



Compliance Handbook

“Promoting a Culture of Organizational Excellence”

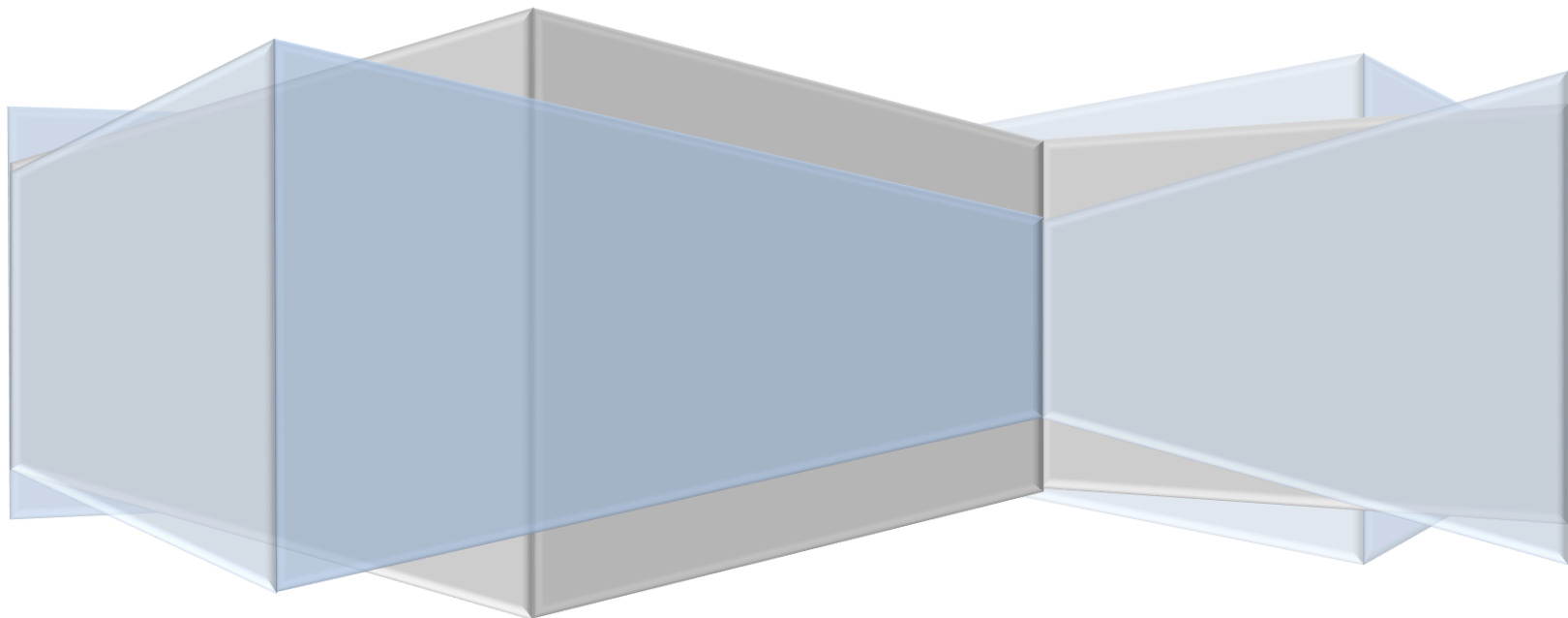


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Introduction

Since 1975, **sasi** has been committed to improving the lives of individuals with intellectual disabilities. While **sasi's** initial focus and area of expertise was grounded in employment and prevocational opportunities, through our involvement with individuals with intellectual disabilities we identified other needs. As **sasi** ventured into other service areas, we developed an Agency Mission and Vision that reflects our values.

sasi's Mission

Involves transforming lives through creative opportunities and excellent supports for people with disabilities and special needs.

sasi's Vision

Involves believing in a future where all persons, regardless of their ability, can reach their full potential as responsible, valued and contributing members of their community. We strive for excellence in providing employment, healthcare, housing options and community supports that are chosen by individuals and their families. Together we transform lives and bring dignity, purpose, confidence and hope to every individual, every day.

In order to realize these objectives, **sasi** has created partnerships with its' stakeholders, Federal, State, County and Local oversight agencies as well as political leaders, other Non-profit Agencies and community based leaders in Business and Academia. Every volunteer, employee and member of the Board of Directors is expected to conduct themselves in an ethical and moral manner. **sasi's** partners also believe in these principles, perform at a high level and are respected in their areas of expertise.

sasi's continued growth warranted the development of this Handbook to serve as a guide to communicate agency policies, procedures, desired expectations and outcomes to assist employees, board members, volunteers and representatives of the organization understand their roles, responsibilities, and rights within the organization in relation to Federal, State and local laws and regulations. This Handbook is designed to provide an overview of essential laws, policies and procedures which are the cornerstones of **sasi's** commitment to Compliance and Continuous Quality Improvement.

As the aforementioned policies, procedures, laws, and regulations are ever changing, this Handbook is designed to provide a broad outline of accepted principles and practices. As a result, information contained within this Handbook will not take precedence over changes that may occur before the next edition of this Handbook is published. Any questions, concerns should be directed to your supervisor or the Compliance Officer.

For the purposes of this Handbook and information contained within, the content of these various areas of compliance are subject to all affected individuals, which is defined as Board Members, **sasi's** President & CEO, all full and part-time employees (staff), consultants, interns/students,

volunteers, vendors and other associates assigned to conduct business on behalf of **sasi**. A copy of this Compliance Handbook is available to all of the aforementioned parties and business associates via hard copy or electronically.

1. Professional Ethics and Code of Conduct

sasi's provision of services complies with all applicable Federal, State and local laws and regulations. The Board of Directors, President & CEO, Agency Executives, Administrators, Managers and Staff are expected to adhere to high ethical standards of practice of their respective disciplines and/or accepted practices in the field of health and human services. For areas of practice where there is no governing law or regulation, it is expected that any employee, volunteer or agency representative conduct themselves in a manner consistent with established agency standards or seek guidance from management.

sasi is a an inclusive organization that is committed to the professional development of each of our staff. **sasi** believes that each employee's contributions impacts the individuals we support and can be a source of passion, production and pride to colleagues. Employees are given a **sasi** Handbook upon hire that explains the following policies:

- Beginning employment with **sasi**
- Employment Policies
- Compensation Policies
- Employee Benefits
- Time Off/Leaves of Absence
- Workplace Expectations (appendix 1)
- Workplace Safety
- Terminating Employment

All employees are expected to adhere to Workplace Expectations as described in the Employee Handbook. **sasi** provides staff with opportunities to talk with Managers, Administrators and Executives to help them navigate any number of issues that may arise during the course of their work. Managers, Administrators and Executives are expected to exercise good leadership and promote a workplace environment that promotes a culture of organizational excellence.

sasi provides its Contractors and Business Associates with a copy of **sasi's** Compliance Plan, outlining the Agency's mission and expectations in regard to Medicaid fraud and Whistleblower protections. The Agency does business with only reputable, law-abiding contractors and sub-contractors.

Any violations of applicable Federal, State and local laws, regulations or agency policies by affected personnel will be subject to appropriate disciplinary action up to and including termination. Any violations committed by **sasi's** Contractors or Business Associates are subject to reports, disclosures and other actions in consultation with **sasi's** legal counsel.

2. Operational Regulations

As a provider of services who receives reimbursement from the Federal and State Government through the Medicaid and Medicare programs as well as other established Contracts for services rendered, it is the policy of **sasi**, to detect and prevent fraud, waste and abuse in the federal healthcare program. All affected persons are expected to practice honesty and integrity in fulfilling their responsibilities, consistent with the following applicable laws and regulations:

- Federal False Claims Act (31 U.S.C. §§3729 – 3733)
- Administrative Remedies for False Claims (31 USC Chapter 38 §§3801-3812)
- New York State False Claims Act (State Finance Law §§187-194)
- Whistleblower Protection Act of 1989
- All other applicable New York State Laws

The purpose of these policies is to communicate specific desired expectations and outcomes to assist all affected persons of the organization understand their roles, responsibilities, and rights within the organization in relation to the laws and regulations referenced above. No affected person shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that may result 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. Likewise, no affected person, who in good faith, reports suspected improper conduct, or any suspected illegal or fraudulent activity shall be retaliated against as a result of disclosing information which they believe reasonably evidences a violation of a law, rule or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety (Whistleblower Protection Act of 1989).

Key Principles:

As part of our commitment, **sasi's** key principles include: the review and amendment of policies, procedures, guidelines and management systems within our operations consistent with all applicable Federal and State laws and regulations.

A Compliance Officer, who coordinates the development and implementation of the agency's day to day Compliance Plan, including processes related to delivered services, billing activities consistent with applicable laws and regulations related to the Medicare and Medicaid system, HIPAA, HITECH (cyber-security), auditing and monitoring, and investigations. The Compliance Officer also:

- Provides education and training of all affected persons.
- Maintains an agency-wide communicative system whereby all affected persons may discuss issues or make a report to a Manager/Administrator, the Compliance Officer or anonymously.
- Maintains written disciplinary polices to encourage good faith participation in the compliance program.

- Conducts routine self-assessments to evaluate and assess processes to mitigate areas of risk associated within the agency and throughout the course of daily operations.
- Investigates compliance issues related to breaches in applicable laws and regulations, policies, overpayments, HIPAA/HITECH, and violations of **sasi's** Employee Conduct Policy as stated in the Employee Handbook and all other compliance issues. Identified areas of concern and recommendations made by the investigator are responded to by management in conjunction with Human Resources.
- Presents completed investigations and program's responses to recommendations to the Compliance Committee for review, acceptance and closure.
- Encourages good faith participation in the compliance program by way of policies that support a culture of non-intimidation and non-retaliation.

Overview of Relevant Laws:

A. The False Claims Act (31 U.S.C. §§ 3729-3733)

The False Claims Act is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. 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 of \$5,000 to \$10,000 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.

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. Some examples include:

- Knowingly making false statements;
- Falsifying records;
- Submitting claims for services never performed or items never furnished;
- Double-billing for items or services;
- Using false records or statements to avoid paying the Government;
- Falsifying time records used to bill Medicaid; or
- Otherwise causing a false claim to be submitted.

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.

Employee Protections:

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

New York State Laws

B. State False Claims Act (State Finance Law §§187-194)

The New York State False Claims Act closely tracks the federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may be responsible for the government’s legal fees.

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. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit. 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.

C. Social Service Law

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover up 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 amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within five years, a penalty up to \$7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

➤ Social Service Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's and the person's family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

➤ Social Service Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

➤ Social Service Law § 366-b, Penalties for Fraudulent Practices

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which he/she is legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor.

➤ Penal Law Article 155, Larceny

The crime of larceny applies to a person who, with intent to deprive another of property, obtains, takes or withholds the property by means of a trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This law has been applied to Medicaid fraud cases.

➤ Penal Law Article 175, Written False Statements

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an agency's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class A misdemeanor or a Class E felony.

➤ Penal Law Article 176, Insurance Fraud

This Article applies to claims for insurance payment, including Medicaid or other health insurance. The six crimes in this Article involve intentionally filing a false insurance claim. Under this article, a person may be guilty of a felony for false claims in excess of \$1,000.

➤ Penal Law Article 177, Health Care Fraud

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 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.

D. New York Labor Law §740

- a) An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official.
- b) This law offers protection to an employee who:
 - i. 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 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions);
 - ii. 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 the employer; or
 - iii. objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

- c) The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. The law allows employees who are the subject of a retaliatory action to bring a suit in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health care provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

New York Labor Law §741

- a) Under this law, a health care employer may not take any retaliatory 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.
- b) The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave 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. If the employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health care provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer

** For purpose of this policy, a representative is defined as any contractor, subcontractor, agent, or other person which or who, on behalf of the entity furnishes or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions; or is involved in the monitoring of health care provided by the agency.*

3. The Corporate Board of Directors

As the Governing Body of **sasi**, the Board of Directors has responsibility for the care, management, and control of **sasi** and must be held to high ethical and moral standards. The Board of Directors recognizes that established ethical standards of fairness, honesty and integrity are essential to the proper conduct of the Board of Directors in upholding its governance responsibilities as identified by applicable laws; including the NYS Revitalization Act of 2013. Due to this additional level of responsibility and accountability all Board Members are:

- Responsible for the provision, review and oversight of all Agency policies. Day to day compliance with those policies is the responsibility of the President and CEO.
- Provided copies of all regulatory reviews that immediately follow the receipt of the written review.

- Responsible for approving the Agency budget.
- Responsible for oversight of the employment contract between the Board and the President and CEO in regard to compensation, duties and responsibilities.
- Responsible for oversight of Agency contracts. Authority to enter new or renew contracts is delegated to the President and CEO.
- Provided monthly financial statements at their regular meetings.
- Provided the Agency's financial audit annually. At their discretion, they may schedule a meeting with the auditing CPA.
- Actively involved in Board meetings and actions.
- Positive role models in the community.
- Appreciative of the diversity of fellow Board members, individuals and staff.
- Cognizant that all authority is vested in the full Board when it meets in legal session and not with individual Board members.
- Provided critical information relevant to issues that may come before the Board.
- Actively doing their best to ensure that **sasi** is well maintained, financially secure, and always operating in the best of interest of the men and women we support.
- Working toward learning more about the Board member's job and how to do the job better.
- Open to complaints and refer issues to the Board Chairperson and President and CEO of **sasi**.
- Reporting any and all conflicts of interest, recusing themselves from voting on issues that appear to be a conflict of interest.
- Actively involved in taking disciplinary action for either the President and CEO or other Corporate Board Member for non-complaint behavior.

In addition, Board Members will not:

- Be critical, in or outside of the Board meeting, of fellow Board members or their opinions.
- Use **sasi** or any part of the organization for personal advantage or the personal advantage of friends or relatives.
- Discuss confidential proceedings of the Board outside of Board meetings.
- Vote on any issue without fully understanding the issue.
- Interfere with the duties of the President and CEO or undermine the President and CEO's authority.

The Board of Directors meets the first Wednesday of each month (excluding July) to review its on-going business responsibilities as identified above. Minutes are taken during meetings of the Board as well as its' associated Committees (e.g. Legislative, Building, etc.). At least annually, the Compliance Officer meets with the Board of Directors to provide an update on related rules and regulations as well as the status of agency-wide compliance activities.

The Board of Directors, Code of Ethics is reviewed and signed by Board Members upon their assignment to the Board and annually thereafter. The Board of Directors elects its officers and conducts interviews of viable candidates when Board seats are vacated.

4. Human Resource Management

sasi complies with all applicable labor laws and statutes regarding employee relationships and the workplace environment. **sasi** employs only persons who are legally authorized to work in the United States consistent with federal laws. Individuals who are prospective candidates and are U.S. citizens or who possess a “green card” or work visa are entitled to be hired. The appropriate documentation of citizenship status must be presented to the Human Resources Department at the time of hire.

sasi fully complies with the salary basis requirements of the Fair Labor Standards Act (FLSA). Therefore, **sasi** prohibits all company Management Staff as well as Payroll Office staff from making improper deductions from the salaries of employees.

If an employee believes that an improper deduction has been made to their salary, that employee should immediately report this information to their direct supervisor, or to the Vice President of Human Resources. Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has occurred, the employee will be promptly reimbursed for any improper deductions.

sasi respects and welcomes diversity in its employees, participants, contractors, and other representatives. There shall be no discrimination activity against any person for any reason, including race, religion, national origin, creed, age, gender, ethnic background, sexual orientation or disability except where a bona fide occupation qualification is involved. **sasi** is committed to equal employment opportunity.

Every employee has the right to confidentiality of certain employment records as well as the privacy of personal activities outside of business hours. In turn, **sasi** has rights of access to all agency property and communication, records and information created in the business setting. By using agency property and/or creating such records and information, the employee consents to such access.

sasi will not release information regarding our current employees without written consent unless it is required by a program survey or subpoena. An internal investigation may at times require the review and/or release of certain personnel information to agency personnel, law enforcement, and/or oversight bodies.

sasi emphasizes the need for a balance between work, personal and family life, and encourages employees to pursue interests and activities outside the workplace. Personal interests and beliefs, however, must not be imposed on other employees or participants. **sasi** recognizes the employee’s right to become involved in political activities of their choice. However, activities

should not interfere with the employee's ability to perform their job and should not imply participation on the part of **sasi**.

A. Employee Hiring, Orientation and Training

As a human service agency under contract with the Office of Persons with Developmental Disabilities, all potential employees must go through a background screen through New York State's Justice Center for the Protection of People with Special Needs. As part of this procedure, identified positions which require Federal or State Certifications to practice within their field is obtained and verified with their oversight licensing board. Once Justice Center approval is received, staff receives an employee handbook and is scheduled for their agency-wide employee orientation.

Agency-wide orientation training includes information on the following areas:

- Developmental Disabilities
- Corporate Compliance/HIPAA
- Fire Prevention /Health and Safety
- Infectious Disease /OSHA
- Incident Management
- Workplace Violence
- Medication Administration
- Strategies for Crisis Intervention and Prevention – Restrictive (SCIP-R)
- Positive Approaches/Diversity
- Harassment
- Transportation

After agency-wide training is completed, staff continues their orientation period by learning other skills, specific to their job title and level of responsibility. While specific training areas require a certain level of competency or certification (medication administration), staff must update specific trainings on an annual basis. Human Resource staff conducts checks of federal and state exclusionary lists and monitor positions that require re-certification as part of their credentialing.

sasi job descriptions provide a summary of both general and specific duties, reporting relationships with managers, extraordinary conditions, physical, mental and other qualifications. While **sasi** employs a variety of staff, skilled in various areas, each person supports the agency's mission and values by supporting individuals, achieve their personal goals one person at a time.

Of the numerous people involved, the work of Direct Support Professionals (DSP) is essential to the level of support and services provided by any human service agency. The responsibilities of a DSP have a tremendous impact on the men and women who have chosen **sasi** as their provider of supports and services. **sasi's** DSPs have a unique role in the lives of individuals we support as well as their families. From health care and mentoring to community based networking and

billing, these staff make a difference and their ability to perform and comply with those duties is crucial to the agency's success.

B. Performance Expectations

Employees and representatives of the agency are expected to conduct themselves in a manner that reflects positively on **sasi's** image and identity. No one should act in a way that adversely affects the reputation or image of **sasi** with stakeholders or with the community at large.

Employees and representatives of the agency are expected to be professional when interacting with individuals, guardians, family members, oversight entities (e.g. OPWDD staff), consultants, suppliers, other health care providers and colleagues. No one should take advantage of anyone, through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or other unfair-dealing practice. Financial transactions, which may be construed as exploitation or result in greater benefit to the employee or agency representative than the person receiving services will be considered abuse. Therefore, financial transactions between employees or agency representatives and individuals are discouraged.

Employees of the agency are mandated reporters and have an obligation to intervene and report incidents that may either infringe upon the rights of/or compromise the health and safety of individuals we support as defined in Mental Hygiene Codes and Regulations identified in Part 624 and Part 625. Allegations of abuse and neglect must be reported to the Justice Center by calling their Hotline 1 (855) 373-2122. Failure to exercise one's duty to intercede or to report any activity which may be considered abuse or neglect will constitute abuse. These expectations are outlined in **sasi's** Code of Conduct which all staff review and sign up hire and annually thereafter.

Similarly, employees and representatives of the agency are expected to identify and detect waste, fraud and abuse. In these cases, staff are required to notify any member of management or the Compliance Officer by calling (716) 574-7298.

As **sasi** staff, performance expectations are outlined within the Employee Handbook in concert with agency-wide training and annual updates. These expectations are outlined in the Employee Handbook to ensure that staff are knowledgeable regarding what's expected of them while carrying out responsibilities in their work environment, community or behind a computer screen. Access to information and the agency's administration is available 24 hours a day so that employees are able to make decisions in the best interest of individuals we support as well as the agency.

Additionally, employee's adherence to Federal and State rules and regulations, agency policies and procedures ensures that **sasi** will be free from citations, law suits, and other fines and penalties that may be imposed by oversight agencies. Below are some oversight entities and possible infractions as a result of staff non-compliance:

- Office of Persons with Developmental Disabilities (OPWDD)
- Repeat health and safety deficiencies, possible loss of program certification.
- Justice Center for the Protection of Persons with Special Needs
- Substantiated Abuse/Neglect (Category 1 for involved staff).
- Office of Medicaid Inspector General (OMIG)
- Inappropriate billing.
- Office of Civil Rights (OCR)
- Breach of confidential records, agency fines.
- Department of Health and Human Services (HHS)
- Citations/fines due to improper care
- Department of Labor (DOL)
- Fines due to mismanagement of employee information/harassment.
- Office of Occupational Health and Safety Administration (OSHA)
- Fines due to unsecured materials and unattended occupational and operational hazards.

From the examples provided above, it's easy to see why **sasi** values education, training, early intervention, communication, policy and procedures, reporting, documentation and supervision. Staff are encouraged to utilize **sasi's** open door policy, **sasi's** on call system and the compliance hotline whenever there's indecision or when navigating new or unfamiliar situations. Ultimately, each employee is responsible for knowing and executing their job responsibilities and is held accountable for the quality of the work he or she produces.

5. Business Management

sasi's provision of services complies with all applicable Federal, State and local laws and regulations. All affected staff are expected to adhere to high ethical standards of practice of their respective disciplines and/or accepted practices in the field of health and human services. For areas of practice where there is no governing law or regulation, it is expected that any affected person conduct themselves in a manner consistent with the agency's established standards or seek guidance from management.

sasi is responsible and accountable for the integrity and protection of its business information. All agency records and documents (in any form or media) are the sole property of **sasi** and thereby considered confidential by its nature, except as provided by law or regulation. **sasi** representatives will not disclose to others any confidential information obtained during the course of employment, work (paid or unpaid), or receipt of reports, which have not been published or disclosed, to the public. Documents and electronic media containing sensitive information on participants, staff, consultants, volunteers, board members and other associates of **sasi** must be carefully handled and properly secured.

All agency representatives, with the associated responsibility are expected to protect the assets of **sasi**. Any misuse or misappropriations of agency funds, information, equipment, facilities or

other assets will be investigated and if necessary, considered criminal behavior which may bring severe employment and legal consequences.

A. Professional Ethics and Conflict of Interest

The Board, President and CEO, Full and Part time staff have an obligation to conduct business within guidelines that disclose actual or potential conflicts of interest. This policy is established to ensure that services and business activities are conducted in an objective manner and are not motivated by either personal or financial gain. The Board, President and CEO, Full and Part time staff must disclose any interests which could result in a conflict.

A conflict of interest is defined as: Any situation in which financial or other personal considerations may compromise or appear to compromise:

- an affected person's business judgment
- delivery of services; or
- ability for an employee to do his or her job. An actual or potential conflict of interest occurs when an affected person is in a position to influence a decision that may result in a personal gain for that individual, a relative or an individual they reside with, as a result of business dealings.

From time to time, it may be in **sasi's** best interest to use services in which it may be construed as a conflict of interest. In those situations, a full disclosure will be made. Below are some examples of situations in which employees might encounter conflicts of interests:

- Any employment relationship between an employee and participant; or a family member of a participant;
- The employment of family members or close personal friends as contractors, suppliers or employees of **sasi**;
- Romantic relationships between a supervisor and a subordinate;
- Soliciting personal cash or non-cash gifts of any amount or value from any person or business that has a relationship with **sasi**.
- Accepting personal cash gifts of any amount from any person or business that has a relationship with **sasi**.
- Accepting personal non-cash gifts valued at more than \$25.00 from any person or business which has a financial relationship with **sasi**, or accepting any non- cash gift from a person or business that expects that they may receive preferred services or business from a **sasi** Representative or **sasi**.
- A business arrangement between a **sasi** employee and individuals served; or the agency.

If any matter exists that might be a conflict of interest or creates the appearance of a conflict of interest, employees should consult the Corporate Compliance Officer to assess whether a problem exists.

B. Chief Financial Officer

sasi's Chief Financial Officer (CFO) is a member of the agency's executive management team and reports to the President and CEO. The CFO is responsible for the administrative and financial operations of the agency. These duties involve the development and monitoring of the agency budget and control systems to preserve the agency's assets and financial health.

While the CFO is critical to the agency in several ways, it is paramount that the CFO ensures that the company complies with all legal and regulatory requirements as they apply to program reimbursement through OPWDD, Medicaid, Medicare and other insurances. The CFO:

- Participates in key decisions as a member of the executive management team.
- Maintains in-depth relations with all members of the management team.
- Completes the agency's annual budget and Consolidated Fiscal Report.
- Makes financial reports to the Board of Directors.
- Reports risk issues to the President & CEO.
- Maintains appropriate insurance coverages.
- Maintains relationships with community Bankers and other businesses.
- Oversees the company's transaction processing systems.
- Participates in the oversight of employee benefit plans.
- Monitors business office control systems.
- Ensures that financial record keeping meets regulatory requirements.
- Implements operational best practices.
- Maintains relations with external auditors and investigate their findings and recommendations.

Business office Administrators and staff assist the CFO by managing the day to day operations. Business office staff are responsible and accountable for the integrity and protection of its business information. All agency records and documents (in any form or media) are the sole property of **sasi** and thereby considered confidential by their nature, except as provided by law or regulation. No **sasi** representative shall disclose to others any confidential information obtained during the course of employment, work (paid or unpaid), or receipt of reports, which have not been published or disclosed, to the public. Documents and electronic media containing confidential information on individuals, staff, consultants, volunteers, board members and other associates of **sasi** must be carefully handled and properly secured. Through the administration of multiple transactions each day, billing activities are to be performed in a manner consistent with Medicaid and other payers' regulations and requirements. All billing and claims generated must accurately reflect services rendered as submitted by programs. Improper or suspicious activities must always be questioned prior to submission for reimbursement or any other transactions. Any misuse or misappropriations of agency funds, information, equipment, facilities or other assets may be considered criminal behavior and can bring severe employment and legal consequences.

C. Business Associate Agreements and Medicaid Notices

sasi will transact its business in compliance with the laws of the jurisdiction in which it does business, including local, state and federal jurisdictions. As a not-for-profit agency, **sasi** will conduct business in compliance with all IRS regulations governing tax-exempt organizations and refrain from any private inurnments and benefit issues. Applicable laws include, but are not limited to, anti-kickback statutes, labor laws, tax code and regulations, antitrust laws, copyright laws, false claims laws, consumer rights laws and environmental laws.

When engaging in business with entities that will perform certain operations on behalf of **sasi**, which includes the use or disclosure of individually identifiable information, **sasi** will establish a business associate agreement consistent with law [45 CFR 164.504 (e)(1)(ii)]. **sasi** will terminate the contract via the business agreement if there's reasonable cause to suspect that the business associate is in violation of the agreement or fails to take reasonable steps to cure the breach or violation.

Business associate agreements will be free from remuneration of any kind which may be defined as any money, fee, commission, credit, gift, gratuity, thing of value or compensation of any kind that is provided directly or indirectly, and that has as one of its purposes, the improper obtaining or rewarding or favorable treatment in a business transaction. No employee or other agency representative shall solicit, receive, offer to pay, or pay remuneration of any kind in return for referring an individual for items or services, or purchasing, leasing, ordering or arranging for goods, facilities, services or items for which payment may be made under federal, state, or local health care programs. **sasi** representatives should avoid the offering or receipt of a gift in circumstances where it could appear that the purpose of the gift is to influence **sasi's** relationship with a vendor, regulator or other person or entity. The receipt of any gift by any agency representative from a participant's representative, vendor, contractor, etc... must be disclosed to the supervisor to determine whether the gift may or may not be accepted to avoid a conflict of interest.

sasi is subject to applicable State and Federal laws and regulations when considering research grant proposals involving people we support. While **sasi** supports research in the field of intellectual disabilities, each grant will be reviewed to insure that practices are proper and that the business relationship would not constitute a "kickback".

D. Billing for Services

The provision of health related services provided by **sasi** to citizens with intellectual and other disabilities is supported by Federal, State, County and local government through programs such as Medicaid and Medicare. The Agency also receives payments for the provision of other items and services. Business office employees responsible for processing, coding and uploading information for reimbursement for provided services have the necessary training and resources to do their jobs. They are accountable for the quality of their work and are expected to comply with billing requirements.

While Direct Support Professionals (DSP) are responsible for documenting provided services, if information is questionable, business office staff are expected to acquire accurate information prior to processing data for reimbursement. Where input errors are detected, measures are taken to correct those human errors. If it is believed that data is fraudulent or that practices inconsistent with established practices are being committed by **sasi** staff, the discovering business office staff is required to make a report using the agency's reporting process, notifying the Compliance Officer or using the agency's hotline.

E. Annual Audits

As part of the agency's continuing commitment to its stakeholders and community, **sasi** has retained an independent CPA Firm to audit the agency's financial operations. This extensive audit is consistent with State law and ensures the integrity of the **sasi's** practices as it relates to both the Deficit Reduction and False Claims Acts (detecting fraud, waste and abuse).

On an annual basis, the President and CEO of the agency completes the Office of Medicaid Inspector General (from here on identified as OMIG) Certifications for the State of New York, for the Deficit Reduction Act of 2005 and the Social Services Law section 363-d and 18 NYCRR Part 521 that mandates having a compliance program.

6. The Corporate Compliance Program

As required by law under the Title 18 of the New York Codes and Regulations, the Affordable Care Act, the Deficit Reduction Act of 2005 and Social Services Law, **sasi** is required to have a compliance program. The Compliance Program is a system which is designed to detect and prevent violations of law, as well as the likelihood of unethical activity by any affected person. Based on guidance provided by OMIG for the industry, the agency's compliance program encompasses both the 8 Elements and the 7 Areas which constitutes an effective compliance program. **sasi** continues to embrace these concepts as staples within its operations and are identified below:

The 8 Elements are:

1. Written policies and procedures
2. Designation of an employee vested with responsibility of compliance
3. Training and education
4. Lines of communication to the Compliance Officer
5. Disciplinary procedures to encourage good faith participation in the plan
6. A system to identify compliance risks
7. A system that responds to compliance issues
8. A policy of non-intimidation and non-retaliation

The Seven Areas are:

- Billings
- Payments
- Medical necessity and quality of care
- Governance
- Mandatory reporting
- Credentialing
- Risk areas identified by **sasi**

sasi complies with local, state and federal laws. As a not-for-profit agency, **sasi** complies with all IRS regulations governing tax-exempt organizations and refrains from untoward activities that would involve anti-kickback statutes and/or any one of the following laws: labor, tax code regulations, antitrust, copyright, false claims, consumer rights and environmental laws. It is expected that each employee, member of the Board of Directors, contractor, and volunteer contributes to achieving these principals by conducting business activities for **sasi** with integrity and high ethical standards.

Supervisors and managers also contribute to achieving these principles by exercising good leadership and being a good example in creating and promoting a workplace environment in which compliance and ethical business conduct are practiced every day. In situations where questions arise concerning interpretation or applications of laws and regulations, guidance should be sought from experts within that specific field (e.g. Human Resources, Medical) or referred to either the President & CEO or Corporate Compliance Officer.

sasi operates with honesty and integrity and is defined by its relationships with individuals requiring services and support, oversight agencies and its community-based partners. By maintaining the highest level of corporate integrity through open, honest and fair dealings, we earn the trust and respect of those aforementioned; creating an inclusive culture.

A. Compliance Officer (Element 2)

sasi's Vice President of Quality Management is the designated Compliance Officer by the agency's President and CEO. While the Compliance Officer is supervised by and reports to the Executive Vice President of Quality and Community Services, the Compliance Officer has access to the President and CEO as well as the Board President, should the need arise. The Compliance Officer is a member of the agency's Executive Management Team.

The Compliance Officer is responsible for the day-to-day coordination, development, and implementation of the Compliance Program. The Compliance Officer supervises the Directors of Quality Management who are also engaged in the compliance program. The Quality Management Department has a number of Quality Management Assistants who conduct investigations and complete audits of **sasi** programs. The Compliance Officer insures that **sasi** maintains and fulfills its regulatory and financial obligations identified by law. The Compliance

Officer is responsible for insuring that the agency's compliance program is effective; achieving its intended objectives as it relates to the following:

- delivery of services to qualifying individuals (Billing and Payment)
- maintains associated documents related to compliance activities (Billing and Payment)
- resolving payment discrepancies and disclosing overpayments (Billing and Payment)
- policies and procedures related to compliance (e.g. HIPAA) (Element 1)
- agency-wide education and training and participation in the compliance program (Element 3)
- maintaining open lines of communication agency-wide (Element 4)
- detecting waste, fraud and abuse (Element 4)
- oversee plans of action, correction and risks to prevent future occurrences (Element 5)
- auditing and monitoring billing activities (Element 6)
- investigating complaints and reports of non-compliant behavior/practices (Element 7)
- maintaining good faith participation in the compliance program (Element 8)

The Compliance Officer ensures that the Social Services Law and Deficit Reduction Act certifications are completed annually by the President and CEO. The Compliance Officer also completes reports and presents compliance related activities to the Board of Directors and the Foundation Board annually. The Compliance Officer consults with Legal Counsel, has direct access to the Board President for untoward issues involving the Chief Financial Officer, Executive Vice Presidents or the President and CEO as warranted. The Compliance Officer is the Chair of the Corporate Compliance Committee.

Agency staff have access to the Compliance Officer on a daily basis. Employees have the number to the 24hr hotline to report waste, fraud and abuse on the back of their agency identification cards as well as a posting on the employee intranet entitled, "the exchange". Community partners have access to the Compliance Officer on a daily basis should the need arise to make a report. Contact information is also available to stakeholders through the **sasi** website at <http://www.sasinc.org/>.

The Compliance Officer can be reached at **sasi's** Elma Office (716) 805-1555 ext. 212 during business hours, or digitally at jbowles@sasinc.org. The 24hr hotline number is: (716) 574-7298.

B. Delivering Services (Billing and Payment)

sasi is committed to ensuring that citizens with intellectual and other disabilities are provided with services to help them attain their aspirations and dreams while becoming contributing members of their communities. In order to provide identified services and supports, individuals are required to meet and produce eligibility requirements identified by the Office of People with Developmental Disabilities (OPWDD). Identified individuals who meet eligibility requirements meet the following criteria:

- A diagnosis of a developmental disability prior to the age of 22

- A health care need
- An adaptive behavioral deficit in any of these areas (communication, learning, capacity for independent living, self-direction, mobility)
- Is enrolled in the Medicaid program or other health benefit

sasi has an intake process in concert with OPWDD which verifies that an individual with an intellectual disability meets the above-mentioned eligibility requirements.

When providing services to individuals with intellectual disabilities throughout the variety of services provided by **sasi**, employees who provide services must have either meet the educational and training standard associated with their title or have maintained the certification standard to provide the service. All services provided must be authorized by the individual, their guardian and their Service/Care Coordinator and documented in the individuals' plan. Employees must also verify the service provided by documenting the service and following accepted practices which includes staff's name, title, and date of the service in a contemporaneous manner identified by law.

Supervisory staff are responsible for ensuring that documented services are completed according to standard, are submitted in a timely manner and that were applicable, appropriate codes are identified. Upon review, corrections/deletions are completed and verified, prior to forwarding billing information to business office staff for reimbursement. Employees aware of unacceptable practices or red flags are required to make reports according to procedures or by notifying the Compliance Officer or reporting hotline.

C. Service Documentation and Retention (Billing and Payment)

Service documentation is recorded through an agency-wide software application called Precision Care. The software's parent company is a business associate who maintains, updates and archives service documentation for services rendered. The software is encrypted and only employees with appropriate authorization to provide and document the service have access to individuals' plans and data. When applicable, associated plan service documents are scanned and uploaded into the software. As specified by OPWDD contracts, billing data is typically maintained for 6 years.

After the contract period, documents are placed in a retention schedule. The CO coordinates document destruction activities at least two times per year. Appropriate forms of completed and previously scanned documents and checked prior to destruction by the agency's vendor.

D. Resolving Payment Discrepancies and OMIG Disclosures (Billing and Payment)

Payment discrepancies are identified in three ways: through user error or upon supervisory review, by review of a fellow employee or an otherwise affected person or discovered through an audit. In instances where user errors are identified in a contemporaneous manner, a billing correction is made. If the error results in a deletion, or if billing information has been forward to

the business office, the supervisor completes a correction/deletion form and submits it to business office staff. These adjustments are made through the E-MedNY software system according to time frames established by Medicaid rules and other oversight entities.

For situations where errors are identified by employees and other affected persons, reports are made to supervisory staff and compliance incident paperwork is completed. Based upon the identified issue, the supervisor takes corrective action by completing a billing corrections/deletion form and submitting it to the business office. The supervisor completes an investigation identifying how the incident occurred, person(s) involved and takes corrective action. Compliance incident documentation is forwarded to the Compliance Officer per procedures.

When internal auditors identify a billing issue during a compliance audit, the information is provided to the program management and notifications are made. Based on the identified issue and the associated amount of repayment, an incident report is completed, notification are made and an investigation may be conducted. For instance, when the amount of the Medicaid repayment is at or exceeds \$5,000 dollars, the CO initiates the disclosure process by contacting OMIG of its discovery and the agency's intent to disclose. Corrective and administrative action is taken with the employees who were involved in or whose actions/inactions caused the disclosure per the agency's disciplinary process.

E. Compliance Policies and Procedures (Element 1 -see attached)

sasi's employee handbook and operations manual contains all agency policies and procedures. Agency policies are reviewed by the President and CEO, presented and approved by the Corporate Board of Directors. Agency procedures are reviewed and updated by the agency Procedure Committee and the the President and CEO. The Committee Chair is the Executive VP of Operations and Day Services. Committee members include the Compliance Officer, VP of Residential Services, the VP of Program Services and other administrators or experts of that particular procedural topic (e.g. Medication administration). The Committee meets as regulations or other needs warrant.

Compliance policies and procedures can be found in Volume 1 of the Operations Manual and are comprised under Sections 4.0 to 8.0 which include:

- HIPAA – Consent to Release Information
- HIPAA Privacy Notice
- HIPAA Accounting and Disclosures
- Electronic Data Communications
- Compliance Internal Auditing and Monitoring
- ISP and Habilitation Plan Monitoring
- Compliance Code of Conduct
- Compliance Communications

- Compliance Incident Reporting
- Electronic Signatures
- Social Media
- Precision Care
- Procedure Development
- Billing Audit

The principles of **sasi** policies and procedures are incorporated into orientations and annual mandatory training of employees. Board Members and other affected parties are provided with compliance information at least annually by the Compliance Officer as well as an annual update of compliance activities.

F. Compliance Education and Training (Element 3)

Upon hire and subsequently thereafter, employees partake in a multiple-day orientation. Education and training provided during new employee orientation is provided by human resource staff identified as agency trainers. While orientation training covers a variety of topics including **sasi's** history, human development and disabilities, medication administration, etc., compliance is unique, as it entails all aspects of agency operations.

The Compliance curriculum was created by the Director of Training and the Compliance Officer. Topic areas include: **sasi's** Code of Ethics and business practices, standards of compliance including the False Claims Act, HIPAA, Balanced Budget Act of 1997 and the Deficit Reduction Act, internal monitoring, good faith reporting and Whistleblower protections, identifying waste, fraud and abuse and responding to breaches of confidentiality/policies. Employees involved in documenting and billing services are trained to ensure that:

- Only individuals served by the agency are billed
- Services are medically necessary
- Same services are only billed once
- Services are billed under current applicable rates
- Services are provided by licensed personnel where applicable by law
- Services are provided and billed as specified in State and other funded contracts
- Services are billed to Medicaid after all other public or private health insurance has been exhausted

When non-compliance and/or untoward actions by staff have been verified, staff are made aware that disciplinary and/or legal actions may be taken. Staff are informed of compliance activities and the name and contact information of the Compliance Officer. Additionally, when new employees are assigned an agency identification card, the backside of the card contains the name and number of the Compliance Officer as well as the agency's hotline should they need to make a report.

On an annual basis, employees must participate in the on-line annual training in order to remain in good standing. After the on-line portion of the training is completed, employees are provided with several questions to insure that they understand the content. Employees attest that they've completed the training by signing appropriate paperwork. Agency trainers and IT staff are able to verify when staff have reviewed the information based on their individualized log in data.

As part of the agency's commitment to education and training, **sasi** offers a Management training course for both new and existing managers. This training assists Managers to recognize possible compliance risks and take necessary action to minimize that risk. It also emphasizes the importance of establishing systems to reduce the likelihood that identified risks will result in non-compliance. The CO provides a downloadable Compliance Training course for managers and staff alike to review for reference or as needed. These trainings are in depth and talk about the importance of compliance and culture. In addition to compliance with regulations, procedures and documentation, the training stresses the importance of working with staff so that they understand what is, and isn't acceptable, talking about problems, balancing life, work and job issues such as managing one's time which directly impacts an employee's performance. Without establishing a rapport with direct support professionals or having a foundational structure to support operations, managers will become overwhelmed by continually reacting to issues that may have been preventable. This training starts the conversation and provides some necessary tools for managers to add to their range of skills.

G. Open Communication (Element 4)

sasi's culture supports open communication between all affected persons to ensure alleged compliance concerns are reported. While **sasi's** structure is built on its policies, procedures and chain of command, **sasi** also understands that getting information to the appropriate parties for them to address in a timely and efficient manner is paramount to its philosophy of compliance and continuous quality improvement.

While the Compliance Officer is responsible for oversight of day to day operations and issues related to **sasi's** Compliance Program, everyone is responsible for their conduct related to compliance. While staff are encouraged to identify and prevent waste, fraud and abuse, staff must make reports to members of management. Any affected employee may also call the Compliance Officer to talk about questions or issues they might have regarding the agency's compliance program rules or regulations. The Compliance Officer can be reached any time of day. Should an affected person choose, for whatever reason to remain anonymous, he/she may do so by notifying the CO or by calling the Hotline.

Any affected person may reach out to the Compliance Officer through any of the following lines of communication:

- Telephone (at Elma Office)
- By agency cell phone/text message
- Using **sasi's** email system

- Through the agency intranet (The Exchange) or internet (**sasi** website)
- Inter-office mail or US Postal Service
- Making an appointment/Face to Face (drop in if available)
- By completing an incident report
- Agency hotline

Any affected person, who becomes aware of questionable or improper accounting or auditing, suspected violations or violations of applicable laws and regulations; and the Agency's Code of Conduct, is obligated to report their concerns to their immediate supervisor or any Agency administrator. Reports presented in good faith are kept confidential to the extent possible.

While Supervisors and Administrators will contact the Compliance Officer with all compliance concerns, the CO notifies the Executive Vice President of Quality Management and Community Services and the Vice President of Human Resources for incidents involving staff. When applicable, a determination is made to contact **sasi's** legal counsel and/or other governing entities.

In the absence of the Compliance Officer, the Director of Quality Management may be contacted, ensuring that compliance issues are addressed.

H. Good Faith Participation, Non-Retaliation and Discipline (Elements 5 & 8)

All affected persons are aware of **sasi's** expectations when it comes to providing services to the people we support; doing so with integrity and purpose. The practice of this operational culture has contributed to **sasi's** longstanding history and relevance in the field of human services and the Western New York community. One of the keys to success has been the support of open communication, in all of its various forms, especially when it pertains to providing opportunities, progressive approaches, conflict resolution, prevention, detecting non-compliance or untoward actions that have the potential to result in waste, fraud and abuse. This duty and responsibility has been consistent over the years.

All affected persons are encouraged to communicate issues utilizing their chain of command or by exhausting all other managerial or administrative contacts, the Compliance Officer or the agency hotline. When making a report in good faith, due to either suspected misconduct or an actual violation of law, regulation, policy or procedure, the affected person's report will remain confidential according policy and applicable law. A good faith report is defined as, "a report made by an affected person who believes or suspects that an affected person has committed a violation of law, an accepted practice or the Code of Conduct." Reports made by an affected person will be promptly investigated per agency procedure (see Element 7). Any affected person who makes a report in good faith is protected from any form of retaliation by any other affected person. If an affected person believes that he/she has been subjected to retaliation by another affected person, a report shall be made to either the Vice President of Human Resources or the President and CEO. An affected person will also be free from retaliation should they make a

report to an outside entity as a Whistleblower (See Operational Laws on page 4). This would apply to all forms of retaliation, including social media.

sasi will refrain from taking administrative action or any other managerial action such as (reducing hours worked, job reassignment, etc.) that could be considered as a penalty, for an affected person who makes a good faith report. While an affected person cannot exempt themselves from the consequences of their own misconduct, the agency will take into account the circumstances involving the affected person's report when determining administrative action.

All affected employees are subject to progressive discipline action based on substantiated findings identified through an investigation. **sasi's** progressive disciplinary policy is designed to provide a corrective action process to improve and prevent a recurrence of undesirable behavior and/or performance issues. Depending upon on the facts of each situation and the nature of the offense, the level of disciplinary intervention may vary to include the following:

- Verbal warning: A supervisor verbally counsels an employee about an issue of concern.
- Written warning: Written warnings are used for behavior or violations that a supervisor considers serious or in situations when a verbal warning has not helped change unacceptable behavior. Written warnings are placed in an employee's personnel file.
- Performance improvement plan: Whenever an employee has performance or disciplinary issues, **sasi** may give the employee a final warning or place the employee on a performance improvement plan (PIP). PIP status will last for a predetermined amount of time not to exceed 90 days. Within this time period, the employee must demonstrate a willingness and ability to meet and maintain the conduct and/or work requirements as specified by the supervisor and **sasi**. At the end of the performance improvement period, the performance improvement plan may be closed or, if established goals are not met, dismissal may occur. The employee may also be terminated without notice during the PIP period for any misconduct or performance deficiencies.

The President and CEO/designee may suspend an employee with or without pay or dismiss an employee without notice should he/she engage in misconduct, exhibits poor performance, or otherwise violates the policies, procedures of **sasi**, regulations or local, State or Federal law. Some examples of poor employee performance include the following:

- Violating the philosophy of **sasi**, as that policy is outlined in **sasi's** mission statement.
- Misrepresentation or omission of information in the pre-employment process, regardless of when such misrepresentation or omission is discovered.
- Falsifying **sasi** records, such as time records, incident reporting forms, and financials.
- Misusing our tax exempt number.
- Any employee who has a required license or certification that becomes invalid or unusable as per **sasi** policy, or has required license or certification revoked.
- Failure to comply with standards on employee conduct as described in the Employee Handbook under Workplace Expectations.

- Violating **sasi's** conflict of interest policy.

For affected persons of business associates who were found to have engaged in inappropriate activities as a result an investigation, **sasi** will request that the business associate take administrative action. For affected persons who may be a member of the Board, the affected person will receive administrative action as stated within their bylaws.

The Corporate Board of Directors will take an action, should investigative findings identify that the President and CEO engaged in untoward actions.

I. Managing Compliance Risks (Element 6)

sasi's philosophy of continuous quality improvement process impacts every affected person and program division. While program divisions self-manage and monitor its systems, the Quality Management Department conducts routine internal audits of agency operations called Quality Support Reviews (QSR). In regard to compliance, annual reviews ensure that agency operations are compliant with applicable laws, and regulations while minimizing compliance risks. QSR assessment of practices and systems includes:

- Staff hiring process and credentialing
- Proper authorization to implement planned services
- Plan integrity, specific to individualized needs
- Documentation of provided services is accurate and thorough
- Billing and coding of provided services
- Verification of documented repayments
- Written evidence of identified incidents and investigations
- Verification of previously identified plans of correction/recommendations

As a provider of services to individuals with intellectual and other disabilities, the QSR process also involves the implementation of quality services. The provision of quality services is based upon medical -necessity and the attainment of objectives that assists each individual in becoming more self-reliant and a contributing member of their community.

Although the QSR process is a planned annual exercise, the date and time of conducted reviews is mostly unannounced. The QSR process includes an entry and exit review with a member of management (and others) who is required to be present at these reviews should QM auditors require assistance with obtaining access to specific documents, physical space or items. A member of management also addresses identified issues that require an immediate action. QM Auditors work with representatives of **sasi's** business office staff to resolve issues as needed. QM Auditors informs the Compliance Officer of findings that may need immediate attention or further investigation.

QSR reports are completed and published for review 30 days after a review is completed. Areas of concern and/or identified risks are documented and must be responded to by administrative

staff within the next 30 days to be reviewed at **sasi's** Quality Assurance/Quality Improvement Committee meetings for review and analysis. Identified compliance items from QSR reviews are shared with the Compliance Committee at their bi-monthly meetings. QM staff conduct 90 day validation visits to ensure that identified plans of corrections and other actionable items have been implemented as written.

As identified under communication (Element 4), identified areas of risk during the daily course of operations should be communicated to the affected person's immediate supervisor or the Compliance Officer.

J. Incident Management (Element 7)

All affected persons are obligated to report any violation of law, regulation, policy and/or action taken involving waste, fraud or abuse, in which they were either a witness, became privy to, or had a reasonable suspicion to believe that a violation was committed in good faith. Reports can be made to an affected person's supervisor, any member of management, a member of Quality Management, the Compliance Officer or the agency hotline. Reports are confidential according to law and can be made in the following manner: face to face, by phone, e-mail, text and interoffice mail/U.S. Post Office. Reports can also be made anonymously using the agency hotline.

Once a compliance report has been made, it is documented on a **sasi** Compliance Incident Report by either the reporter or the member of management to whom the report was made. The Compliance Report is completed digitally and forwarded to the Compliance Officer. Upon review by the Compliance Officer, a determination is made in regard to the seriousness of the offense (legal), whether the issue involves Human Resources or whether a full investigation is required.

Once the Compliance Officer determines that an investigation is warranted, the CO notifies the President and CEO, the Executive VP of Community and Quality Management Services and the the VP of Human Resources (for incidents involving staff) and the Vice President of the involved program or their Designee. When necessary, the CO contacts law enforcement, agency counsel, the Office of Medicaid Inspector General (OMIG), business associate or any other oversight agency with a need to know.

By request of the CO, the Director of Quality Management assigns an investigator to complete the investigation over the next 30 days. Once the investigation is completed, it is submitted to the CO for review. Upon CO review and approval of the investigation, it is published for review by the aforementioned **sasi** executives as well as involved program Directors.

Any recommendations based on areas of concern as identified in the investigation require a programmatic response within 30 days of the published report. The responses to recommendations made by the investigator are reviewed by the Compliance Committee. The Compliance Committee ensures that the investigation is thorough and that Program's responses

to address identified issues are sufficient and that where applicable, progressive discipline is used to correct employee performance (see Elements 5 and 8) prior to closure.

For situations that involve law enforcement, the Compliance Officer will work with law enforcement until authorization is given to conduct an internal investigation. The Compliance Officer works with OMIG staff in regard to formal disclosure proceedings and repayment as confirmed by both parties.

Compliance incidents, violations and disclosures are maintained by the Compliance Officer. Compliance Incident information is shared with the Board of Directors by the President and CEO of **sasi**. At least annually, during Board Meetings held throughout the year, the Compliance Officer provides the Board of Directors with data during the annual meeting with the Board of Directors and is also captured in the annual **sasi** operations report.

K. Compliance Committee

The Corporate Compliance Committee is comprised of a Corporate Board member, the President and CEO, Executive Vice Presidents, the VP of Finance & CFO, Vice President of Human Resources, VP of Residential, VP of Day Services, VP of Community Services, members of Management and Direct Support Professionals. The Compliance Committee meets bi-monthly to review compliance activities over that period, incidents, information and updates on the status of the Corporate Compliance Plan.

The Compliance Committee:

- Makes recommendations to the Compliance Officer regarding the compliance program/compliance activities.
- Reviews investigations and compliance violations to insure that investigations are complete and that program responses to recommendations are adequate to prevent further occurrences.
- Reviews reports, provides commentary regarding internal and external audits.
- Discusses and makes recommendations regarding identified areas of risk(s).
- Reviews information/implementation of compliance training.
- Receives updates regarding policies and procedures and makes recommendations to either update or prioritize specific policies/procedures.
- Reviews compliance issues and/or regulations affecting agency operations.

In the event that an issue involves a Compliance Committee member, the Compliance Officer will ask the involved staff to recuse him/her self from the meeting until the Committee has had enough time to discuss relevant issues.

As the Chair of the Compliance Committee, the Compliance Officer is responsible for maintaining meeting minutes. The Compliance Officer also provides the Committee with a summary of annual data taken from the agency's operational annual report.

The Corporate Compliance Plan has been prepared to outline the broad principles of legal and ethical business conduct embraced by **sasi**. It is not a complete list of legal or ethical questions you might face in the course of business, and therefore this plan must be used together with your common sense and good judgment. In addition, for specific guidance in certain areas covered by this plan, **sasi** has adopted detailed policy and procedure manuals. If you are in doubt or have a specific question, you should contact your supervisor, management or the Compliance Officer.

7. Compliance Work Plan

sasi's 2018 – 2019 work plan involves the following:

- Adhering to Federal and State laws while maintaining high ethical and business practices.
- Ensuring that all affected persons understand their obligations and roles through continuous education and training.
- Ensuring that individuals' plans are medically necessary, individualized, and that quality services were provided.
- Conducting audits to reduce fraud, waste and abuse.
- Conducting investigations when good faith reports are made, correcting identified issues and making repayments when appropriate.
- Maintaining open communication and managing identified risk areas.
- Ensuring that changes in regulations and policies in the field are understood and implemented.
- Maintain dialogues with **sasi's** Administration, staff and stakeholders to sustain **sasi's** culture of compliance and relevance in the Western New York community.

8. Conclusion

Since the agency's inception, **sasi** has strived to provide and maintain high quality services and programs for individuals with intellectual and other disabilities. To that end, **sasi's** success is based upon understanding and abiding by governing laws and regulations. While "compliance" is the current verbiage of our time, adhering to rules and conducting business with ethical standards has been a longstanding foundation of **sasi's** operations.

When the Deficit Reduction Act of 2006 was enacted, several principles of the Act were already established within **sasi**. As untoward practices manifest into headlines, and regulations were enacted to address these untoward practices, **sasi** designated a Compliance Officer to oversee and established a compliance plan per regulations. The CO was designated with day to day responsibilities, ensuring that methods were established to reduce fraud, waste and abuse in the Medicaid system internally and with its partnerships with businesses and stakeholders in Western New York.

This Compliance Handbook outlines the broad principles of legal and ethical business conduct embraced by **sasi**. While it is not a complete list of legal or ethical questions you might face during the course of business, this Handbook is a compilation of **sasi's** operational practices and will assist you with navigating through issues as written, communicated and trained, using good judgment.

For specific guidance in certain areas covered in this Handbook, **sasi** has detailed Policy and Procedure manuals which can be referenced as well. If you are in doubt or have a specific question, as an affected person, you are hereby granted to contact your supervisor, an agency administrator, any member of the Quality Management Department, the Compliance Officer or the agency hotline.

The Compliance Handbook was approved by the Board of Directors on September 5, 2018.