directors.

RECORD OF PROCEEDINGS

The minutes of the Board and all Committee meetings at which a Related Party Transaction is considered shall contain:

- i. The name(s) of the persons who disclosed or otherwise were determined to have a potential or actual Financial Interest and/or conflict of interest, the nature of the potential or actual Financial Interest and/or conflict of interest, any action taken to determine whether a Financial Interest or conflict of interest exists (including the basis for the Board's approval and the Board's consideration of alternative transactions), and the Board's decision with respect to whether a Financial Interest and/or conflict of interest exists.
- ii. The names of the persons who were present for discussions and votes relating to any determinations under Article III above, including whether the Related Party (and any members

not considered to be Independent Directors) left the room during any such discussions, the content of such discussions, including discussion of alternative transactions, and whether or not the transaction with the Related Party was approved by the Board.

The minutes shall be documented contemporaneously to the decision and discussion regarding the Financial Interest or Conflict of Interest.

INITIAL AND ANNUAL STATEMENTS/ DISCLOSURES

Prior to a member of the Board's initial election to the Board, and annually thereafter, such Directors shall sign and submit to the Secretary of Arc of Onondaga a written statement identifying, to the best of his or her knowledge:

- i. Any entity of which such member of the Board is an officer, director, trustee, member, owner, or employee and with which Arc of Onondaga has a relationship; and
- ii. Any transaction in which Arc of Onondaga is a participant and in which such member of the Board might have a conflicting interest.

A copy of each disclosure statement shall be provided by the Secretary of Arc of Onondaga to the Chairperson of the Ethics Committee and also kept in Arc of Onondagas files and made available to any Director upon request.

Further, each Director, Officer, and Key Person shall annually sign a copy of this statement and submit it to the Secretary of Arc of Onondaga that affirms that such person:

- Has received a copy of this Policy; and
- Has read and understands this Policy; and
- Has agreed to comply with this Policy.

A statement shall remain on file for no less than six years.

Employees who are not considered a Key Person as per the definition within this policy will disclose possible conflicts of interest upon hire or when a conflict arises by filling out a Conflict of Interest Disclosure statement. An annual disclosure is not necessary.

PROCEDURE

Person(s)

HR Generalist(HRG)

Responsibility

Ensures Conflict of Interest Disclosure statement is included as part of new hire paperwork.

All employees

Complete Conflict of Interest Disclosure statement at the time of hire.

HRG

Includes completed Conflict of Interest Disclosure statement in personnel file.

Forwards copy of any completed Conflict of Interest Disclosure statement indicating any possible conflicts to HR Director and Chief

Compliance Officer.

If a new employee discloses that they have a conflict of interest due to another employee currently working at Arc of Onondaga who is considered a key employee, the HRG will contact that employee and request they complete conflict of interest form. Forwards copy of the updated conflict of interest to the HR Director and the Chief Compliance Officer.

Director of Human Resources

When a conflict of interest is disclosed upon hire or change, input the applicable information in the Conflict of Interest chart for review by the Corporate Compliance Officer.

Determines the need for a documented resolution of the conflict based on the type and circumstances of the conflict. Works with the Division Director and Corporate Compliance Officer on the details of the resolution.

As appropriate, informs involved and appropriate parties of the required resolution and actions necessary. Documents resolution on the Conflict of Interest chart. For more involved conflicts, may document details in the employee's HR file using the Conflict of Interest Resolution form. Reviews the form with both employees involved in the conflict, obtains their signatures and notifies appropriate parties of the conflict and the resolution.

Informs Corporate Compliance Officer of disclosed conflicts and resolutions.

As employees are terminated from employment, updates Conflict of Interest chart using strikethrough. Does not delete the employee's entry.

Chief Compliance Officer

Reviews Conflict of Interest chart quarterly with the Executive Management team.

Ensures Conflict Interest Disclosure chart listing any possible conflicts are reviewed by the Corporate Compliance Committee on an annual basis.

On an annual basis, includes a reminder to

employees of the need to disclose conflicts of interest as part of annual Corporate Compliance training

Obtains updated conflict of interest statements annually from members of the Board of Directors and Key Employees.

Corporate Compliance and Ethics Committee

Reviews Conflicts of Interest for Directors, Officers and key employees annually or when changes occur.

Chief Compliance Officer

Updates conflict of interest chart following annual distribution of conflict of interest form. Notifies HR Director of any potential conflicts that may require documented resolution or actions. Sends updated Conflict of Interest chart to Executive Management Team for review.

On an annual basis, each member of the Board of Directors is required to sign a Conflict of Interest Disclosure statement.

PROCEDURE

Person(s)

Executive Director and/or President of Board of Directors and/or designee

Responsibility

On an annual basis and upon appointment to the Board, ensures each member of the Board of Directors completes a Conflict of Interest Disclosure statement.

Maintains original completed statements.

Forwards copy of completed statements listing possible conflicts to Corporate Compliance Officer.

Chief Compliance Officer

Compiles Board Conflict of Interest Disclosures into a report and submits to the Board of Directors for review on an annual basis following the receipt of annual statements.

Completes Arc NY attestation of the completion of the annual disclosures in the Chapter Portal no later than September 30th each year.

Arc of Onondaga will not enter into a related party transaction unless the Board affirmatively determines that the transaction is fair, reasonable and in the best interest of the agency.

PROCEDURE

Person(s)

Board of Directors/Committees

Responsibility

Prior to entering into a related party transaction, the Board or committee must consider alternatives that

would not be a related party transaction.

Must approve the transaction by not less than a majority vote of those present at the meeting.

Must contemporaneously document the basis for its approval of the transaction, including its consideration of alternatives to the related party transaction.

Delegates to the Corporate Compliance/Ethics Committee the review and approval of any Related Party Transaction involving a Related Part and Arc of Onondaga provided that the Related Part Transaction is of a magnitude that would otherwise require full Board Approval.

Corporate Compliance (Ethics) Committee

Reviews Related Party Transactions as delegated by the Board of Directors and provides its recommendation as to whether approve or not to approve it as outlined in the policy above.

In the event that the Committee fails to reach a resolution in a particular matter for any reason, it may refer the matter to the Arc NY Ethics Committee for review and advice.

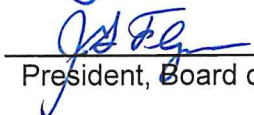
Reference: Non-Profit Revitalization Act 2013; Amendment 2015; NYSARC Chapter Manual

DATE: 11/19/2007

REVISED: Rev 6/2011, Rev 6/2014, 1/2016, Rev 5/2019, 8/2021, 5/2022, 2/2023


Executive Director

2/23/2023
Date


President, Board of Directors

3/1/23
Date

**Arc of Onondaga
Conflict of Interest
ACKNOWLEDGEMENT and DISCLOSURE**

I, _____, by signing my name on the signature line below, hereby acknowledge that I have received and read a copy of this Policy in its entirety, understand the nature and contents of both documents and agree to comply with the requirements of both documents. I understand that my failure to sign this document shall be referred to the Ethics Committee for further action.

Please check all statements that pertain to your disclosure:

- ☐ I wish to report that to the best of my knowledge, information and belief, no situation in which I am involved personally or professionally could be construed as a violation of this Policy, or as placing me in a position of having a conflict of interest with the Arc of Onondaga.

OR

- ☐ I wish to disclose the following circumstance(s) that may possibly be a conflict of interest or violate this Policy:
- ☐ I am a person with an intellectual or other developmental disability, a parent, family member or blood relative of a person with a disability who receives services from Arc of Onondaga.
- o Names of those presenting an actual or potential conflict of interest:

- ☐ I am a person who has a family member or member of my household who who is also an employee of Arc of Onondaga.

- o Names of those presenting an actual or potential conflict of interest:

- ☐ Types of Interest that may possibly be a conflict of interest with Arc of Onondaga:

- o Transactions or arrangements with the Agency (indicate company name and type of arrangement):

- o Transactions of affiliations with other non-profit organizations:

-
-
- Substantial business or investment holdings:

-
-
- Transactions or affiliations with businesses not listed above:
-
-
-

Other Disclosures:

- ☐ I wish to report that I am an officer, director, trustee, member, owner, or employee of the following entity or entities:

Signed: _____

Print: _____

Position: _____

Date: _____

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.8
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: General Policies/Affordable Care Act Grievance Procedure

Description: Outlines grievance procedure related to Section 1557 of the Affordable Care Act.

Revision: Revision includes policy number change from 2.4.9.9

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.9.8
SUBJECT: Corporate Compliance
TOPIC: General Policies
Affordable Care Act Grievance Procedure

POLICY

It is the policy of Arc of Onondaga not to discriminate on the basis of race, color, national origin, sex, age or disability. Arc of Onondaga has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by section 1557 of the Affordable Care Act and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. The Arc of Onondaga Corporate Compliance Officer has been designated the Section 1557 Coordinator.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for the Arc of Onondaga to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of health and Human Services, Office for Civil Rights. Complaint forms are available at www.hhs.gov/ocr. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Arc of Onondaga will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services if needed to participate in this grievance process. Such arrangements may include, but are not limited to providing qualified interpreters, providing taped cassettes of material for individuals with low vision or assuring a barrier-free location for the proceedings.

PROCEDURE

Person(s)

Complainant

Responsibility

Submits grievance in writing to the Corporate Compliance officer within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

The complaint must be in writing, contain the name and address of the person filing

it and state the problem or action alleged to be discriminatory and the remedy or relief sought.

Corporate Compliance Officer

Shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.

Arranges for auxiliary aids and services or language assistance services for individuals as requested if needed to participate in the grievance process.

The Corporate Compliance Officer will maintain the files and records of Arc of Onondaga relating to such grievances. To the extent possible, and in accordance with applicable law, appropriate steps will be taken to preserve the confidentiality of files and records relating to grievance and will share them only with those who have a need to know.

Issues a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

Complainant

May appeal the decision of the Corporate Compliance Officer by writing to the Executive Director within 15 days of the receipt of the decision.

Executive Director

Shall issue a written decision in response to the appeal no later than 30 days after its filing.

DATE: 9/20/16
Revised 2/2023



Executive Director



Date

President, Board of Directors

Date

Arc of Onondaga

New or Revised Policy, Procedure Authorization and Distribution

Policy/Procedure/Manual Change:

A. Policy/Procedure: ☐ New ☒ Revised

B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.9
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

Title: General Policies/Affordable Care Act Grievance Procedure

Description: Outlines required use of notices and taglines related to Section 1557 of the Affordable Care Act.

Revision: Revision includes policy number change from 2.4.9.10

Approved by Executive Director: Week of 2/20/23

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: February Board Meeting

Distribution List: ☒ Executive Director ☒ Assistant Executive Directors
☒ Senior Management ☒ Corporate Compliance Officer
☒ Division Director

Attached you will find ☐ new ☒ revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

SECTION: 2.4.9.9
SUBJECT: Corporate Compliance
TOPIC: General Policies
Affordable Care Act Non-Discrimination Notice/Taglines

POLICY

It is the policy of Arc of Onondaga not to discriminate on the basis of race, color, national origin, sex, age or disability. Arc of Onondaga has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by section 1557 of the Affordable Care Act and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

It is required under the ACA Section 1557 that notices and taglines are posted in conspicuous locations where the public may frequent, including the Arc of Onondaga website and be included in significant publications and significant communications. Significant publications and communications may include but are not limited to notifications of rights, service contracts, service agreements, lease agreements, etc. Taglines must be posted in the top 15 languages spoken in New York State, except in "small sized" publications such as post cards and tri-folds. For small size publications the following statement must be included: "Arc of Onondaga complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex" and taglines for only the top two languages are required (English and Spanish). The top 15 languages spoken in New York State are English, Spanish, Chinese, Russian, French creole, Korean, Italian, Yiddish, Bengali, Polish, Arabic, French, Urdu and Tagalog.

The notice and taglines are included at the end of this document for use.

PROCEDURE

Person(s)

Division Directors

Responsibility


Ensure the notice and taglines are posted as appropriate and included in significant publications and significant communications as noted above.

Distribute the notice and taglines as part of the intake paperwork for individuals new to services.

DATE: 10/5/16, 2/2023
Reference: ACA Section 1557


Executive Director

President, Board of Directors


Date

Date

Affordable Care Act Section 1557 Notice

Arc of Onondaga complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Arc of Onondaga does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Arc of Onondaga:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreter
 - Written information in other formats (i.e. large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Donna Loveland, CCO for Quality/Compliance Services at 476-7441, ext. 1127.

If you believe that Arc of Onondaga has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Donna Loveland, CCO for Quality/Compliance Services, 600 South Wilbur Ave, Syracuse, NY 13204; 315-476-7441; dloveland@arcon.org. You can file a grievance in person or by mail or email. If you need help filing a grievance, Donna Loveland, CCO for QA/Compliance is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Compliant Forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 315-476-7441, extension 1127.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame 476-7441, extensión 1127.

注意：如果你說中國話，語言協助服務，免費的，都可以給你。撥打315-476-7441，分機1127。

ВНИМАНИЕ: Если вы говорите России, переводческие услуги, бесплатно, доступны для вас. Вызов 315-476-7441, добавочный номер 1127.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 315-476-7441, 1127.

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 315-476-7441 전화, 내선 1127.

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, gratuitamente, sono a vostra disposizione. Chiamata 315-476-7441, estensione 1127.

Attention.1127 : אויב איר רעדן יידיש, שפראך הילף באדינונגען, פאטער פון אפצאל, זענען בנימצא צו איר. רוף 315-476-7441, געשפרייט 1127.

দৃষ্টি আকর্ষণ: আপনি বাংলা, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ. কল 315-476-7441, এক্সটেনশন 1127.

UWAGA: Jeśli w języku polskim, usługi assistance językowych, bezpłatnie, są dostępne dla Ciebie. Zadzwoń 315-476-7441, rozbudowa 1127

تنبيه: إذا كنت تتحدث خدمات المساعدة اللغوية، مجاناً الإنكليزية وتتوفر لك. دعوة 315-476-7441، تمديد 1127.

ATTENTION: Si vous parlez français, les services d'assistance de langues, gratuitement, sont à votre disposition. Appelez 315-476-7441, poste 1127.

توجه: اگر آپ اردو زبان کی مدد کی خدمات، مفت کے انچارج بولتے ہیں تو، آپ کو دستیاب ہیں۔ کال کری-315-476-7441، توسیع کے 1127.

Pansin: Kung nagsasalita ka ng Ingles, wika serbisyo ng tulong, nang walang bayad, ay magagamit sa iyo. Tumawag 315-476-7441, extension 1127.