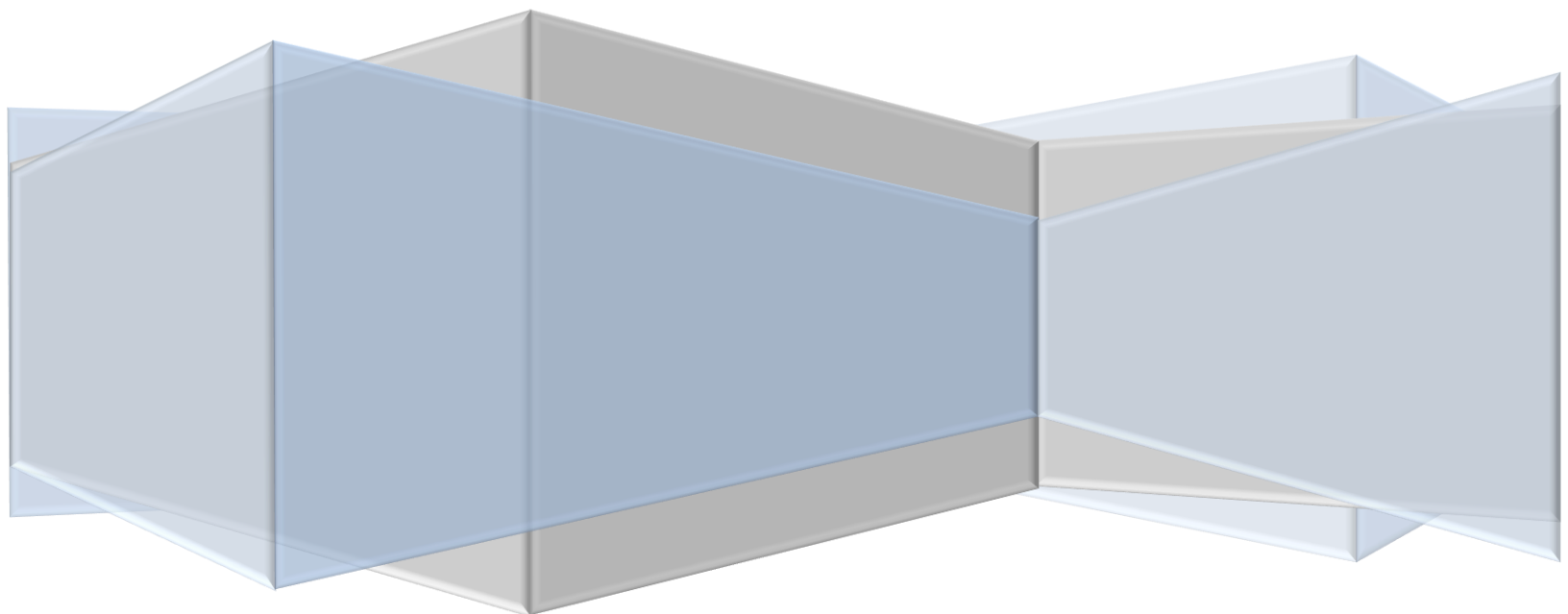




# Compliance Handbook

“Promoting a Culture of Organizational Compliance”

**2025 Compliance Program Plan Revision**



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## **Agency Introduction**

Since 1975, Suburban Adult Services, Inc. (dba: 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 prevocational and employment opportunities, our involvement with individuals with intellectual and physical disabilities identified other needs. As **sasi** ventured into other areas such as residential, nursing and clinical services, we developed an Agency Mission and Vision that reflects our values.

### **sasi's Mission**

Connecting people with creative opportunities that honor their choices and fit their lives.

### **sasi's Vision**

Vision: The people we support are fulfilled in their lives, respected in their community, and secure in their future.

## **1. Overview of the Corporate Compliance Program**

**sasi** is a provider of services under the auspices of the Office for People With Developmental Disabilities. As **sasi** receives reimbursement from both Federal and State government through the Medicaid and Medicare program, as well as other established Contracts for services rendered, it is the responsibility of **sasi**, to prevent, detect and correct fraud, waste and abuse in the health care program.

**sasi's** Compliance Handbook serves as a guide to communicate the agency's Compliance Program. **sasi's** Compliance Program involves: policies, procedures, and performance expectations to assist employees, board members, interns and contractors (Affected Person(s) as defined herein) understand their roles, responsibilities, and rights within the organization, relative to Federal and State laws and regulations. This Compliance Handbook is designed to provide an overview of the cornerstones of **sasi's** commitment to, "Promoting a Culture of Organizational Compliance". An electronic copy of this Compliance Handbook is available to all Affected Persons. A hard copy of the Compliance Handbook is available upon request to the Compliance Officer. All Affected Persons are subject to **sasi's** Compliance Program. Executive, Administrative and all other types of Managerial staff are responsible for ensuring that Affected Persons adhere to **sasi's** Compliance Program.

As Federal and State laws, regulations, and policies and procedures change, the information contained in this Compliance Handbook is subject to change. Any significant changes that may change or enhance Medicaid program requirements, will be communicated as stated by law and at least annually. Any questions or concerns regarding the content of this Compliance Handbook should be directed to either an agency Supervisor or the Compliance Officer.

All Affected Persons are expected to know, understand and fulfill **sasi's** compliance program requirements including:

- Social Services Law 363-d and 18 NYCRR Subpart 521-1.
- 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

These Federal and State laws communicate specific expectations and outcomes so that all Affected Persons of the organization understand their roles, responsibilities, and rights within the organization. No Affected Person shall engage in any arrangement or participate in such an arrangement at the direction of another person, including any supervisor or manager that may result in the submission of a false or misleading entry of claims, forms or service documentation that results 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).

## **2. Professional Ethics and Code of Conduct**

All Affected Persons are to comply with all applicable Federal and State laws. All Affected Persons 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 established agency standards or seek guidance from management.

**sasi** is an inclusive organization committed to the professional development of each employee. **sasi** employees are valued with a unique set of skills and their knowledge, expertise and passion helps the people they support work toward achieving their individualized goals. Employees are provided with an Employee Handbook upon hire that explains their rights and employment expectations.

**sasi** 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 compliance.

Any violations of applicable Federal and State laws, regulations or sasi policies by Affected Personnel that may result in unprofessional, unlawful activities; or thwarts to prevent, detect, correct and report fraud, waste, abuse or any other untoward act will be subject to reporting, remediation and any appropriate legal or disciplinary action, including termination.

sasi's Compliance Officer, coordinates the development and implementation of the agency's day to day Compliance Program. These responsibilities involve monitoring the adherence of Federal and State laws, policies and procedures related to the delivery of services and associated billing activities related to the Medicare and Medicaid system, security breaches (HIPAA, HITECH), internal auditing, and incident reporting.

#### **A) Federal Laws**

- **The False Claims Act (31 U.S.C. §§ 3729-3733)**
- **Administrative remedies for false claims and statements (31 USC §§ 3801-3812)**
- **Whistleblower protections (31 USC § 3730(h))**

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.

### **B. New York State Laws**

#### **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**

**sasi's** Board of Directors is responsible for the care, management, and policies of **sasi**, which are highly ethical and consistent with industry 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 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.
- Ensure that **sasi** is well maintained, financially secure, and always operating in the best of interest of the men and women **sasi** supports.
- 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**.
- Report 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 Members 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 bi-monthly on the first Wednesday of each month 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 quarterly, 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 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 work environment. **sasi** employs persons who are legally authorized to work in the United States consistent with federal laws. Prospective candidates are either U.S. citizens or possess authorization to obtain employment. The appropriate documentation of citizenship status must be presented to the Human Resources Department.

**sasi** complies with salary 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 Chief People Officer. 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 of all Affected Persons. An Affected Person will not be subject to any form of discrimination for any reason, including race, religion, national origin, creed, age, gender, ethnic background, sexual orientation, pregnancy or disability except where a bona fide occupation qualification is involved. **sasi** is committed to equal employment opportunities.

All records obtained by Human Resources as a result of an employee's employment with **sasi** is confidential. **sasi** has access to all agency property, communications, records and information created by an employee, who conducts business on behalf of **sasi**. By using agency property and/or creating such records and information, the employee consents to such access.

**sasi** will not release information regarding current employees without written consent unless it is required by an oversight entity during its audit activities or by subpoena. An agency 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 and an employees' personal life. **sasi** encourages employees to pursue interests and activities outside of the workplace. Personal interests and beliefs, however, must not be imposed on other employees or participants. **sasi** recognizes an employee's right to become involved in political activities of their choice. However, those activities should not interfere with an employee's ability to perform their job and should not imply participation on the part of **sasi**.

## **A. Employee Hiring, Orientation and Credentialing**

As a human service agency under contract with the Office of Persons with Developmental Disabilities, all employee candidates must go through a background check conducted by New York State's Justice Center for the Protection of People with Special Needs. As part of the hiring process, professional positions that 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 employee orientation.

As it relates to compliance, employee orientation training includes:

- Overview of Corporate Compliance
- Applicable regulations, policies and procedures (e.g. Whistleblower Protections)
- Proper documentation and billing
- Confidentiality (HIPAA/HITECH)
- Reporting and investigations
- Contacting the Compliance Officer

After agency-wide training is completed, staff continue 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 (e.g. medication administration), compliance training is updated annually. Human Resource staff conducts routine checks of Federal and State exclusionary lists of Affected Persons. Human Resource staff also performs educational and other credentialing to ensure that Affected Persons are able to practice within their field.

**sasi's** job descriptions provide a summary of both general and specific duties, reporting relationships with managers, extraordinary conditions, physical, mental and other qualifications. **sasi** hires employees who are energetic, positive, willing to learn and/or possess varied skills and abilities to support the agency's mission.

**sasi's** Employee Handbook serves as a guide that documents the employer/employee relationship. The Employee Handbook addresses personnel policies, outlines employee's benefits and provides employees with on-going information regarding their employment. The Employee Handbook includes topics such as: Beginning Employment with **sasi**, Employment Policies, Employee Compensation and Benefits, Workplace Expectations and Safety. Updates to the Employee Handbook involves revisions to Federal or State laws, changes in the field, agency budget, a pandemic and other circumstances that may impact **sasi**.

**sasi's** Operations Manual serves as a guide to all agency policies and procedures. The Operational Manual covers Governance, Individual Rights and Protection, Behavioral Supports, Emergency and Workplace Safety, Medical Health Care Services, Finances, Transportation, Program Services, Clinic Services, Production and Suburban Adult General Enterprises (SAGE). The Operations Manual captures chronological steps taken by responsible parties to either implement or address above-mentioned areas.

Of the numerous people involved on a day to day basis, the work of Direct Support Professionals (DSP) is essential. DSPs have a unique role in the lives of people we support and their families. All Affected Persons outside of direct support, contribute to assist in quality support while making *sasi* a provider of choice.

## **B. Performance Expectations and Culture**

All Affected Persons 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 either its stakeholders or the community (in person or on-line). *Sasi* promotes ethics, integrity, and knowledge with all employees by providing ongoing training, support, audits, safe reporting, and availability of compliance personnel.

Affected Persons 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. Affected Persons must refrain from engaging in financial transactions with people we support as those transactions may be construed as abuse.

Affected Persons are responsible for knowing and executing their job responsibilities with integrity; and is accountable for the quality of the work he/she produces. In the event of indecision or when navigating new or unfamiliar situations, Affected Persons must utilize managerial staff through their chain of command or *sasi's* on-call system. If there's suspected waste, fraud and/or abuse, performance expectations outlined in this Compliance Program as well as the Employee Handbook, explicitly identifies the active participation of all Affected Persons in regard to compliance. Affected Persons must immediately notify a member of management via phone OR call the Compliance Officer regarding any suspected or discovered untoward activity at (716) 805-1555, ext. 244 or the anonymous Compliance Hotline (716) 805-1492. Both lines are available 24 hours a day to either help problem solve or file a report.

An Affected Person's adherence to Federal and State laws, regulations, agency policies and procedures, ensures compliance and helps to proactively negate excessive fines, penalties, citations and other punitive instruments that may be imposed by oversight agencies such as:

- Office of Medicaid Inspector General (OMIG)
- Office of Persons with Developmental Disabilities (OPWDD)
- Justice Center for the Protection of Persons with Special Needs
- State Comptroller's Office
- Department of Justice
- Office of Civil Rights (OCR)
- Department of Health (DOH)
- Department of Labor (DOL)
- Office of Occupational Health and Safety Administration (OSHA)

## **5. Business 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 of the people we support and Affected Persons are 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, prosecuted to the fullest extent of the law.

### **A. Conflict of Interest**

Affected Persons have an obligation to disclose any actual or potential conflicts of interest. The Conflict of Interest policy ensures that services and business activities are conducted in an objective manner and are not motivated by either personal or financial gain.

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
- the delivery of services; or
- the ability of an employee to do his/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 their own personal gain or gain for: a favored person, a family member, a partner or anyone a person resides with.

From time to time, it may be in **sasi's** best interest to utilize services from a third party to prevent suspicion or a conflict of interest. Below are examples of situations in which an employee may encounter a conflict of interest:

- An employment relationship between an employee and person we support; or a family member of a person we support;
- 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 a person we support or the **sasi**.

In the event where a conflict of interest may exist 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, Business Contracts and other insurances. The CFO:

- Participates in key decisions as a member of the executive management team.
- Maintains in-depth relationships with all members of the management team.
- Completes the agency's annual budget and Consolidated Fiscal Report (CFR).
- Completes financial reports for review by members of the Board of Directors.
- Makes reports to the President and CEO regarding potential issues and areas of risk.
- Maintains appropriate insurance coverages.
- Maintains relationships with financial institutions, brokers and other businesses.
- Oversees agency transactions and processing systems.
- Participates in the oversight of employee benefit plans.
- Monitors business office controls and software applications.
- Ensures that financial record keeping meets regulatory requirements.
- Implements operational best practices.
- Maintains relationships with external auditors and investigates their findings and develops plans of correction based upon their recommendations.

Business office Administrators and staff assist the CFO by managing day to day operations. The administration of multiple transactions each day and billing activities are performed in a manner consistent with Medicaid and other payers' regulations and requirements. All billing and claims accurately reflect services rendered as submitted by programs. Improper or suspicious activities

are questioned and resolved 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 Contracts**

**sasi** conducts business according to all Federal and State law. As a not-for-profit agency, **sasi** conducts business in compliance with all IRS regulations governing tax-exempt organizations. 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.

Affected Persons who perform specific tasks on behalf of **sasi**, that include the use or disclosure of individually identifiable information, have a business associate agreement [45 CFR 164.504 (e)(1)(ii)]. **sasi** will terminate the contract 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 Affected Person 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. Affected Persons are to avoid 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 an Affected Person from a participant's representative, vendor, contractor, etc. must be disclosed to the Compliance Officer 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 ensure that practices are proper and that the business relationship would not constitute a, "kickback".

### **D. Contractors (Agents, Subcontractors, Independent Contractors)**

Contractors with whom **sasi** deems are subject to its compliance program due to the nature of the work performed and their involved risk is considered an Affected Person. For contract purposes, an Affected Individual is anyone who provides the following on behalf of **sasi**:

- Health Care services
- Billing or coding functions



- Administrative or consultative services, significant to health-related care or services of Medicaid funded programs (e.g. “credentialing services”)
- Maintains or monitors health related information that potentially poses a compliance risk.

sasi will conduct a review of its existing contracts and make amendments that include specific provisions that specify the contractor as an, “Affected Person” under Section 521-1.3 (c) that requires their adherence to **sasi’s** Compliance Program. **sasi** will amend existing contracts to ensure that Section 521-1.3 is included in all future contracts. **sasi** will terminate its’ business relationship with any Contractor (Affected Person) who fails to sustain compliance program requirements as identified in 18 NYCRR 521-1.3(c).

## **E. Billing for Services**

Affected Persons responsible for processing, coding and uploading information for reimbursement for provided services, have the necessary training and resources to do their jobs.

Affected Persons will comply with all internal controls that pertain to the functions of billing, collecting, recording, depositing, and reconciling funds.

Affected Persons will only submit billing for eligible services that were actually rendered and appropriately documented in accordance with billing procedures by government entities and other health care payors.

Affected Persons who submit claims for payment must be truthful, accurate, consistent with plans of service, identify medical necessity and meet all qualifying standards by third-party payor program billing requirements, including Medicare and Medicaid.

Affected Persons will not knowingly submit claims for payment that are false, fraudulent, improper, questionable or inconsistent with either the diagnosis or procedure codes reported on reimbursement claims.

Affected Persons will not knowingly submit claims for Affected Persons who have failed to meet Department of Education or other Certification Boards/entities; or for Affected Persons excluded from participation in either the federal or state health care program.

If it is believed that data is fraudulent or inconsistent with established practices, the Affected Person is required to report the issue to either a supervisor or the Compliance Officer according to the Compliance Plan.

The Compliance department will conduct routine and ongoing billing and claims audits of all programs to ensure sasi and it’s employees are maintaining compliance with all regulatory and legal billing standards.

## **F. External Audits**

As part of the agency’s continuing commitment to its stakeholders and community, **sasi** retains an independent CPA Firm to annually audit the agency’s financial operations. The audit is consistent

with Federal and State law and ensures the integrity of **sasi's** practices, related to the Deficit Reduction and False Claims Acts.

## **6. Essential Elements of a Compliance Plan**

**sasi's** Corporate Compliance Program was designed to comply with Title 18 of the New York Codes and Regulations, the Affordable Care Act, the Deficit Reduction Act of 2005, Social Services Law section 363-d and 18 NYCRR Part 521. **sasi's** Compliance Program is a system that seeks to identify, prevent, detect, and correct, fraud, waste and abuse of the Medicaid and Medicare program. Compliance Program activities endeavors to ensure compliance with Federal and State laws and to minimize the incidence of fraud, waste and abuse by Affected Persons by education, training and auditing the delivery of services by Affected Persons.

### **B. Compliance Officer**

**sasi's** Vice President of Compliance is **sasi's** Compliance Officer. The Compliance Officer reports directly to the President and CEO. The Compliance Officer has access to the Board President, should the need arise. The Compliance Officer acts as a resource to both Executive and Leadership Team members regarding regulatory compliance. The Compliance Officer reports compliance related activities to the Board of Directors on a quarterly basis and to the Foundation Board annually.

The Compliance Officer is responsible for overseeing and monitoring the day-to-day coordination and implementation of the Compliance Program. The Compliance Officer ensures that **sasi** employees and other Affected Persons maintain compliance with applicable Federal and State laws, regulatory agencies and policies and procedures. The Compliance Assistant supports the Compliance Officer and is actively involved in compliance activities such as auditing and conducting investigations. The Vice President of Compliance will notify the CEO of any need for additional supports. In addition to ensuring that the agency's compliance program is effective, the Compliance Officer participates in the following:

- Develops, reviews and updates the Compliance Handbook, Compliance Program, Code of Conduct and policies and procedures related to compliance, based on regulatory changes.
- Reviews program services to ensure that administrative, fiscal and medically necessary services were provided according to established plans of care.
- Encourages the participation of all Affected Persons in maintaining a culture of organizational compliance.
- Encourages good faith participation in the compliance program by promoting a culture of non-intimidation and non-retaliation.
- Develops auditing tools and coordinates with auditors to ensure that audit activities to prevent, detect, fraud, waste and abuse are completed as scheduled.
- Develops education and training on compliance to all Affected Persons.
- Maintains effective lines of communication and acts as a resource for Affected Persons to answer questions, provide regulatory guidance and resolve compliance concerns.

- Acts as agency Liaison with oversight agencies, Compliance Officers and law enforcement personnel.
- Assists with grievances and conflict resolutions.
- Responds to untoward compliance incidents and investigates compliance issues related to breaches in applicable laws, regulations, policies, overpayments and HIPAA/HITECH. violations of sasi's Employee Conduct Policy as stated in the Employee Handbook and all other compliance issues. Makes a disposition of the case, identifies areas of concern and makes recommendations of involved Affected Persons and programs to maintain transparency and the integrity of operations.
- Presents untoward compliance incidents to the Compliance Committee for review, acceptance and closure.
- Monitors agency activities and corrective plans of action to minimize risks.
- Reviews disciplinary policies and procedures implemented by Human Resources and Management that encourages equity and promotes Affected Persons' continued participation in the compliance program.
- Assists with resolving billing discrepancies and self-disclosures.
- Engages in activities to evaluate the effectiveness of the Compliance Program.
- Maintains and updates compliance information on both internal and external websites.
- Monitors the compliance hotline, compliance email and any other compliance reporting mechanisms.

All Affected Persons have access to the Compliance Officer on a daily basis. Employees have access to the 24hr hotline to report waste, fraud and abuse by way of: the back of their agency identification cards, the employee intranet entitled, "the Exchange", as well as the agency's website. Community partners have access to the Compliance Officer on a daily basis should the need arise to make a report by using contact information made available through contracts as well as agency's website at <http://www.sasinc.org/>.

The Compliance Officer, Kelly Kirkpatrick, can be reached at **sasi's** Elma Office (716) 805-1555 ext. 244 during business hours (8:30am – 4pm), via cell phone (716) 341-9598, via email at [kelly.kirkpatrick@sasinc.org](mailto:kelly.kirkpatrick@sasinc.org) or the 24-Hour hotline at (716) 805-1492 and sasi email: [info@sasinc.org](mailto:info@sasinc.org).

## **B. Information Security Officer (ISO)**

The Vice President of Information Technology is sasi's Information Security Officer (ISO). The ISO is responsible for overseeing **sasi's** Information Technology Department and Data Security. The ISO creates strategies and ensures the availability, integrity and confidentiality of individual, employee and business information. The ISO protects the agency's electronic data by communicating and coordinating IT activities with agency Administrators, Counsel, IT Vendors and Business Associates. IT Department personnel facilitate, monitor and inventory agency hardware, software, user accounts and user activities. The ISO coordinates the education and

training of all affected persons related to user access and compliance with IT policies and the computing network.

#### **A. 18 NYCRR 521-1.4(a) Written policies, procedures, and standards of conduct.**

**sasi's** President and CEO reviews and submits agency-wide policies and procedures to the Corporate Board of Directors for their review and approval. Agency policies and procedures are reviewed and updated in accordance with **sasi's** process for drafting, revising and approving written policies and procedures. At least annually, the Compliance Officer reviews and updates compliance policies and procedures as part of **sasi's** on-going commitment to comply with all applicable Federal and State laws and compliance expectations. **sasi's** compliance policies associated with the Compliance Program are communicated agency-wide through education and training initiatives to all Affected Individuals, including the Code of Conduct.

The written policies and procedures and the Code of Conduct are reviewed annually to determine whether they have been implemented throughout the organization and are being followed, as well as their effectiveness, to determine if any updates are required. The Compliance Handbook and associated policies and procedures describe the structure of the Compliance Program and provide guidance to Affected Individuals on dealing with: the identification of and communicating compliance issues, compliance incident reporting and investigations and disciplinary actions taken as a result of non-compliance.

#### **C. 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 chosen goals while gaining independence and becoming contributing members in their communities. In order to provide identified supports and services, individuals are required to meet eligibility requirements identified by the Office of People with Developmental Disabilities (OPWDD). 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's** an intake process in concert with OPWDD, verifies individual(s) eligibility requirements.

Once approved for services by OPWDD, individuals are provided with a Care Coordinator who is assigned with the responsibility of assisting an individual develop a person-centered plan which captures what a person believes is important to them; including a list of community-based providers with whom they believe, may be able to assist them with realizing their dreams. This

“road map” called a Life Plan, is authorized by the Individual, their Parent/Legal Guardian or Representative. Direct Support and other professional staff, who provide designated services documented within the Life Plan, must have obtained educational and training standards associated with their title and/or maintained their certification to practice in the State of New York. When implementing services, providers must document services according to established practices such as: the individual’s name and other identifiers, the date and duration of service, the individual’s response to services, the name, date and title of the person providing the service and any other accompanying service documentation required by discipline or law. All provided services must be documented contemporaneously for reimbursement.

sasi’s Management staff are responsible for ensuring that documented services are timely, accurate and complete. Upon review and as needed, Managers will work with staff to reconcile inconsistencies and verify documentation prior to submitting billing information to business office staff. Sasi staff who become aware of inconsistencies, unacceptable practices or red flags are required to notify their supervisor, utilizing their chain of command or the Compliance Officer.

#### **D. 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’ data plans. When needed, paper documentation may be used to document services and subsequently scanned and uploaded into the software. As specified by OPWDD contracts, billing data is typically maintained for 6 years.

After the contract period, service documentation may be placed on a retention/destruction schedule. At least semi-annually, the CO coordinates document destruction activities with an approved vendor. Prior to the destruction of any document, sasi Directors must review and sign off on the appropriate destruction forms.

#### **E. Resolving Payment Discrepancies and OMIG Disclosures (Billing and Payment)**

Payment discrepancies are identified in three ways: 1) through user error or upon supervisory review, 2) by review of a fellow employee or an otherwise affected person, 3) discovered through an audit. In instances where user errors are identified contemporaneously, a billing correction is made. If the error results in a deletion, or if billing information has been forwarded to the business office, the supervisor completes a correction/deletion form and submits it to business office staff. 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 when warranted, an incident report is completed. Based upon the identified issue, the supervisor may complete a billing corrections/deletion form and submit it to the business office. When an incident report is completed, the supervisor will take necessary

actions to prevent a future occurrence. In certain situations, Management will, upon discussion with the CO, complete an investigation identifying how the incident occurred, person(s) involved and the plan of corrective action. When complete, incident documentation is forwarded to the Compliance Officer per procedures. For incidents, which breach or violate policies, procedures, regulations or laws, the CO will conduct an investigation, sensitive to the agency, for review by the Compliance Committee.

Whenever an internal or external auditor identifies a billing issue, that information is provided to program management and notifications are made. The CO will complete either an abbreviated, or full disclosure, to OMIG for all billing voids resulting in payback to Medicaid. Based on the identified issue and the associated amount of repayment, further notifications are made and an investigation may be conducted. Corrective and administrative action is taken with involved employees.

#### **F. Compliance Policies and Procedures (Element 1 -see attached)**

#### **G. Compliance Education and Training**

Upon hire and annually thereafter, Affected Persons receive compliance training as developed by the Compliance Officer and the Director of Training. The Compliance Officer/designee may provide additional training upon request to address specific program issues and classes of Affected Persons in regard to compliance.

Annual compliance training is provided to employees via on-line. As part of their on-line compliance training, employees are provided with several questions to ensure that they understand compliance and performance expectations. Employees attest that they've completed the training using their digital signature. Compliance training attendance is tracked by the Director of Training to ensure that mandatory compliance training is completed.

The Compliance Officer networks with Affected Persons who are not employees of **sasi**, and communicates any new laws and other training updates specific to their contracted work with **sasi**. The Compliance Officer provides training updates to both the agency's Corporate and Fundraising Board. For Affected Persons who are no employees of the **sasi** or who serve as members on either the Corporate or Fundraising Boards, Compliance Officer will secure documentation to support their training.

Compliance training involves the following information:

- Overview of Corporate Compliance
- Applicable regulations, policies and procedures (e.g. Whistleblower Protections)
- Proper documentation and billing
- Confidentiality (HIPAA/HITECH)
- Reporting and investigations
- Contacting the Compliance Officer

## **H. Compliance Communication**

In adherence to the successful implementation of **sasi's** Compliance Program, all Affected Persons are encouraged to talk with their Supervisor/Administrator regarding the agency's compliance program. Any Affected Person can contact the Compliance Officer directly to talk about issues or ask questions regarding compliance.

In regard to the reporting of waste, fraud and abuse, All Affected Person(s) are to immediately report issues to either their Supervisor/Administrator or the Compliance Officer. Affected Persons are also able to make anonymous reports. **sasi's** Compliance Officer receives all untoward reports and manages investigations according to policy.

Reporting procedures for all Affected Persons involves:

- Contacting the Affected Person's Supervisor/Chain of Command;
- Contacting the Compliance Officer: Elma (716) 805-1555, ext. 244 or Cell (716) 341-9598
- **sasi's** 24 Hour anonymous Hotline (716) 805-1492.
- Compliance email: [Compliance@sasinc.org](mailto:Compliance@sasinc.org)

An Affected Person(s) who makes a report concerning the Compliance Program is able to do so without fear of reprisal. If an Affected Person believes that he/she has been subject to retaliation by another Affected Person (e.g. harassment, intimidation, a reduction of hours worked, job reassignment, etc.) the Affected Person subject to the retaliation should contact the Chief People Person or the Compliance Officer.

Affected Persons who fail to report untoward events involving the Compliance Program, may result in disciplinary action, up to and including termination.

In the absence of the Compliance Officer, the Compliance Assistant can be contacted via email at [Compliance@sasinc.org](mailto:Compliance@sasinc.org), ensuring that compliance issues are addressed.

## **I. Compliance Violations and Discipline**

All Affected Persons are to maintain performance expectations with integrity and purpose. All Affected Persons are encouraged to be proactive; communicating issues through their chain of command when they arise. When Affected Persons fail to meet expectations or engage in activities that either compromise or violate provisions outlined in the Compliance Program, the Compliance Officer in conjunction with Chief People Office and other Administrators will implement progressive discipline, up to and including termination. Affected Persons may also be subject to criminal fines, prison and civil damages for violating State and Federal law.

**sasi's** disciplinary policy is designed to identify and correct an Affected Person's poor performance. Based on the facts and the nature of the offense, administrative action may include:

- Verbal warning
- Written warning/Performance Improvement Plan
- Final Warning
- Termination

The President and CEO/designee may suspend an Affected Person with or without pay or dismiss an employee without notice should he/she exhibits poor performance, engages in continued misconduct or criminal activity or is in violation of Federal or State law. Examples of poor performance includes the following:

- Misrepresentation or omission of information in the pre-employment process, regardless of when such misrepresentation or omission is discovered.
- Falsifying documentation.
- Misusing **sasi's** tax exempt number.
- Expiration of an Affected Person's license or certification.
- Failure to comply with employee standards of conduct as described in the Employee Handbook under Workplace Expectations.
- Violating **sasi's** conflict of interest policy.

Affected Persons under contract with **sasi**, who are in breach of contract or fail to adhere to **sasi's** Compliance Program, **sasi** may terminate that contract at will.

Affected Persons who violate **sasi's** Compliance Program as a member of the Corporate Board of Directors, are subject to administrative action as stated within their bylaws. Corporate Board Members may also be subject to criminal fines, prison and civil damages for violating State and Federal law.

The Compliance Officer has direct access to the Board President for untoward issues involving the President and CEO. The Corporate Board of Directors will take administrative action with the President and CEO should evidence support that the President and CEO engaged in untoward activities that violate **sasi's** Compliance Program.

In the event of a significant event, the Compliance Officer may seek authorization from the President and CEO to consult with legal counsel. Legal counsel assists the President & CEO, Board of Directors, Administrative Team and Compliance Officer to identify and interpret federal and state laws and regulations and to represent **sasi** with any aspect of the Compliance Program.

## **J. Compliance Risk Management**

As an integral part of **sasi's** Compliance Program, the Compliance Officer conducts annual internal audits of agency programs and operations to minimize risk areas and prevent, detect, waste fraud and abuse. Internal audits ensure that agency operations are compliant with applicable laws, and regulations. Billing audits are conducted of each agency program.



Internal audits involve:

- Staff hiring process and credentialing.
- Proper authorization to implement planned services.
- Medical necessity involving plans of care, specific to people's needs.
- Accurate documentation of provided services.
- Proper billing and coding of provided services.
- Validation of corrective plans of action.
- Program implementation of agency risk areas identified by either the Compliance Officer or Compliance Committee.
- Program compliance of initiatives identified by oversight entities.

Compliance auditors network with Management and Business Office staff as needed. Auditors contact the Compliance Officer when discovered issues require immediate attention and/or investigation. Completed audit reports are reviewed by the Compliance Officer and published for Program review and response. Audit reports and plans for remediation are reviewed with the Compliance Committee.

As part of *sasi*'s annual report, the Compliance Officer completes annual report of compliance audit data. The Compliance Report is shared with Compliance Committee members, the Board of Directors and agency leadership.

#### **K. Compliance Violations and Investigations**

The Compliance Officer receives, reviews, investigates and maintains compliance incidents and disclosures. Based upon severity of the incident, the Compliance Officer notifies the President and CEO, Chief Program Officer, Chief People Person and the Vice President of the involved program. The Chief Financial Officer is notified of incidents that involve *sasi* finances. The Compliance Officer may also notify and network with agency's Counsel, Law Enforcement, the Office of Medicaid Inspector General, the Office of Civil Rights, an Affected Person and other oversight agencies.

All Affected Persons are obligated to report any violation of law, regulation, or policy involving waste, fraud or abuse. All Affected Persons must immediately notify their Supervisor/Administrator or the Compliance Officer of any policy violation or untoward event. An Affected Person should follow compliance incident reporting procedures by completing a compliance incident report for submission to the Compliance Officer.

Upon notification or review the compliance incident report, the Compliance Officer determines whether or not the incident can be completed by the Program or warrants a full investigation. The Compliance Officer assigns an investigator to complete the compliance investigation. Once the investigation is complete, it is submitted to the Vice President of Compliance/Compliance Officer for review. The Compliance Officer publishes the investigation to the aforementioned *sasi* executives as well as the Program Director for review and response to the recommendations.

For incidents involving an OMIG disclosure, the Compliance Officer initiates disclosure proceedings and completes an investigative report outlining the cause of the error, the involved time period and an analysis of the overpayment. Prior to the submission of a self-disclosures, the Compliance Officer and other administrators may consult with counsel to determine whether the disclosure will be submitted to OMIG by either counsel or the Compliance Officer.

The Compliance Officer shares incident reports and investigations with the Compliance Committee. The Compliance Committee ensures that the investigation is thorough and that the corrective actions taken by the Program are sufficient.

The Compliance Officer provides the Board of Directors with compliance incident information during quarterly meetings.

#### **L. Compliance Committee**

sasi is committed to promoting a culture of organizational compliance. The role of the Compliance Committee is to provide oversight for regulatory compliance, maintain high ethical standards of business in the field of developmental disabilities and managing an effective compliance program. The Compliance Committee advises and supports the Compliance Officer with the implementation of the Compliance Program.

The Corporate Compliance Committee is comprised of the following members:

- Corporate Board member
- President and CEO
- Chief Program Officer
- Vice President of Compliance
- Chief People Officer
- Chief Financial Officer
- Vice President of Business and Community
- Vice President of Day Programs
- Vice President of Residential Services
- Vice President of Information Technology
- Chief Quality Officer
- Program Team Leader
- Clinic Treatment Coordinator

The Compliance Committee meets bi-monthly to review compliance activities over that period.

The Compliance Committee:

- Makes recommendations to the Compliance Officer regarding the compliance program and compliance activities.

- Reviews compliance violations, investigations (including self-disclosures) to ensure 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 member of the Compliance Committee, the Compliance Officer will ask the involved staff to recuse him/herself from the meeting until the Committee has had enough time to deliberate relevant issues.

As the Chair of the Compliance Committee, the Vice President of Compliance is responsible for maintaining meeting minutes. The Vice President of Compliance provides Committee members with a copy of the annual compliance report and work plan.

#### **M. Compliance Work Plan and Program Effectiveness**

To ensure that sasi's Compliance Program is effective; the Compliance Officer, in conjunction with members of the Compliance Committee will conduct an annual performance evaluation of sasi compliance program. The performance evaluation will help to the Compliance Officer and Compliance Committee with information to help gauge from year to year, areas of success and needs for improvement.

The Compliance Officer will utilize a variety of the following tools to ascertain compliance program effectiveness:

- OMIG's Compliance Program Self-Assessment Form.
- Agency-wide survey on compliance.
- Annual compliance training test scores.
- Year to year analysis of compliance data.
- Analysis of annual compliance work plan objectives.

On annual basis, the Compliance Officer will provide the Compliance Committee with a Compliance Program Effectiveness Report. The Compliance Committee will review the Compliance Program Effectiveness Report data and make recommendations to the Compliance Officer's to address in the upcoming years' annual work plan.

**sasi's** 2024 work plan involves the following:

1. Updating sasi's Compliance Program and associated policies and procedures.

2. Delineating quality management from compliance activities, including the separation of quality self-audits from program billing audits.
3. Elevating the importance of the Compliance Program and the Compliance Officer throughout the agency by engaging with division leadership and promoting compliance activities.

## **Conclusion**

This Corporate Compliance Program is designed to outline the many legal and ethical business principles involved in providing high quality services for people **sasi** supports. To that end, **sasi's** continued success in Western New York is attributed to the relationships forged and maintained by all Affected Persons. This Compliance Handbook is not a complete list of legal or ethical questions an Affected Person may encounter, however it serves as a resource to assist all Affected Persons with navigating through any number of issues they may face. If at any point, an Affected Person is in doubt; or has a specific question regarding compliance, you are encouraged to contact an agency administrator, any member of the Compliance Department.

The Compliance curriculum includes: **sasi's** Code of Ethics and business practices, standards of compliance (False Claims Act, HIPAA, HITECH, Balanced Budget Act of 1997, the Deficit Reduction Act, etc.) internal monitoring, good faith reporting, Whistleblower protections, detecting waste, fraud and abuse, red flags and incident reporting. Employees involved in documenting and billing services are trained to ensure that:

- Only individuals authorized for services by the agency are billed
- Services are medically necessary
- Services are accurately billed
- Services are billed using applicable rates
- Services are provided by certified/licensed personnel (where applicable by law)
- Services are billed as specified in State and other funded contracts
- Services are billed to Medicaid after all other public or private health insurances have been exhausted

During new staff orientation and annual update training, staff are informed of the principals of compliance, the agency's compliance plan, compliance activities and the contact information of the Compliance Officer. If staff suspect non-compliance, waste, fraud or abuse, they must make a report. When an investigation has confirmed wrongdoing, the involved staff may receive retraining, disciplinary and/or legal action, up to and including termination.

As part of the agency's commitment to education and training, **sasi** offers Management training in compliance for both new and existing managers. Management training covers a variety of topics which specifically address the varied responsibilities of a manager and how managers can navigate through the nuances of Managing people, who help individuals we support on a daily basis. As part of the training, compliance information helps Managers recognize staff behavior and establish

systems to proactively address issues and minimize potential risks. The CO provides a downloadable Compliance Training course for managers and staff alike to review for reference. This additional training is in depth and addresses the importance of compliance and culture; regulations, procedures, service documentation and the importance of communication. As staff are diverse, Managers need to ensure that staff understand what is, and isn't acceptable while working through issues which may directly impact an employee's performance. Without establishing a rapport with direct support professionals or having a foundational structure to support operations, Managers may become overwhelmed by continually reacting to issues that may have been preventable. Management training starts the conversation and provides necessary skills for Managers to add to their, "supervisory toolbox".