

CORPORATE COMPLIANCE PLAN

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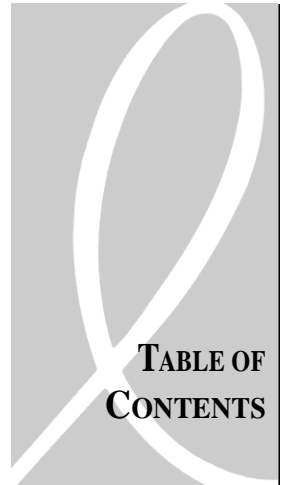
www.libertyarc.org
www.newdimensionsinhealthcare.org
www.ccldelaware.org

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Corporate Compliance Plan



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OUR VALUES AND MISSIONS

The Values and Missions of our organizations are the foundations for an effective Corporate Compliance Program.

A. 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— A responsible pursuit of opportunities, resulting in fiscally sound, flexible, and innovative services.

PERSON-CENTERED— A focus on choice, empowerment, support, and self-determination.

B. Our Missions

1. Liberty, the Montgomery County Chapter of NYSARC, Inc. – to enable persons with disabilities, their families, and other individuals in need, to achieve a quality of life driven by choice. Liberty is a leader, partner, and innovator in support, services and opportunities. Our Values form the foundation of all our endeavors.
2. New Dimensions in Health Care – to be a caring, professional organization dedicated to the delivery of high-quality healthcare to patients, with an emphasis on service to people who require special accommodations.
3. Choices In Community Living – to enable persons with disabilities and their families to achieve a quality of life driven by choice. Our Values form the foundation of all our endeavors.
4. Liberty Foundation, Inc. – to raise and manage funds for the purpose of supporting a variety of programs intended to improve the lives of persons with disabilities and their families, particularly individuals with developmental disabilities in Montgomery County.
5. Priority Care – to provide excellent, affordable and compassionate non-medical companionship and in-home care services to seniors, enabling them to remain living in the comfort of their own home. Priority Care joins with family and physicians as extensions of the person’s entire care community. Our Values form the foundation of all of our endeavors.

INTRODUCTION

A Corporate Compliance Plan and program has been established in order to create a culture within each organization which promotes prevention, detection and resolution of instances of conduct that may not conform 1) to federal, state, and local laws, 2) to federal, state and private payer health care program requirements, such as Medicaid and Medicare, 3) to policies and procedures, as well as 4) with ethical conduct.

BENEFITS OF A CORPORATE COMPLIANCE PROGRAM

To fulfill a legal duty to comply with all laws and regulations and to ensure that only accurate claims to government and private payers (the programs or insurance companies paying the bills for our programs and services) are submitted, we may gain numerous additional benefits by implementing an effective compliance program. Such programs make good business sense in that they help our organization fulfill its fundamental mission to individuals and the community, and assist us in identifying weaknesses in internal systems and management. Other important potential benefits include the ability to:

1. Concretely demonstrate to our staff (defined in this document as employee status personnel plus contracted personnel who give supports and services to people), vendors, and the community-at-large a strong commitment to be an honest and responsible organization using appropriate corporate conduct, and to conduct business according to our values. We do this by developing internal controls to assure compliance with statutes, regulations, and rules;
2. Provide staff and vendors with a better understanding of behavior relating to fraud and abuse;
3. Identify and prevent criminal and unethical conduct;
4. Tailor a compliance program to our specific needs;
5. Improve the quality of care;
6. Create a key office for distributing information on statutes, regulations, and other program directives related to fraud and abuse and related issues;
7. Develop a work culture that encourages staff and vendors to report potential problems;
8. Reduce risk through the development of procedures that allow the prompt, thorough investigation of reports of possible misconduct by staff, initiating immediate and appropriate corrective action;
9. Minimize the loss to the government from false claim submissions through early detection and reporting, and thereby reduce our exposure to civil damages and penalties, criminal sanctions, and administrative remedies, such as program exclusion (a program not being allowed to receive any federal or state reimbursement);

10. Improve internal communication; and
11. Support all staff in ethical decision-making skill development.

We believe that an effective compliance program is a sound investment and is the right thing to do.

COMPONENTS TO OUR CORPORATE COMPLIANCE PLAN

To effectively implement our Compliance Plan, we will ensure the following eight components are in place:

1. **Compliance Standards and Procedures**: the establishment and distribution of a written Code of Conduct, as well as written policies and procedures that promote our commitment to compliance;
2. **Compliance Committee**: the designation of a Corporate Compliance Officer who has a direct line of communication to the CEO and the Board of Directors, plus a Corporate Compliance Committee, charged with the responsibility of operating and monitoring the compliance program;
3. **Extra Precautions Assigning a Significant Level of Authority**: that substantial discretionary authority or a significant level of authority is not given to individuals who the organization knew, or should have known by taking extra precautions, were likely to engage in illegal activities;
4. **Training and Education Programs**: the development and implementation of regular, effective education and training programs for all staff;
5. **Ethics Help Line**: the maintenance of a process, called the Ethics Help Line, to receive complaints, questions or concerns; the adoption of policies and procedures to protect the anonymity of callers and to protect them from retaliation; encouragement of open communication to the Corporate Compliance Officer through other means;
6. **Monitoring and Auditing Systems**: the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas;
7. **Discipline, and Incentives for Compliant Behavior**: reinforcement of staff for positive conduct and actions; the investigation and remediation of identified systemic problems and the consistent application of necessary discipline according to human resources policies and procedures; and
8. **Procedures Following the Detection of Misconduct**: the development of a system to respond to allegations of improper/illegal activities and enforcement of appropriate disciplinary action, plus the development of systems within the operation to ensure that the problem does not reoccur.

C. CODE OF CONDUCT

A Code of Conduct will be included in the required training for all staff and will be given to them to keep.

The purpose of this document is to summarize key behaviors that are required in order to show a commitment to Corporate Compliance and, also, to explain staff's role and responsibility in helping make our program effective. All staff will receive any updates to the Code of Conduct.

I. CORPORATE COMPLIANCE STANDARDS AND PROCEDURES

There are numerous federal and state laws and regulations defined for various programs within the human services industry. We have always strived to provide people with the highest quality of supports and services. A staff person who violates these laws and/or regulations not only takes personal risk but also subjects our organization to the same risks. Any staff person who violates these laws will be subject to appropriate disciplinary action. The federal statutes illustrate actions that pose a particular risk.

These risk areas include but are not limited to:

1. Billing and receiving reimbursement for items, supports or services not actually rendered.
2. Providing and keeping reimbursement for unnecessary supports or services.
3. Duplicate billing and receiving more reimbursement than is due.
4. False cost reports.
5. Billing for supports or services with inadequate supporting documentation.

We are committed to ensuring that billing practices comply with all the federal and state laws, regulations, policies and procedures. Coding and billing for supports and services is an area governed by complex laws and regulations. We have established and maintained a high standard of accuracy and completeness in our financial records. These records serve as basis for managing the business, for measuring and fulfilling our obligations to the people we support, our staff, suppliers and others, and for compliance with tax and financial reporting requirements.

II. PROGRAM STRUCTURE AND OVERSIGHT AUTHORITY

A. The Corporate Compliance Committee

This plan is carried out under the guidance and supervision of the Corporate Compliance Committee, which oversees compliance efforts and which meets minimally three times a year.

1. Functions – The Committee's functions include:
 - a. Analyzing the organization's regulatory environment and legal requirements with which it must comply, and identifying areas of risk;

- b. Evaluating existing and new policies and procedures that address these areas of risk and ensuring the policies are incorporated into the compliance program, as necessary;
 - c. Ensuring that various departments are working together to promote compliance with the Corporate Compliance Program;
 - d. Recommending and monitoring the development of internal systems and controls to carry out policies and procedures in daily operations; and
 - e. Determining appropriate approaches and strategies to promote compliance with the program and detection of any potential problems, such as use of the Ethics Help Line and other communication mechanisms.
2. Members – The members of the Corporate Compliance Committee include those with the following titles:
- a. Liberty Board Representative(s)
 - b. New Dimensions in Living Board Representative(s)
 - c. Medical Director, New Dimensions in Health Care
 - d. Chief Executive Officer (CEO)
 - e. Chief Operating Officer (COO)
 - f. Chief Financial Officer (CFO)
 - g. Director of Human Resources
 - h. Director of New Dimensions in Health Care and Facility Management
 - i. Regional Director(s)
 - j. Business Operations Manager
 - k. Corporate Compliance Officer

B. Reports to the Corporate Compliance Committee

Staff liaisons will report pertinent compliance-related activity to the Corporate Compliance Committee as necessary and at the request of the Committee and CCO. Some examples of potential areas of reporting requests include:

- 1. Billing Adjustments Committee

2. Business Office
3. Day Supports
4. Health Center
5. HIPAA
6. Information Technology
7. Out-of-State Programs
8. Residential
9. Safety Committee

C. The Corporate Compliance Officer: Elizabeth Bridge

Designating a Corporate Compliance Officer (CCO) with the appropriate authority is critical to the success of the program, necessitating the appointment of a high-level official in the organization with direct access to the governing body, the CEO, all other senior management, and legal counsel. Coordination and communication are the key functions of the CCO with regard to planning, implementing, and monitoring the Corporate Compliance Program.

The CCO will have the authority to review all documents and other information that are relevant to compliance activities, including, but not limited to, patient records (where appropriate), billing records, and records concerning the outreach efforts of the facility and the organization's arrangements with other parties, including staff, vendors, and physicians. In addition, the CCO will have full authority to stop the processing of claims that are believed to be problematic until such time as the issue in question has been resolved.

D. Role of the Boards of Directors

The Boards of Directors have designated this Corporate Compliance Committee and CCO to support, monitor and oversee the Corporate Compliance Program. The Boards of Directors have direct lines of communication with the CCO, and are kept informed of compliance-related issues through, minimally, a semi-annual report, and more often as needed, from the CCO, CEO or designee. The Boards of Directors are required to be knowledgeable of the Corporate Compliance Plan and Program, must receive training on the Plan and Program, and document their review of this Plan. The Boards of Directors also must exercise reasonable oversight of the implementation and effectiveness of the Corporate Compliance Program.

E. Role of Outside Counsel

Legal counsel is contacted and conferred with by the CCO to provide assistance, as needed, with investigations of allegations and for guidance with other compliance-related matters.

III. EXTRA PRECAUTIONS ASSIGNING A SIGNIFICANT LEVEL OF AUTHORITY

Personnel with a significant level of authority, described as having substantial discretionary authority, include positions with a substantial and significant amount of control over the organization, such as Directors, CEO, CFO, COO and others in charge of major business units of the organization who set policy, negotiate prices, contracts, etc. Any applicant for a position which involves this significant authority is required to disclose personal information beyond what is required of other staff. Examples include: whether he/she has changed his/her name and whether he/she has ever been convicted of a crime. In addition, we do reasonable inquiries into the background and current status of applicants, such as confirmation in writing of degrees, licenses, past job positions, plus criminal background checks, and sanction screening (checking whether the applicant or a past employer of the applicant was ever denied, due to misconduct, the ability to participate in government-funded programs such as Medicare or Medicaid). Procedures are implemented to remove from direct responsibility or involvement in any federally or state-funded health and human services programs any personnel in the above-mentioned positions with pending criminal charges related to health and human services, or proposed exclusion from participation in federally or state-funded programs.

The following positions have been identified as having substantial discretionary authority:

1. Chief Executive Officer (CEO)
2. Chief Operating Officer (COO)
3. Chief Financial Officer (CFO)
4. Controller
5. All Directors

IV. TRAINING AND EDUCATION PROGRAMS

A) Corporate Compliance Training

All staff are provided mandatory training regarding compliance, fraud, and abuse. All staff must attend an initial training session. All newly-hired staff are required to complete a training program following their employment or signing of an agreement. Some staff will receive specialized training specific to the areas in which they work. This specialized training may focus on complex areas or on areas the CCO and Corporate Compliance Committee has determined pose a high risk of misconduct or error. Each staff person will participate in future training sessions thereafter as required. Also, as new developments or

concerns arise, the CCO may require additional training sessions for some or all staff.

B) Documentation of Training

All compliance training must be documented. The CCO maintains all such documentation signed by staff. All staff must also sign an Acknowledgement Form upon receiving the Corporate Compliance Plan and Code of Conduct at initial training, and also when any updates of those documents are received. Compliance to this training documentation requirement will be monitored with corrective actions implemented as warranted.

V. ETHICS HELP LINE REPORTING SYSTEM

Any time questions arise about jobs and work situations, we want staff to openly communicate those questions to their supervisor and use other internal resources already in place. The Corporate Compliance Program offers an additional option when concerns about possible misconduct related to billing or other types of non-compliance concerns arise: The Ethics Help Line. While direct communication of any type of concern to immediate supervisors and other pertinent managers is encouraged in working toward a solution to an identified problem, questions may also be called in to this line. The CCO responds to contacts to the Compliance office. Callers who wish to remain anonymous are allowed to do so. Staff may also communicate concerns to the CCO related to

Non-compliance in writing, through e-mail, or asking to meet in person. All reports of issues to the CCO will be kept confidential to the greatest extent possible, but absolute confidentiality cannot be guaranteed. No promises can be made to the party making the disclosure of possible non-compliance other than the assurance that we will not take any type of retaliatory action against the individual for having filed the report. A back-up system for the CCO is in place to cover times the CCO is unavailable. Staff in job positions outside of “operations” have been trained by the CCO to cover Ethics Help Line calls and maintain confidentiality standards.

The Ethics Help Line Number is: (518) 954-3125 or 855-241-3288

This is a direct line to a phone in Elizabeth Bridge’s office.

VI. MONITORING AND AUDITING SYSTEMS

A) Audits

Regular internal auditing and monitoring procedures will be conducted within various programs in order

to identify and promptly rectify potential non-compliant issues. This includes periodic audits to ensure that billing, claims processing, and reimbursement procedures and practices, as well as procedures unrelated to billing, adhere to federal and state regulations. Annual audits will be conducted by an external audit firm.

B) Annual Review

The Corporate Compliance Program itself is evaluated minimally once a year to determine if it is effective in meeting the eight required components of a Plan, as listed on page 4, section B, of this plan.

VII. DISCIPLINE, AND INCENTIVES FOR COMPLIANT BEHAVIOR

Failure to comply with this plan, with the laws and regulations applicable to participants in federally or state-funded programs or with this organizations' policy and procedures may result in disciplinary action. Enforcement and discipline, under the authority of appropriate management staff and Human Resource department staff, will occur as warranted and may include:

1. Discipline of individuals who fail to report known non-compliant conduct;
2. Discipline of those persons involved in non-compliance conduct;
3. Discipline of managers or supervisors where the misconduct reflected poor supervision or lack of diligence; and
4. Discipline of individuals who intentionally make false statement or otherwise misuse the Ethics Help Line.

The degree of discipline may range from counseling, oral warnings, written warnings, recommended change or discontinuation of clinical privileges, termination of a contract, termination of employment, or removal from a specific position or job function. Efforts are made to consistently thank staff who report problems to management or to the CCO, and to recognize them in a positive

Way, keeping mindful of confidentiality issues. Staff recognition programs are conducted on an ongoing basis.

VII. PROCEDURES FOLLOWING THE DETECTION OF MISCONDUCT

When a concern is brought to the Corporate Compliance office, the CCO will do necessary research and, if necessary, conduct or ensure the conducting of an investigation, and confer, as needed, with legal counsel. After the investigation is complete, the CCO will prepare a written report of findings that will be shared with the Corporate Compliance Committee. Staff should cooperate with any investigation undertaken by or on behalf of the CCO and/or legal counsel.

If the Corporate Compliance Officer determines, after investigation, that non-compliant conduct occurred, the CCO follows up with the pertinent management, human resources and/or supervisory staff to ensure that the full range of corrective action occurs, including disciplinary action as necessary. The Corporate Compliance Committee reviews the investigation, corrective action plan, and any disciplinary action implemented. Disciplinary action may include but not be limited to all levels noted above in section VII, including possible termination of the individual(s) involved. Besides the necessary investigation and disciplinary actions, additional actions may include steps to prevent the occurrence of future misconduct, recommendations for further staff training, or increasing auditing and monitoring procedures. In any situation where the investigation results show credible evidence of a violation of law, we will promptly report the existence of misconduct to the appropriate government authority.

IX. GOVERNMENT INVESTIGATIONS

We are committed to full compliance with all state and federal laws and will cooperate with all reasonable demands made by any government investigation. However, we deem it essential that the legal rights of staff be protected. We will educate staff as to how to respond to audits or investigations.

X. CLOSING STATEMENT OF COMMITMENT

Through this Corporate Compliance Plan and living according to our values, we intend to be an organization which is exemplary in its efforts to be in compliance with the numerous applicable laws, codes, rules, and regulations of the state and federal governments, which include but are not limited to:

1. Federal Anti-Kickback Statute (addressing kickbacks, bribes or rebates in return for referring an individual to a provider for a service or an item, and imposes criminal penalties on individuals and entities that knowingly and willfully solicit or receive these types of paybacks).

2. Federal Self-Referral Law, or Stark Law (prohibiting a physician with a financial relationship with an entity or business, from making a referral to that entity or business, which would result in a billing to Medicare or Medicaid programs).
3. Conflict of Interest (requiring the avoidance of any significant direct or indirect conflict or appearance of a conflict between personal interests and a person's official responsibilities, and the need by that person to disclose any potential conflict of interest).
4. Federal Civil False Claims Act and related federal criminal laws and state civil and criminal laws (addressing the prohibition of the filing of a false claim for reimbursement from a government payer).
5. Record Retention (ensuring confidentiality, and the meeting of minimum time requirements by federal and state regulations, but also having a record retention and/or destruction policy which ensures that the operation is never alleged to have deliberately destroyed relevant documents).
6. Confidentiality (of patient information, plus any trade secrets or tangible intellectual property, such as operational plans or documents, ensuring that inside information is not used directly or indirectly for personal financial gain or the financial gain of others).
7. Marketing Practices (in line with our mission as a not-for-profit provider of human supports and services, with any advertising or marketing being practiced with integrity).
8. Occupational Safety and Health Act (OSHA)
9. Employment laws
10. IRS/Tax laws
11. Health Insurance Portability and Account Ability Act (HIPAA) (addressing the transmission and protection of health information)
12. State code, rules, and regulations
13. Social Services law

In addition to compliance to all applicable program requirements, we are committed to the education and support of all staff, toward the goal of creating a work environment and culture that fosters ethical conduct and decision making and living by our values.

There is a Corporate Compliance Plan Acknowledgement Form to be completed by all staff following their review of this Plan and the Code of Conduct. It reflects the commitment of all staff to contribute to efforts to ensure that we are, and remain, in compliance.