



Arc of Onondaga Corporate Compliance Policies

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Additional policies are available upon request. Please contact Donna Loveland, Chief Compliance and Quality Officer at 315-476-7441

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: Provides and overview of the Corporate Compliance Plan which 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

Revision: Revisions include addition of the definition of "affected individuals" that is used throughout compliance policies; updates term of affected individuals throughout; adds that Code of Conduct is considered the standards of conduct

Approved by Executive Director: Week of 3/18/24

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: March 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.

Definition:

Throughout the Corporate Compliance Plan and related policies, the term “affected individuals” may be used. Affected individuals are defined as employees, chief executive and other senior managers and board members of the Arc of Onondaga. This term is also used to for volunteers, interns, agents, contractors, subcontractors, and independent contractors who are determined to be subject to the Compliance Plan based on their scope of work related to the agency’s risk areas.

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 affected individuals. 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 affected individuals to assist in carrying out the day-to-day responsibilities within legal and ethical standards. The Code of Conduct is considered Arc of Onondaga’s Standards of Conduct.

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 affected individuals sign a written acknowledgment that he or she understands and will follow the Arc of Onondaga Code of Conduct.

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

Affected individuals 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 affected individuals 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 affected individuals.

Element IV: Reporting of Compliance Concerns

Reporting

All affected individuals have a responsibility to report through our compliance processes any activity 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 affected individuals 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 affected individuals 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 affected individuals 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, or the Corporate Compliance Hotline at 476-7441, extension 1310

Any affected individual 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 affected individuals 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.

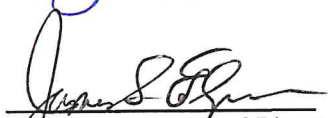
REFERENCE:

DATE: 4/9/2007

REVISED: 8/2009, 1/2011, 4/2021, 2/2022, 2/2023, 3/2024


Executive Director

3-17-2024
Date


President, Board of Directors

3/27/24
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: Describes the Code of Conduct as an integral component of our Corporate Compliance Plan and provides guidance to all affected individuals 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.

Revision: Revisions include updates to use the term of affected individuals throughout; adds that Code of Conduct is considered the standards of conduct

Approved by Executive Director: Week of 3/18/24

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: March 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 affected individuals must know, understand and follow the Arc of Onondaga Code of Conduct. The Code of Conduct is the Arc of Onondaga's Standards of Conduct. It is an integral component of our Corporate Compliance Plan and provides guidance to all affected individuals 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 (employees, volunteers, interns)

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.

Contractors, agents, consultants and vendors or other affected individuals 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 contractor, agent, consultant or vendor determined to be an affected individual 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 (external affected individuals)

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 works with Finance staff to ensure affected individual reviews Code of Conduct and signs Acknowledgement form.

Chief Compliance and Quality Officer

Maintains original Acknowledgement form in the QA office.

Maintains list of external affected individuals who have signed the Code of Conduct,

On an annual basis, sends letter to

identified affected individuals 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 (Board members)

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, 3/2024



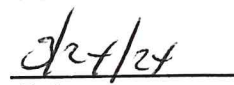
Executive Director



President, Board of Directors

3-17-2024

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: 2.4.5.1
- 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 language that covered parties extends to volunteers,
interns and contractors based on their scope of contracted work

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:

<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 who report problems and concerns in good faith from retaliation. Covered parties include employees, former employees, directors, officers and Medicaid recipients. Volunteers, interns, contractors and independent contractors whose scope of work/contract roles fall within the agency's risk areas are also considered covered parties. 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 party 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 ~~ef~~-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

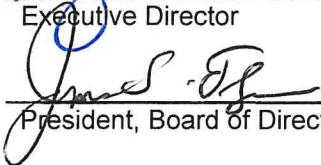
REFERENCE: NPRA 2013; 715-B NY Not for profit Corporation Law; Section 740 of NY Labor Law; Section 363-D of NY Social Services Law; Title 18 Part 521 of NYCRR

DATE: 8/2007

REVISED: 7/2012, 6/2014, 2/2021, 2/2022, 2/2023, 4/2023



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 Program

Description: Outlines expectations related to discipline and/or sanctions for violations of the compliance program by affected individuals.

Revision: Revision includes updated language to reference affected individuals; updated titles

Approved by Executive Director: Week of 6/10/24

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: June 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: 2.4.6.1
SUBJECT: Corporate Compliance
TOPIC: Element V-Disciplinary Action and Incentives
Disciplinary Program

POLICY

Affected Individuals, as defined in Administrative Policy 2.4.1.2, 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 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 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 affected individual 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 a 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 a contractor who has committed a violation as described in this policy. The agency representative is responsible for reporting when a 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

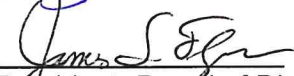
Person(s)	Responsibility
Compliance Officer or designee	Reviews disciplinary standards at initial employee orientation and disseminates a copy of the policy. Obtains signed receipt from employee and forwards to Staff Development Manager.
Staff Development Manager	Files copy of receipt within the training 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 all affected individuals.
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, 5/2024


Executive Director


President, Board of Directors

6-13-2024
Approval Date

6/25/24
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.

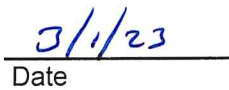
Updates Corporate Compliance Committee on status of any unresolved/open investigations on a monthly basis.

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



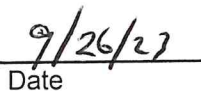
Executive Director



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: 2.4.8.2
- 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



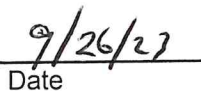
Executive Director



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/Administration
- 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 requirements for Arc of Onondaga to detect and prevent fraud, waste and abuse in accordance with the False Claims Act.

Revision: Revisions include updated language to use term "affected individuals", reference to policy defining term;

Approved by Executive Director: Week of 10/7/24

Board of Directors' Approval Required: ☒ Yes ☐ No

Approved by Board of Directors: October 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: 2.4.9.2
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 all affected individuals as defined in Administrative Policy 2.4.1.2 shall not make or submit any false or misleading entries on any claim forms. No affected individual 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 affected individuals.

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 affected individuals.

- 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 affected individual 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 affected individual for taking any lawful action under the False Claims Act. Arc of Onondaga will not retaliate against any affected individual for reporting any potential compliance concern, as described in the Reporting Compliance Concerns and Non-Retaliation policy. Any form of retaliation against any affected individual who reports a perceived problem or concern in good faith is strictly prohibited.
- f) Any affected individual who commits or condones any form of retaliation will be subject to discipline up to, and including, termination or other appropriate sanction.

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 provided to affected individuals

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.

REFERENCE:

DATE: 4/23/2007

REVISED: 8/6/2007, 1/25/2010, 11/2017,10/2024



Executive Director

10-14-2024
Date



Board of Directors

12/29/24
Date