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Code of Conduct



COMMITMENT STATEMENTS

Corporate Compliance and Ethics, in conjunction with our values, must be a cornerstone in the Foundation of our programs. We will succeed in our mission and in accomplishing our goals of excellence in our supports and services by demonstrating a total commitment to be in compliance with the laws and regulations that govern our programs, and by showing ethical conduct in decision-making as we do our jobs.



I fully support this program and its Code of Conduct and ask that each of you carry that same commitment by contributing to its success.

Thank you,

Jennifer Saunders
Chief Executive Officer



Corporate Compliance and Quality Assurance’s primary goals are to ensure quality of services and protect the agency against liability. The Corporate Compliance Department accomplishes these goals by conducting internal audits regarding policy and procedures as well as ensuring that regulatory interpretation and requirements are met and overseeing incident management.

The Corporate Compliance Department cannot accomplish any of this alone. We rely on the team and all of their efforts to ensure that the work is complete, timely and of quality. Our focus is not to point out problems, but to work with each department and staff to learn from and resolve any issues that are detected.

We are committed to being part of the Liberty team. Our focus is on assuring excellence in the manner that services are provided and carried out for the people we support.

Thank you,

Elizabeth Bridge
Corporate Compliance Officer (CCO)
Director of Compliance & Quality Assurance
HIPAA Privacy Officer

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I. OUR VALUES

QUALITY– Excellence in supports, products, and services, developed in partnership and provided by people with commitment.

RESPECT– A standard of conduct which embodies courtesy, dignity, and regard for all persons.

INTEGRITY– Honesty, fairness, and reliability in all relationships.

TEAMWORK– Dedicated people collaborating for a common purpose with consideration of individual views.

RESOURCEFULNESS– Responsible pursuit of opportunities, resulting in fiscally sound, flexible, and innovative services. **PERSON-CENTERED**– A focus on choice, empowerment, support and self-determination.

II. INTRODUCTION: OUR COMMITMENT TO COMPLIANCE AND ETHICS

As a not-for-profit human services organization, we are committed to complying with rules and regulations of federal, state and local government. In doing so, we also seek to provide a work environment where high standards of ethical behavior are recognized and practiced.

To help ensure compliance, ethical behavior, and a positive work environment, we have established a Code of Conduct as part of our Corporate Compliance Plan. This Code of Conduct is not all inclusive, but is intended to give staff, (defined in this document as employee status personnel plus contracted personnel who provide supports and services to people), a clear understanding of basic conduct expectations. We believe that staff are the key to the success of our Corporate Compliance Program.

A) WHY DO WE NEED TO BE CONCERNED WITH CORPORATE COMPLIANCE AND A CODE OF CONDUCT?

Our industry is heavily regulated. The following is a small sample of the laws which affect us:

1. HIPAA (Health Insurance Portability and Accountability Act)
2. Anti-Kickback Statute
3. Self-referral or Stark Law
4. Conflict of Interest Laws
5. False Claims Act
6. Employment Law
7. Tax Law
8. OSHA (Occupational Safety and Health Act)

Medicaid funding makes up a significant portion of every state budget, resulting in increased scrutiny of our supports and services billed to Medicaid. Federal and state Attorney General's offices investigate fraud and can prosecute individuals and the organization if fraud is occurring. It is everyone's responsibility to provide appropriate and timely services and to use the Medicaid and other government payments according to their specified purpose. Key risk areas include but are not limited to:

- a. Billing for items or services not actually rendered. (This involves submitting a claim that represents that the provider performed a service, all or part of which was simply not performed.)

- b. Providing medically unnecessary services. (This is a claim which intentionally seeks reimbursement for a service that is not warranted or necessary, based on the person's current and documented medical condition.)
- c. Duplicate billing. (An example of this is when an organization submits more than one claim for the same service or the bill is submitted to more than one primary payer at the same time. Although duplicate billing can occur due to a simple error, systematic or repeated double billing may be viewed as a false claim, particularly if any overpayment is not promptly refunded.)
- d. False cost reports. (This is the submission of costs for reimbursement that are not accurate.)
- e. Billing for services with inadequate documentation. (This occurs when staff do not document in a complete way and as mandated by regulation.)
- f. Health and safety. (Non-compliance with OSHA and other safety-related requirements not only put people we support and fellow staff at risk but also may carry stiff fines and penalties.)
- g. Confidentiality of Personal Information. (Compliance expectations for HIPAA and other confidentiality-related regulations and laws are high, and consequences for non-compliance can range from fines and penalties to lawsuits against both the organization and the individual staff person who was non-compliant.)
- h. Our policies and procedures (P&P). (Our P&P, in conjunction with our Corporate Compliance Plan and Code of Conduct are intended to support and assist all staff in combating any possibility of fraud and abuse within our organization, (even unintentional errors.)

We must adhere to the highest ethical standards of conduct in all service delivery and business activity and act in a way that complements our standing within the community.

B) THE ORGANIZATION'S RESPONSIBILITIES TO STAFF ARE TO:

- 1. Ensure that every staff person
 - a. receives appropriate training in policies, laws, regulations, etc;
 - b. receives, understands, and acknowledges our Corporate Compliance Plan and Code of Conduct;
 - c. understands our Values; and
 - d. receives any updates to the documents noted.
- 2. Provide confidential resources for staff to seek advice on proper workplace conduct and to report compliance-related issues and concerns without fear of retaliation.

C) STAFF'S RESPONSIBILITIES ARE TO:

- 1. Attend and/or complete required training, and read and understand our Corporate Compliance Plan, Code of Conduct, and Values;
- 2. Follow our Values and Code of Conduct, and abide by all applicable P&P, and federal and state laws and regulations;
- 3. be alert to any situation that could violate our standards, practices or ethical conduct; and
- 4. Report suspected violations, issues or concerns to supervisors or other resources offered.

III. STANDARDS OF CONDUCT

We expect all staff to conduct themselves ethically and responsibly. If anyone sees or suspects behavior that is improper or unethical, we expect it to be reported immediately, so that necessary steps can be taken. The organization needs and values your help in this area. If information or knowledge of improper or unethical activities is withheld, it is a violation of this Code of Conduct. If such a violation is discovered, involved staff may be subject to disciplinary action up to and including termination, consistent with Human Resources P&P and contract clauses.

Staff is expected to adhere to the following standards:

A) Provide Excellent Supports and Services

QUALITY

1. Provide quality supports in all areas of daily living such as safety, life counseling, and personal hygiene.
2. Maintain and monitor health and nutrition conditions of the people we support.
3. Immediately report any safety hazards and follow all safety and security procedures to ensure quality supports.
4. Report and document all accidents and incidents according to P&P.
5. Utilize time efficiently, working with accuracy and thoroughness to ensure quality supports.
6. be responsive to the person supported and do not put the persons' life "on hold."
7. Uphold all of the organization's values.
8. Ask questions if ever in doubt about how to do your job.
9. Encourage new support staff to ask questions regarding all facets of the position.

RESPECT

1. Treat others with respect and consideration.
2. Be a respectful listener.
3. Demonstrate good interpersonal skills in all interactions.
4. Communicate clearly and informatively, both verbally and in writing.
5. Don't speak in anger or with rudeness, verbal abuse or hurtful gossip.

INTEGRITY

1. Ensure that individual financial accounts are properly managed and receipts promptly submitted.
2. Utilize objective information and exercise good reasoning skills when problem-solving and making decisions.
3. Accept responsibility for your own actions.
4. Use benefit time responsibly, be punctual and follow proper "call-out" procedures.

TEAMWORK

1. Communicate in a positive manner in all interpersonal situations.
2. Be adaptable to change and unexpected events.

3. Be a positive and valued team player.

RESOURCEFULNESS

1. Recognize and take initiative when opportunities on the job arise.
2. Encourage community interaction opportunities in all facets of daily living.
3. Encourage the people we support to make choices and to become more self-reliant.

PERSON-CENTERED

1. Demonstrate an understanding of personal outcomes and how they can be achieved.
2. Follow person-specific support plans.
3. Support people in developing and choosing personal goals and desires, making friends, and becoming active members of their communities.
4. Utilize the Support Team to develop a plan to support people in achieving their personal goals and desires.
5. Fully incorporate the understanding that the individuals we support are the customers and we, as staff, work for them.

B) Make no misrepresentations

1. Communicate clearly and honestly.
2. Make no misrepresentations or dishonest statements, verbally or in writing.
3. Report and record all information accurately and honestly, including:
 - a. preparation and maintenance of records of persons we support
 - b. requests for payments
 - c. timesheets/timeclock records
 - d. travel vouchers
 - e. marketing materials
 - f. financial reports
 - g. all other documents required for the organization's business
4. Never falsify records.
 - a. never backdate
 - b. never destroy or otherwise tamper with records

C) Safeguard the organization's information

1. Access to personal information is limited to the extent allowed by state and federal laws.
2. Don't tell or give information without permission (which is called an unauthorized disclosure).
3. Don't misuse or improperly access information that would violate privacy and confidentiality rights of people we support or others in the organization.
4. Immediately report any unauthorized disclosure to a supervisor, other management or the Corporate Compliance Officer.

5. Ask questions if in doubt.
6. Contact the organization's Privacy Officers when you have questions about privacy and confidentiality.
7. Other organization information is also considered confidential and not to be disclosed to the public:
 - a. data (personal, financial, lists with names of people we support, etc.)
 - b. computer software
 - c. organization systems
 - d. sales information
 - e. documents that contain sensitive information
8. This information should be stored in safe and secure locations and handled carefully and respectfully.
9. This also means that only authorized use of the organization's computer system is permitted, according to Information Technology (IT) department P&P.
10. Protect and properly use information we receive from outside sources:
 - a. written agreements
 - b. licenses (such as software)
 - c. reports
 - d. data
11. This information from outside sources cannot be disclosed to others outside the organization without permission to do so under the terms of an agreement that governs the information (intellectual property/copyright laws).
12. All software used on organization computer equipment must be approved by the IT department.
13. Comply with record retention and destruction P&P. Documents are a critical component of our organization's work on behalf of people we support and are essential support for our billings.

D) Properly handle government investigations, surveys, or audits

1. We're committed to respond honestly, fully disclosing information requested by reviewers.
2. If you are approached by an external investigator, these basic steps must be followed:
 - a. Call the program manager or administrator immediately
 - b. Ask the investigator(s) for proper identification before any access to organization records is given. (In general, the regulating organization for a specific program has the right to immediate access to records. However, some government agencies do not have this right and can only see records after obtaining consent from the organization's administration or by completing a legal process. Your administrator will assist you in determining what is required based on who is requesting access to records.)
 - c. The manager or administrator will make sure other key organization staff, including the Corporate Compliance Officer, are aware of the visit by a

- government agency.
- d. After confirming the identification information from the government agent, write down the name of the agent and the name of the organization. (Do not make a copy of identification cards).
 - e. Maintain a written record of each document the investigators reviewed during the investigation.
 - f. Ensure that we, not the investigators, make the copies of any documents requested to be taken from the premises, and that we also make a copy for ourselves of everything requested.
 - g. Keep a detailed phone contact log related to the investigation including the number you called, or the number of the 'caller' who called you, name and job title of the person spoken to, subject of the information requested or discussed, and the content of the call.
 - h. Be sensitive to certain information that is protected by specific federal and state confidentiality laws, such as HIV and AIDS, substance abuse, and psychiatric records.
 - i. Refer questions to administration prior to giving access to this information.

E) Use organization assets properly

1. The Business Office ensures a complete and accurate recording of business transactions through the use of internal accounting controls and based on industry standards and regulatory requirements.
2. Managerial staff must follow these established practices in managing their programs funded by Medicaid, Medicare, and other funding sources.
3. Accounting controls include, but are not limited to the following:
 - a. Creation of accurate and complete records consistent with proper business practices.
 - b. Supporting documentation, with pertinent details, required prior to approval of any payments on behalf of the organization.
 - c. All new accounts having proper authorization before they are opened.
 - d. All new accounts being disclosed and recorded.
 - e. All payments to accounts being recorded in accounting books properly, accurately, and according to established financial reporting processes.
 - f. Vendors chosen solely on their merits (quality of product or service, and pricing) in the best interest of the organization.
4. Concerning certifications or licenses for operation of programs funded by Medicaid, Medicare or other funding sources, no false statements will be made.
5. We are responsible to meet the requirements of these program certifications or licenses. To do so, each staff member must be familiar with program regulations and speak up if he or she feels the organization is out of compliance.

F) Submit accurate billings and financial reports

1. Billings are submitted according to regulations and requirements for Medicaid, Medicare and other payers.

2. We will comply with specific program requirements, as they relate to:
 - a. procedure codes
 - b. medical necessity
 - c. bad debt reporting
 - d. credit balances
 - e. duplicate billing
 - f. other related billing issues
3. Our organization's cost reports will be completed according to all applicable regulations.
4. Billing and cost reporting will be subject to internal and external audits to make sure that any errors are corrected.
5. The following conduct is unacceptable:
 - a. Intentionally making a false statement of fact.
 - b. Making a false statement in any application for payment or benefit.
 - c. Intentionally failing to disclose, or hiding something that affects the right to a benefit or a payment, with the intent to fraudulently obtain a benefit or a payment greater than is due or when no such payment or benefit is due at all.
 - d. Intentionally using a benefit or payment wrongly or taking it from the person for whom it was authorized.
 - e. Intentionally requesting a payment in violation of the requirements that need to be met to receive it.
 - f. Intentionally claiming, charging, accepting or receiving any payments for services that are not medically necessary, or not described in a person's individual support or service plan, or not billed according to applicable regulations.

G) Provide a safe and healthy work environment

1. We are required to follow laws, regulations, P&P, and commonly accepted safe practices as they apply to hazardous materials, pollutants, and medical waste.
2. Discharging of pollutants will be handled correctly and according to permits.
3. Only qualified, licensed companies will be hired to transport such hazardous material.
4. There will be no concealing of improper disposal of any hazardous materials.
5. We promote occupational safety and work diligently together to avoid job-related hazards, to ensure a safe work environment and a minimum loss of work days.
6. We follow regulations related to safety.
7. We properly service all organization vehicles and equipment.
8. We respond promptly to any complaint or violation of our safety rules.
9. Everyone takes responsibility for this safe work environment.
10. Staff are required to immediately report any potential or actual violation or safety hazard to their supervisor, Safety Manager, administrator or Corporate Compliance Officer.

H) Maintain required oversight of medications

1. Non-prescription medications, prescription medications and controlled substances must be properly distributed, handled, administered and securely stored to be sure there is no unauthorized access to them.
2. Any unauthorized use of medication is strictly forbidden.

3. Any violation of law or organization P&P involving medications, including controlled substances, is grounds for dismissal of staff, cancellation of contracts or suspension of volunteer privileges.
4. If you have questions or knowledge of any such violation of law or P&P, you are required to immediately report to your supervisor, an administrator or the Corporate Compliance Officer.

I) Prevent unlawful referrals or “kickbacks”

1. Do not suggest, offer or ask for anything that would improperly influence vendors related to decisions about products paid for by Medicaid or Medicare.
2. Do not suggest anything that becomes an improper influence to refer or recommend the people we support to providers of goods and services paid for by Medicaid or Medicare.
3. If you are unsure about any practices, you are required to go to your supervisor, other management or the Corporate Compliance Officer, with your questions.

J) Prevent theft

1. Don't take, use, or consume property, services or funds that belong to the organization, a person we support or another person, without proper permission.
2. Suspicion or evidence of theft must be reported immediately.

K) Void conflicts of interest

1. Report (or “disclose”) the conflict to your supervisor, pertinent organization manager or an administrator (Use the Conflict of Interest Disclosure Form).
2. Remove yourself from the decision-making process or activity as much as possible.
3. Examples of conflicts of interests that must be avoided:
 - a. Family members do not supervise each other.
 - b. You should not be employed outside this organization in a job that interferes with your duties at this organization.
 - c. You are not allowed to use organization's equipment, materials, or “safeguarded” information for other work separate from your job.
 - d. If you, as a staff person or volunteer, including a Board member, have a business that may want to be utilized by the organization, the organization must consider comparable businesses and make the decision as to which business to use based on bids and/or other comparable facts, choosing the best of the available businesses regardless of your relationship with the organization. In many such situations, most or all discussions concerning this business situation should occur when you are excluded from participating in the discussion and the decision-making (called being ‘recused’) due to the conflict of interest. This allows the final decision to be made without your input.

L) Comply with labor and employment laws

1. Respecting basic human rights.
2. No sexual or other type of harassment is tolerated.

3. Contribute to a positive general workplace environment.
4. Refer to the Employee Handbook as added guidance (for employee-status staff).
5. If you have any concerns about employment and labor laws, you should contact your Human Resources Department.

M) Comply with fund-raising standards and respect the rights of donors

1. All fund-raising activities must be coordinated by the Director of Public Relations and Development.
2. Fund-raising reports are issued regularly to comply with laws and regulations
3. Rights of Donors:
 - a. To be informed of the organization's mission, how donated resources are to be used, and the organization's ability to use the resources effectively and as intended.
 - b. To know who is on the Board of Directors and to expect the Board to act responsibly and with good judgment.
 - c. To have access to our most recent financial statements.
 - d. To be assured that donations will be used for the purposes for which they were given.
 - e. To be acknowledged and recognized appropriately.
 - f. To be assured that donations are handled with confidentiality to the extent provided by law or requested by the donor.
 - g. To expect that all relationships with our organization's staff will be professional in nature.
 - h. To know if those requesting donations are volunteers, staff or hired professional fundraisers.
 - i. To know that their name as a donor will not be shared with other organizations without their expressed permission.
 - j. To feel free, as a donor, to ask questions and obtain prompt and truthful answers.

N) Comply with tax-exempt requirements

1. The sales tax exemption is to be used only for legitimate organization business.
2. Personal items cannot be purchased through the organization.
3. Withholding taxes must be applied as appropriate to staff wages.
4. Tax-exempt bonds are used to secure mortgages for organization property as necessary. All restrictions by the bonding authority on the use of the property must be honored. If there are violations of the conditions, future borrowing may be affected.
5. If you have questions about our tax-exempt status, contact your supervisor, with other management or the Chief Financial Officer.

O) Refrain from unfair trade practices

1. Do not fix or control fees or payments for products or services, through written or verbal agreement.

2. Do not take any other actions that would limit competition with other agencies that provide similar services.
3. If you have any questions or concerns about trade practices, contact your supervisor, other management staff or the Corporate Compliance Officer.

P) Adhere to proper conduct related to political participation and government relations

1. There is no reimbursement from the organization for personal political contributions.
2. Salary and other business reimbursement cannot be altered to reflect any political contribution.
3. You will not have a role in political activities representing the organization unless through specific request and permission of the organization.
4. Personal communication with legislators and other government bodies, whether verbal or in writing, is considered personal in nature unless requested by the organization.
5. If you are contacted by legislators or regulators, you should refer the matter to the pertinent director or administration.
6. As an organization staff person, you cannot engage in lobbying unless you have prior approval from the CEO.
7. The organization cannot hire a current or former government representative as a staff person or consultant without seeking advice and necessary approvals.
8. You should not provide meals, travel or lodging expenses or other types of entertainment to government representatives.
9. Any questions about these relationships with government representatives should be brought to your supervisor, other management or the Corporate Compliance Officer.

Q) Adhere to research grant standards

1. We are committed to full compliance with laws and regulations related to research.
2. We are aware that any research done must not result in illegal influence for referrals that would be a form of kickback.
3. Questions of this nature should go to administration or to the Corporate Compliance Officer.

IV. CLOSING STATEMENT

Through daily commitment to our values, Corporate Compliance Plan and Code of Conduct, we will realize our mission and do so in a positive, effective, safe, supportive, and compliant workplace culture.