APPENDIX

Element 1

Element 2

Element 3

Element 4

Element 5

Element 6

Element 7

Element 8

The Arc of Madison Cortland
Corporate Compliance Plan
Code of Conduct

Purpose

The Code of Conduct of The Arc of Madison Cortland (hereafter referred to as 'the Chapter'), is an integral component of our Corporate Compliance Program and provides guidance to all employees and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with our individuals, affiliate corporations, third-party payers, independent contractors, vendors, consultants, and one another.

This code is a critical component of our overall Corporate Compliance Program and is developed to ensure we meet our ethical standards and comply with applicable laws and regulations. Every employee will commit to an environment in which compliance with rules, regulations, and sound business practices are woven into our culture. We accept the responsibility to abide by our Code of Conduct and adhere to our Corporate Compliance Plan.

We expect all Chapter employees with supervisory responsibility to:

1. Create an environment where all employees feel free to raise concerns and propose ideas.

2. Ensure their employees have information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help create a culture within the Chapter that promotes the agency's standards of ethics, quality, and compliance.

Our Code of Conduct

> The Arc of Madison Cortland is dedicated to working with people with disabilities, and assisting them to improve their life's situation. We believe in maintaining an atmosphere of mutual respect for each other and are committed to each employee. We understand their value in accomplishing our mission. It is the policy of the Chapter to conduct all business in accordance with uncompromising ethical standards. We are committed to complying with all applicable laws and regulations. We believe integrity and trust are essential to the mission of service to individuals with disabilities. Adherence to such standards will not be traded or compromised for financial, professional or other business objectives.

We ensure that all aspects of individual care and business conduct are performed in compliance with our mission/vision statement, policies and procedures, professional standards and applicable governmental laws, rules and regulations. The Chapter expects every person who provides services to adhere to the highest ethical standard and to promote ethical behavior. Any whose behavior is found to violate ethical standards will be disciplined appropriately.

To The Individuals We Serve

Our individuals are treated in a manner that preserves their dignity, autonomy, self-esteem, rights and involvement in their own plan of care. We treat all individuals with warmth and respect and provide care that is both necessary and appropriate. We make no distinction in our services

based on age, gender, disabilities, race, color, religion, sexual orientation, or national origin. We realize the importance of maintaining confidentiality in regards to personal health information.

To Our Colleagues

We are committed to a work environment in which we treat all colleagues with fairness, dignity and respect. We support each other in our opportunities to grow, develop professionally, and work in a team environment in which all ideas are considered.

To Our Regulators

We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into the Chapter's culture. We accept the responsibility to aggressively self-govern and monitor adherence to the requirements of law and to our Code of Conduct.

To Our Volunteers

We are committed to ensuring that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their volunteer efforts.

To The Community

We are committed to understanding the particular needs of the communities we serve and providing these communities with quality and cost-effective services. We believe as an organization that we have a responsibility to help those in need.

To Our Subcontractors and Suppliers

We commit to managing our subcontractor and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices.

Prohibited Practices

It is expected that all employees behave in an orderly and congenial manner in dealing with other staff and the individuals we serve. We believe that rules of conduct *(See Prohibited Practices as listed within the The Arc of Madison Cortland's Employee Handbook)* must be observed in order to promote a positive and ethical work environment.

I. Board Resolution

#05-31-02

Madison Cortland Chapter NYSARC, Inc. Board Resolution

Re: Adoption of Corporate Compliance Policy and code of Ethics and Philosophy Statement

Board Minutes of: 05/28/02

II. Board of Directors

Be it resolved Madison Cortland Chapter, NYSARC, Inc. approves the adoption of the Corporate Compliance Policy and Code of Ethics and Philosophy Statement (attached).

Motion made by Edward Shive and seconded by Lois Jones.

CARRIED

Votes cast: 7 Yes (unanimous)

In January 2009 this statement was incorporated into the full Compliance Code of Conduct.

The Arc of Madison Cortland
Corporate Compliance Plan

Compliance Plan Maintenance

Date of First Issue: May 2005	**Revision Date(s): January 2009, January 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland that every employee commits to complying with applicable rules and regulations. We foster an environment reflecting this compliance and one in which sound business practices are woven into our culture.

II. RESPONSIBLE PARTY

The Compliance Officer will have primary responsibility for maintaining the Corporate Compliance Program. This will include working with the Corporate Compliance Committee at least annually to identify and discuss potential changes. In addition, the Compliance Plan Summary and Compliance Code of Conduct will be distributed to all employees. Verification of receipt and adherence to the Plan will be kept in each employee's personnel file.

III. DEFINITIONS

Employee is an individual either employed or under contractual arrangement with the agency to provide services to our individuals.

IV. PROCEDURE FOR MAINTAINING THE COMPLIANCE PROGRAM

1. The Compliance Officer will review the Compliance Program and suggest changes to the Compliance Oversight Committee annually. The amended document will be sent to the Corporate Compliance Committee and upon approval at that level, to The Arc of Madison Cortland Board of Directors for review and final approval at their next scheduled meeting. Any immediate changes to the program that become necessary due to regulatory requirements will be added, after above approval process, as an amendment to the current document, and incorporated into said document at the January meeting.

2. The Compliance Plan Summary and Code of Conduct will be distributed to all employees at their initial formal compliance training. Signed agreements, indicating the employee's understanding and commitment to follow the Code of Conduct, will be required, and will be filed in Human Resources in each employee personnel file. This process will also apply to any major revisions made to the plan.

3. Formal Compliance Program training will be required for all employees within 90 days of their hire date.

The Arc of Madison Cortland
Corporate Compliance Plan

Oversight Responsibilities

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015, Jan 2019**

POLICY

The Chapter has formalized an organizational structure including an internal Compliance Officer (CO) and two Committees that will build the infrastructure for compliance, assist management in monitoring, and provide an objective point of view.

The Role of the Compliance Officer (CO)

I. Purpose

The CO is responsible for the oversight of development and implementation of the compliance program.

II Reporting Responsibilities

The CO position has direct access to the Executive Director (ED); the Board of Directors, the Chief Financial Officer (CFO) and the Chapter's legal counsel for compliance related affairs. The position reports directly to the Executive Director, and as necessary, to the Board of Directors.

III Role/Duties/Responsibilities of the Compliane Officer (CO)

1) Call unscheduled meetings of the COC if determined necessary to report a compliance issue and seek committee support and response.
2) Identification of potential regulatory compliance obligations and prioritizing areas for assessment and audit/review.
3) Responsibility to analyze acute risk(s) and, if determined necessary, bring issues to the immediate attention of the COC and/or Board of Directors.
4) Develop, on a yearly basis, a Compliance Work Plan delineating areas identified for review based on risk.
5) Coordinate compliance audit/review activity of both internal and external auditors. Perform oversight activities of follow-up audits/reviews as deemed necessary by the COC and /or external auditors ensuring improvement plans have been adequately implemented.
6) Assist internal reviewers in developing improvement plans; to correct potential weaknesses and assure ongoing compliance.
7) Develop reports upon completion of each compliance audit/review, which details recommendations designed to correct any potential weaknesses or areas of non-compliance discovered during audit/review.

8) Perform or delegate the performance of compliance interviews and investigate reports of alleged non-compliance to determine the validity, nature and scope of non-compliance.
9) Develop compliance notes during the course of an investigation concerning reports of alleged non-compliance, as deemed necessary, interfacing with the ED and /or Legal Counsel if necessary.
10) Assure that compliance activities are communicated to the Board of Directors according to internal policy.
11) Assist management in the development of educational plans, materials and resources to educate employees in the overall objectives of the compliance program and specific substantive areas of compliance.
12) Maintain a current understanding of regulatory trends and changes in law and to advise appropriate management staff of trends affecting their activity.
13) Maintenance of the Compliance Plan including periodic revisions to reflect changes that may occur with the Chapter, pertinent law and regulations and governmental and third party payers.
14) Delegate responsibility to conduct appropriate compliance investigations (e.g. legal, human resources, and internal audit) to ensure proper follow up and resolution.
15) Implement Chapter training and communication programs to ensure that all employees and affiliated parties are educated on the Code of Conduct, the CP, and other specific issues deemed necessary.
16) The CO is the liaison to the Corporate Compliance Committee.
17) The CO also serves in the capacity of HIPAA Privacy Officer.

The Role of the Compliance Oversight Committee

I. Purpose

The role of the Compliance Oversight Committee (COC) is to advise and assist the Compliance Officer with oversight and implementation of the Chapter's Compliance Plan, formulate compliance plans and standards, assist by directing the content of the reports to the Board of Directors; as well as to inform the committee relative to newly identified risk(s) and relevant department activities.

II. Reporting Responsibilities

The COC has the responsibility to report all activities to The Arc of Madison Cortland's Board of Directors, through the CO.

The members of the COC include the following:

- Executive Director
- Compliance Officer
- Chief Financial Officer
- Board of Director's Corporate Compliance Committee Chairperson

III. Role/Duties/Responsibilities of the COC:

Duties of the COC may include:

- Evaluating sensitive and confidential compliance issues and directing the Chapter's response to these issues.
- Directing the implementation of corrective and preventive action plans.
- Finalizing compliance plan revision drafts.

Role/Duties/Responsibilities of the Corporate Compliance Committee

I Purpose

The Corporate Compliance Committee is designed to bring the highest level of employees throughout the organization together to review regulations, identify risk, and assist in the development of training materials necessary for the implementation of our compliance plan.

II Reporting Responsibilities

None

III Role/Duties/Responsibilities of the Corporate Compliance Committee

The Compliance Committee will assist the Compliance Oversight Committee in oversight of the implementation and maintenance of the Chapter's compliance plan by:

- Monitoring and evaluation of internal and external audits as reported to the COC by the CO.
- Analyzing the environment within which the Chapter does business, including legal requirements with which it must comply.
- Review and advise CO on compliance education and training for employees.
- Advising and monitoring appropriate departments relative to compliance matters.
- Working with departments to develop standards that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Implementing corrective and preventive action plans.
- Reviewing finalized drafts of revisions to the Corporate Compliance Plan, prior to submission to Board of Directors for adoption.

Members of the Corporate Compliance Committee (CCC) include all titles listed for COC ***and*** the following titles:

- Director of Nursing
- Director of Human Resources
- Director of Operations
- Director of Staff Development and Training
- Chief Technology Officer

Role/Duties/Responsibilities of Management:

Program directors and managers will have responsibility relative to maintaining compliance within their individual programs including:

- Informing all supervised personnel that strict compliance with policies and standards is a condition of their employment.
- Disclose to all supervised personnel that the Chapter will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.
- Training subordinates in the importance of compliance to regulations specific to their individual program.
- Ensuring compliance is maintained through periodic review of program documentation in support of billing.
- Identifying risk areas and seeking resolution to these issues through discussions with the CO or other members of the CCC.
- Immediately reporting a violation of the compliance policy to the CO.

The Arc of Madison Cortland
Corporate Compliance Plan

Compliance Education and Training

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland (the 'Chapter'), that all employees will receive materials on the Chapter's Compliance Program, including the Code of Conduct, upon hire. All employees will receive formal compliance training within 90 days of their hire date and annually thereafter.

Training may include distribution of applicable compliance related documents e.g. OPWDD Administrative Memoranda, NYSDOH Medicaid Updates, advisories from the NYS Office of Medicaid Inspector General.

The Arc of Madison Cortland sets as a goal that, at the completion of all initial training, employees, independent health care contractors, and members of the Board of Directors will be able to provide essential information regarding the compliance program (e.g., name of the Compliance Officer, reporting mechanisms, familiarity with the Code of Conduct) and can provide a solid description of their job responsibilities.

II. RESPONSIBLE PARTY

The CO will have primary responsibility for implementing the compliance education policy, developing the training curriculum, and providing support to designated trainers. Auditing of adherence to this policy will also be the responsibility of the CO.

Program Directors, or their designee, will have responsibility to ensure that employees under their supervision receive the minimum compliance training as stated in this policy.

III. DEFINITIONS

Employee is an individual either employed or under contractual arrangement with the agency to provide services to our individuals.

Program Director is an employee having the ultimate responsibility for a program(s) operation and the supervision of program employees.

IV. PROCEDURE FOR COMPLIANCE PROGRAM EDUCATION AND TRAINING

1. The CO will create an initial education program and present to the Compliance Oversight Committee for review. This program will also be reviewed by the

COC and full Corporate Compliance Committee when any revisions are necessary. The COC and CCC will offer suggestions for training topics as well as trainers. It is expected that Chapter program directors or their designee will have responsibility for ongoing and interim compliance training within the program(s) under their supervision.

2. The initial training curriculum will include appropriate educational materials stated in the Plan and Standards and will ensure a standard message is being delivered. It will include, at a minimum, the following topics:
   -
   - The Code of Conduct
   - Elements and structure of the Compliance Program
   - Employees duty to report suspected wrongdoing
   - Mechanisms for hotline reporting.
   - Explanation of the False Claims Act
   - Confidentiality and non-retaliation for those reporting suspected wrongdoing

3. The Compliance Officer is responsible for the identification and communication of high-risk areas and/or concerns that should be incorporated into the current training curriculum.

4. Attendance will be taken at training sessions and filed in Human Resources and the Training Department.

5. Each participant will be tested for competency of the initial Compliance training.

6. Specialized training sessions may be held as the need arises to address changes in the Corporate Compliance Plan, state or federal laws and regulations, or other issues of interest.

7. Compliance related publications and material will be distributed to appropriate program directors with the expectation that the content of these materials will be communicated to employees under their supervision. Materials received from governmental bodies (OPWDD, DOH) will be distributed from the Executive Office with a distribution list attached.

8. At a minimum, each employee must participate in one hour of Compliance training per year of employment.

9. Independent health care contractors may be required to be trained in specific areas of risk that involve the services that they provide to the Arc of Madison Cortland.

10. In addition, The Arc of Madison Cortland will use periodic communications and memos to update employees on compliance related issues, as appropriate.

The Arc of Madison Cortland

Corporate Compliance Plan
Employee Acknowledgement

(to be completed at initial compliance training and placed in personnel file)

I acknowledge that I have received a copy of the Summary Plan and Code of Conduct of The Arc of Madison Cortland Corporate Compliance Plan.

I acknowledge that the full Plan is available to me at any time, a copy being located at The Arc of Madison Cortland Administrative Offices, 701 Lenox Ave., Oneida, NY and at all site locations operated by the Chapter.

I acknowledge that I have received training on The Arc of Madison Cortland's Compliance Plan and Code of Conduct.

I understand that I must comply with The Arc of Madison Cortland's Corporate Compliance Plan and Code of Conduct and all laws, regulations, policies, procedures and other guidance applicable to the responsibilities of my position.

I agree to fully cooperate with the implementation of The Arc of Madison Cortland's Corporate Compliance Plan, to participate in any auditing or monitoring processes and to report any instances of possible violations of law, regulations, or policies that are applicable to the Chapter of which I become aware.

I acknowledge that in addition to my ability to communicate directly with The Arc of Madison Cortland's Compliance Officer, the Chapter maintains a hotline (1-800-401-8004) for the purpose of receiving confidential notification of possible violations of law, regulation, and the Compliance Plan.

I understand that my failure to report any concerns regarding possible violations of law, regulation or the Corporate Compliance Plan may result in disciplinary action, up to and including termination.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Form #994
Rev. 1/15

The Arc of Madison Cortland

Corporate Compliance Plan
Board of Directors Acknowledgement

I acknowledge that I have received a copy of the Summary Plan and Code of Conduct of The Arc of Madison Cortland Corporate Compliance Plan.

I acknowledge that the full Plan is available to me at any time, a copy being located at The Arc of Madison Cortland Administrative Offices, 701 Lenox Ave., Oneida, NY.

I agree to comply with The Arc of Madison Cortland Corporate Compliance Plan and The Arc of Madison Cortland Code of Conduct and all laws, regulations, policies, procedures and other guidance applicable to the responsibilities of my membership on The Arc of Madison Cortland Board of Directors.

I understand that as a member of the Board of Directors, I have a responsibility to oversee and support the implementation of The Arc of Madison Cortland Corporate Compliance Plan, including participation in monitoring, auditing, investigations and other activities related to compliance.

I understand that my failure to report any concerns regarding possible violations of law, regulations or the Corporate Compliance Plan may result in corrective action.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Form #994a
Rev. 1/15

The Arc of Madison Cortland
Corporate Compliance Plan

Compliance Line

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

The Arc of Madison Cortland encourages an organizational culture in which all employees feel a duty to report behaviors or actions which they believe are not compliant with the laws and regulations that govern our work. The effectiveness of our Compliance Program depends on the willingness of employees to step forward, in good faith, with questions and concerns.

We believe, in all cases, that resolution of the problem behaviors or actions will result in better care for the individuals we support. Therefore, each person reporting problems or concerns will be contributing positively to the overall quality of our services.

II. RESPONSIBLE PARTIES

Every Employee:

1) Is responsible for doing their job in an ethical manner and complying with the laws and regulations that govern their work.
2) Has an affirmative duty to the Chapter and to its' stakeholders to report actions or behaviors believed to violate the Code of Conduct and the Compliance Program.
3) Is responsible to seek supervisory assistance to determine the right course of action, if appropriate.
4) Should feel free to report a concern directly to the Compliance Line or the CO when it is believed that the supervisor may be incorrect in their advice, or, he/she wishes for any reason to not approach their supervisor.
5) Is responsible to report issues and concerns in good faith.

The Chapter will:

1) Take each reported issue seriously.
2) Investigate each report, when there is sufficient information given, to determine the problem and corrective action.
3) Ensure that employees who report are not retaliated against for their good faith reports or questions.
4) Implement disciplinary action up to and including termination if an issue and/or concern are not found to have been reported in good faith.
5) Maintain confidentiality, when requested, of all those who report.

6) Provide a variety of options, in addition to the hotline, in which to report questionable behavior or ask compliance related questions.
7) Have an agreed upon method for determining the status of their report where possible.

III. PROCEDURES

Employees may report:

1) Directly through the hotline number or website. This line will be answered only by outsourced Compliance Hotline individuals who directly report all inquiries to the Compliance Officer. This method offers anonymity.
2) Via voice mail, email, U.S. mail, or face-to-face to an employee's supervisor or the CO or his/her designee).

IV. CONFIDENTIALITY AND RETALIATION

To the extent possible, all reports will be handled in a confidential manner, if requested. Employees should understand that requesting anonymity *may hinder the quality of the investigation process.*

If an employee wishes to disclose his/her identity, it will be held in confidence to the fullest extent practical or allowed by law.

Each employee may contact the Compliance Officer, Director of Human Resources or Compliance Line to report any actions believed to be retaliatory. An employee found to have engaged in any act of retaliation or any form of harassment against an employee who reports a compliance concern will be subject to disciplinary action up to and including termination.

The Arc of Madison Cortland
Corporate Compliance Plan

Discipline and Incentive Program Policy

Date of First Issue: September 2007	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

The Arc of Madison Cortland is committed to creating and fostering a culture in which compliant behavior is encouraged and rewarded so that when instances of noncompliant behavior occur, The Arc of Madison Cortland can respond swiftly and seriously. Employees and independent contractors who, upon investigation, are found to have committed violations of applicable laws and regulations, the Corporate Compliance Plan, the Code of Conduct or the compliance policies and procedures of The Arc of Madison Cortland will be subject to appropriate disciplinary action, up to and including termination.

II. SCOPE

This policy applies to all employees and all independent contractors of The Arc of Madison Cortland. Disciplinary actions applicable to the Board of Directors will be handled in accordance with the Board's governing documents (e.g., the Bylaws).

III. PROCEDURE

A) Discipline

1. Violations Resulting in Disciplinary Action

Examples of when disciplinary actions may be taken include, but are not limited to: (a) authorization of or participation in actions that violate law, regulations and the Corporate Compliance Plan, including the Code of Conduct and all related policies and procedures; (b) failure to report any violation of a peer or a subordinate; (c) failure to cooperate in an investigation; (d) retaliation against an individual for reporting a possible violation; (e) failure to act as an honest, reliable and trustworthy service provider.

2. Determining Appropriate Disciplinary Action

Factors that The Arc of Madison Cortland may consider in determining the level of disciplinary action to be taken include: (a) whether the violation was committed knowingly; (b) whether the individual lied or was otherwise dishonest during the investigation; (c) whether there was a pattern of misconduct; (d) whether the individual attempted to cover up the violation; (e) whether the violation involved retaliation against other persons who reported violations in good faith; (f) whether the employee deliberately failed to check whether a particular course of action was

prohibited; (g) whether the violation was criminal in nature; (h) whether the individual cooperated with the investigation of the violation; (i) whether the individual received personal benefit; (j) whether the individual voluntarily reported the violation; (k) the seriousness of the damage caused by the violation; and (l) whether a recipient of services was or could have been harmed as a result of the violation.

The Arc of Madison Cortland shall apply progressive discipline consistent with the violation. Examples of disciplinary action that may be taken in accordance with the nature and scope of the infraction include, but are not limited to: (a) verbal counseling/warning; (b) counseling with written warning; (c) retraining; (d) reassignment/demotion; (e) suspension without pay; and (f) termination of employment (or of an arrangement with a contractor). The Arc of Madison Cortland may wish to, and in some instances must, report the employee or independent contractor to the appropriate federal or state regulatory agency for civil and/or criminal prosecution.

The CO shall consult with the Director of Human Resources, Compliance Oversight Committee, which includes the Executive Director and Outside Counsel, as appropriate to determine the appropriate response to a violation, including those by an independent contractor.

3. Similar Punishment for Similar Offenses

Throughout the process of determining the appropriate disciplinary action to be taken in each instance of non-compliance, the Corporate Compliance Officer and/or Director of Human Resources will be responsible for ensuring that the disciplinary action to be taken is consistent with that taken in similar instances of non-compliance.

4. Collaboration Between the Corporate Compliance Officer and Human Resources

To the extent possible, disciplinary action shall be taken according to The Arc of Madison Cortland's Correction Process. In addition, when the conduct is related to any serious violation of compliance-related standards, the Compliance Officer and the appropriate supervisor/manager will meet to discuss any appropriate disciplinary actions. The Corporate Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.

The Director of Human Resources will consult with the Corporate Compliance Officer on all matters related to the implementation of an effective Corporate Compliance Program. The Director of Human Resources is responsible to report to the Corporate Compliance Officer those disciplinary actions taken as a result of violations of the Corporate Compliance Plan.

5. Independent Contractors

The Arc of Madison Cortland hiring party is responsible to report to the Corporate Compliance Officer upon knowledge that an independent contractor has committed a violation.

6. Reports to the Board and/or the Corporate Compliance Committee

When determination is made that a compliance violation has occurred, the Corporate Compliance Officer will notify The Arc of Madison Cortland's Executive Director and the individual's supervisor or contracting contact. If appropriate, the Corporate Compliance Officer may wish to notify the Board or the Compliance Oversight Committee before the next regularly scheduled meeting when a full report would otherwise be presented and, as necessary, consult with the Committee prior to the determination of disciplinary action.

7. Documentation of Disciplinary Action

Documentation of disciplinary measures for violations will be retained in the disciplined employee's personnel file (or in the independent contractor's file) and will be considered during regular and promotional evaluations.

The Corporate Compliance Officer will maintain records of all disciplinary actions, including verbal warnings, taken for compliance violations along with the nature of the violation and will reference these records as necessary to ensure consistency in application.

B) Incentive Programs for Compliant Behavior

As part of the Chapter's commitment to recognizing those who are exemplary in compliance with The Arc of Madison Cortland's Corporate Compliance Plan, the following incentives may be used to encourage and reward employees and independent contractor behavior:

- ✓ Staff appreciation and recognition programs for meeting goals and objectives;
- ✓ Situation-specific recognitions of staff contributions or assistance, including special awards;
- ✓ Handwritten notes of appreciation from supervisors, managers and/or the Corporate Compliance Officer;
- ✓ Public recognition in the agency newsletter or community newspaper;
- ✓ Celebration of successes (e.g., a great audit);
- ✓ Performance reviews and positive feedback;
- ✓ Continuing education opportunities'
- ✓ Opportunities for career advancement;
- ✓ Serving as a verification of good services provided by a service provider; and
- ✓ Continued use of a contractor's services.

The Arc of Madison Cortland
Corporate Compliance Plan

Enforcement and Discipline Procedure

Date of First Issue: May 2005	**Date of Last Revision: Jan 2015**

I. POLICY

The Arc of Madison Cortland (the "Chapter") is committed to providing high quality services that are compliant with the regulations and laws that are applicable to our mission. One of the tools we use to ensure that employees understand the importance of quality and compliance is the application of appropriate disciplinary/correction action for instances of non-compliance with regulations, policy, law, and the organization's code of conduct. The primary purpose of these disciplinary actions is to offer employees an opportunity to learn, correct and improve their job-related performance. However, in all cases, The Arc of Madison Cortland reserves the right to take immediate action toward offenses found to be in gross, obvious, or serious violation. In addition to disciplinary action, there may be situations where the notification of necessary authorities including licensing agencies and law enforcement, may occur.

II. RESPONSIBLE PARTY

The ***Director of the employee's individual program*** is responsible for enforcing discipline.

The ***Director of Human Resources*** is consulted, and serves in an advisory capacity in situations where the employee's infraction may result in discipline or termination.

The ***CO*** will offer direction and influence to the Program Director when compliance infractions are evident.

III. DEFINITIONS and PROCEDURES

Verbal Warning: This is the step necessary for the areas that are minor infractions. The supervisor should:

1. Explain the behavior/action that is contrary to expectations
2. Cite the regulations/policies involved
3. Describe steps the employee can take to correct their behavior/action. In addition the supervisor should inform the employee that repeated or more serious violations may result in further discipline up to and including dismissal and criminal prosecution

Written Warning: This serves as a formal notice that a serious infraction has occurred or that the directives outlined in a previous verbal correction were breeched. The supervisor should:

1. Explain the behavior/action that is contrary to expectations
2. Cite the regulations/policies involved
3. Describe steps the employee can take to correct their behavior/action. In addition the supervisor should inform the employee that repeated or more serious violations may result in further discipline up to and including dismissal and criminal prosecution.

Final Written Warning: This serves as a last chance agreement. The above procedures will be followed. In addition, the supervisor should inform the employee that any further violations may result in dismissal.

All other procedures that are in effect for all employee discipline also prevail when compliance discipline is necessary.

The Arc of Madison Cortland
Corporate Compliance Plan

Internal Compliance Audit Standards

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 15, Jan 2018**

I. PURPOSE;

The Arc of Madison Cortland is committed to the maintenance of an effective compliance program. A system for routine identification of risk areas and non-compliance is necessary for this to occur. We also value the importance of preemptive compliance activities to ensure the appropriate use of Medicaid and other public resources. These activities serve to limit the potential for adverse external audit results. This policy fulfills the requirements set forth in NYS SSL §363-d and 18 NYCRR Part 521.

Routine audits are the Arc of Madison Cortland's primary mechanism used to detect non-compliance with laws, rules and regulations of federal, state and local government, including but not limited to, those promulgated by the U.S. Centers for Medicare and Medicaid (CMS) and the NYS Office for People with Developmental Disabilities (OPWDD) and the NYS Department of Health.

The Arc of Madison Cortland will periodically, but not less than annually, formally identifies areas of risk through an assessment. These areas include, but are not limited to: billing, payment, medical necessity and quality of care, governance, mandatory reporting, credentialing, operations, HIPAA privacy and security. Results of the risk assessment are used in directing the activities of internal audits, and annual revision of the Arc of Madison Cortland's annual Compliance Work Plan.

II. SCOPE:

This Policy applies to all programs and services delivered by the Arc of Madison Cortland, its employees, volunteers, and Board of Directors.

III. DEFINITIONS:

Compliance Work Plan: An annual document created after assessment of risk has been completed, to determine the course of activities of the Compliance staff of the Arc of Madison Cortland. This document can be updated as necessary throughout the year.

Risk Assessment: A formal process, done no less than annually, to determine areas of compliance risk. Compliance uses the Risk Assessment Tool to accomplish this.

Internal Audit: A formal audit, of varying scope, conducted by the Compliance staff of the Arc of Madison Cortland. Compliance uses a Support Review Process to accomplish this.

Internal Monitoring: A formal process, conducted by assigned staff of a program or service of the Arc of Madison Cortland. Programs use an Internal File Check procedure to accomplish this. Programs may also use other methods of review to assure compliance.

IV. PROCEDURE

For Risk Assessment:

Compliance staff will utilize Risk Assessment tool (Attachment A) and develop Compliance Work Plan based on results of tool. As a part of that assessment include the following:

1. Review previous year's internal audit and internal monitoring results
2. Review CMS, HHS, Justice Center, OIG, OMIG, and OPWDD information sources to identify areas of compliance focus for next 12 months.
3. Consult with other Accounting/Legal/consultants/Provider Associations to ascertain compliance risk areas
4. Consult with key governance members, specifically Corporate Compliance Committee Chairperson.
5. Consult with key operational and administrative staff from each operational area, including Executive, IT, Finance, Facilities Management, Transportation, Human Resources, Incident Management, and all Programs.

    - Identify new programs
    - Identify regulatory changes that the department, program, or service has encountered, and how these changes have been addressed
    - Identify changes in key staff
    - List internal monitoring, auditing, or external audit findings
    - Describe the method in which the results of audits and monitoring are addressed, documented, and communicated to necessary parties
    - Review previous year's self-disclosures or billing adjustments
    - Review any external audit findings

The risk assessment must clearly document risk areas, which are used to establish the comprehensive corporate compliance work plan for the next 12 months. The risk assessment tool also has the OMIG compliance program effectiveness tool as an attachment. The full assessment packet is maintained in the Compliance Officer's records, along with confirmation of the annual OMIG Compliance Program Certification.

For Annual Work Plan:

Based on assessment findings, potential compliance risk areas are identified and documented. Risks are prioritized and are used by the Compliance Officer to develop the Annual Work Plan. This plan will then be reviewed and approved by the Corporate Compliance Committee at their January meeting.

Although an annual work plan is developed and implemented, changes in regulations, rules, and oversight agency focus, as well as additions of programs and services throughout the year, may

be reasons to modify the work plan. The plan, if modified, will be updated and communicated to Key Management, the Executive Director and Board of Directors through the monthly compliance board reporting process.

All audit/review objectives, review tools and methodologies will be re-examined on an as-needed basis with potential for revision.

For Internal Auditing:

Based on Annual Work Plan, Compliance staff will conduct Support Reviews in accordance with the Support Review Process procedure. Compliance Coordinator is responsible for creation of the audit tool, using the information received in the risk assessment. The tool can be comprehensive or targeted, depending on need.

Sampling size of the Support Review will be determined by the Compliance staff or will be based on the service population size. Sampling should be a reasonable representation of the program or service type, with option to expand if necessary. Expansion of audits beyond 50 claims should not be done without consultation with Arc NY compliance staff and/or legal counsel. Sampling may be random, or stratified to include all areas of risk (e.g., claims documented by all staff members of an IRA, Service Plans from outside providers of service, individuals new to program).

The "period of claims" review is based on the interval of which the program or service is audited. For example, if a program has not undergone a review in over one year, the period of claims may be initiated from the last audit date. The period also should be determined based on identified risk.

The results of all Support Reviews will be communicated to programs, Board of Directors, and the Compliance Oversight Committee. Recommendations and plans of correction, if necessary, will be the responsibility of the involved program and will be completed in a timely fashion, as agreed upon by the Compliance Officer and Department head. Finalized accepted corrective action will be communicated to the Board and ED via monthly compliance board reports.

For Internal Monitoring:

All programs shall use this process, designed by each program and approved by the Compliance Officer. Monitoring will be completed through file checks, using the Internal File Check Recording Form (Form #1234). The subject matter of each monitoring check will have mandatory areas of review, but other non-mandated checks may be updated or changed, depending on identified risk and need.

Completed file checks will be sent to the Compliance Department on a quarterly basis, and will be compiled for review at the Annual Corporate Compliance Meeting in January.

Results of all other monitoring done by programs to assure compliance, and actions taken as a result, will be shared with the Compliance Officer & Compliance Oversight Committee.

Record Retention:

Audit and monitoring results are to be kept on file for 6 years from the date of audit completion (NOT date of claim) and are subject to review by Arc NY. Records subject to litigation must remain on file in accordance with local, state, and federal law.

The Arc of Madison Cortland
Corporate Compliance Plan

Document Retention

Date of First Issue: August 2007	**Date of Last Revision: Jan 2014, Jan 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland, (the 'Chapter'), that all records (both hard copy and electronic format) created and acquired by the Chapter will be retained in accordance with applicable laws and regulations. Our Guiding Principles underscore these responsibilities. Statutory retention periods will be met in accordance with business, regulatory, legal and fiscal requirements.

This policy will serve to:

- Guide all future document management
- Clarify employee expectations and provide education
- Enumerate retention periods imposed by law and regulation
- Designate responsible parties for the policy's implementation

The following laws will guide the retention of the Chapter's records:

- Health Care Insurance Portability and Accountability Act
- Medicaid and Medicare Regulations
- Sarbanes-Oxley Act
- New York State Regulations
- False Claims Act
- Federal Civil Statute of Limitations for Federal Health Care Programs

In the event of threatened or actual litigation or government action, the Chapter recognizes its' duty to preserve relevant records, and to cooperate in a legal investigation. Therefore, during said action, no records will be destroyed, and any regularly scheduled destruction of records that fall under litigation will be immediately suspended.

Staff and Board of Directors of the Chapter will be trained in document retention as a portion of Corporate Compliance training. Specific staff will be given responsibility for the implementation of this policy as it relates to the departments they represent. It must be clearly communicated to all employees that ALL materials covered by this policy belong to the Chapter and not to any individual employee, board member, or service recipient.

II. SCOPE

This policy will cover both paper and electronic documents that are the property of the Chapter.

This policy will cover the Chapter and its' entities, including but not limited to all programs, and Alternatives Recycling, Building Futures Foundation, and all holding companies of The Arc of Madison Cortland.

III. **RESPONSIBLE PARTIES**

The Compliance Officer shall have primary responsibility for construction and annual review of the document retention policy, with necessary assistance from key staff, including the Executive Director, Chief Financial Officer, and Director of Human Resources, and legal counsel. The CO shall develop any and all training curriculums that are necessary for the implementation of this policy, and provide support to designated trainers. The CO or designee shall also report any unexpected loss of data to proper agencies. (IRS, OPWDD, DOH)

The Compliance Assistant, or their designee, will have responsibility for the implementation of the retention and destruction of documents, according to this policy.

Program Managers and Directors, and their designees, will have responsibility for following proper protocol in the preparation of documents for destruction or storage. Managers and Directors will ensure that their staff is properly trained in their responsibility of the keeping of records in their respective departments.

All Staff, Volunteers and Contractors of The Arc of Madison Cortland will adhere to the procedures set forth in this policy. Documents developed and/or retained for the purpose of carrying out the business of The Arc of Madison Cortland are owned by The Arc of Madison Cortland and are not to be copied, removed, used or disclosed for any personal benefit.

IV. **RETENTION SCHEDULE**

It is important to ensure that the Chapter's records are appropriately catalogued and filed, to facilitate easy access. Keeping duplicate records or unnecessary records can waste valuable retrieval time and space, costing the Chapter undue expense. Therefore our retained records will be organized in a clear and non-duplicative fashion.

The following lists are based on applicable laws and regulations. Documents kept above and beyond what the laws require may be done at the discretion of the Chapter's Executive Director and Board of Directors. Certain documents may/shall be kept permanently due to their legal, fiscal or historical value.

HEADINGS**:**

Accounting Records- according to retention schedule
Personnel Files- according to retention schedule
Contracts – permanent
Policies and Procedures- permanent
Client Records- according to retention schedule
Early Intervention – according to retention schedule

Audits – permanent
Official Communication- permanent
Maintenance – according to retention schedule
Internal Meeting Minutes, Reports- permanent
Board of Directors – permanent

V. STORAGE

A) ON-SITE PAPER STORAGE

Active Client Files – kept on site for no less than two and no **more than three years**. Schedule for off-site storage will dictate the exact time.

Active Business Files –

Payroll records- Year current, kept on site until after annual audit.
Medicaid billing - kept on site for no less than 2 and no more than 3 years. End of calendar year will dictate the exact time.
Accounts payable- kept on site for no less than 2 and no more than 3 years. End of calendar year will dictate the exact time.

Active Personnel Files – kept on site.

Inactive Personnel Files – kept on site for 7 years post employment.

B) OFF-SITE PAPER STORAGE

All documents other than above, kept according to Retention Schedule

Schedules for re-location to storage The Quality Management Administrative Assistant will schedule all movement of printed and written documents from active to storage once per year.

All storage boxes will be *"R-Kive 725"*. Information contained in any single box must be slated for the same year of destruction.

All documents sent to storage will be inventoried and labeled as follows:
Department, Year, Box #, …. Year to be destroyed or Permanent

The coding system verbiage is to be written in black permanent marker on both ends of box. A typed detailed list ("inventory list") of the contents will be sent to the Quality Management Administrative Assistant, who will assign a box number. The list with the assigned box number will be returned to the program/department to be placed inside each box.

C) OFF-SITE PAPER RETRIEVAL

The retrieval of documents/files from storage will be facilitated by the Quality Management Department. Requests are to be made using Form #1502 *Birchwood Storage Document/File*

Retrieval and sent to the Quality Evaluator (Madison) and Quality Management Administrative Assistant. Retrieval of documents will be made in a timely manner. Requests made for external audits and/or investigations will be addressed immediately. The Quality Management Department will maintain a log of documents/files that have been removed, the purpose for the removal, and the date of expected return. If the documents are not returned to their original storage site, the log will reflect the new location.

D) COMPUTERAND ELECTRONIC RECORDS STORAGE
(emanating from the use of computers/services within the local network)

The storage and retention of electronic records shall consist of the following arrangements:

1. *Media*: All permanent records will be stored on an appropriate computer tape media.

2. *Storage Location:* Tapes will be stored at a location that is secure, climate-controlled, and at least one (1) direct-travel mile from the location where the network servers are located and/or the tapes are recorded. Tapes will be transported to this location as quickly after recording as possible.

3. *Generational Structure:*

   - A **month-end** tape will be created on the last Friday of each month on fresh tape media and become the permanent record for off-site storage, never to be modified.

   - Other than a permanent month-end tape, a **weekly** tape will be created every Friday and form a set of weekly backups. This set shall consist of 5 "Friday" tapes, thus providing weekly snapshots that go back one calendar month.

   - Two sets of **daily** tapes will be recorded at the end of each business day, Monday thru Thursday. The two sets will alternate in use as set "A" and set "B" and overwritten on alternate weeks, thus providing daily snapshots that go back two calendar weeks. Tape sets are kept at the off-site location when not in use for that week.

4. *Local Backup Storage:* The backup system, regardless of the Generational tape being produced will first produce a complete copy of the tape image on a disk storage system before being recorded to the tape. This would allow for the "disk"-based system the primary source of record restoration in the event of data loss or corruption assuming the copy is still available on the disk storage system. Otherwise, a retrieval of the tape would be required to facilitate a restoration. Over time, older generations of the disk storage images will be overwritten in order to reuse the available storage space.

5. *Overarching Backup Philosophy:* Every file on every server and every critical workstation is backed up completely once per week (month) whether or not any content data has changed. Every data change on every server is captured on a daily basis. Therefore, there is always a complete and accurate before/during/after recovery capability available.

6. *Applications hosted on an agency server (general accounting, billing, email) will be stored as per agency policy stated above.*

E) COMPUTER AND ELECTRONIC RECORDS STORAGE
(emanating from the use of Web Based Applications)

1. Internet-based applications that are hosted by external application service providers (program services documentation, personnel/benefits, payroll, time/attendance) will be subject to contractual agreements, with assurances that data will be stored and protected in a manner commensurate to internally hosted applications at a minimum.

2. Documents that originate in paper, when possible, may be store electronically by scanning to the proper file, as long as they are retrievable as they would have been in paper format.

3. Documents that originate in paper, that contain original signatures, may be stored electronically by scanning to the proper file, but must also be kept in original paper format.

VI. ELECTRONIC CONVERSION STORAGE

Any and all transfer of permanent archived paper records to electronic storage must be formally proposed and approved by the Board of Directors, and is subject to all applicable laws and regulations.

VII. DESTRUCTION/DELETION

Regular intervals for the destruction of data will be set forth. A detailed record of all destroyed files will be permanently kept in the Compliance Assistant's office.

Schedules/Method for destruction of archived files All files owned by The Arc of Madison Cortland that are scheduled for destruction shall be either shredded or burned. Responsibility for this will rest solely with the Compliance Assistant or their designee.

Schedules/Method for destruction of paper files, or files that have been transferred to electronic storage (See attached Retention Schedule)

Procedure Title	Electronic Storage of Paper Documentation		
Applicable Program(s) or Department(s)	All programs and departments	Originating Department	Compliance
Purpose:	To consistently and legally archive data electronically, thereby reducing physical storage space and reducing risk of paper documents being destroyed by environmental causes. To ensure all original documents are archived both electronically and in paper format.		
Responsible Party/Parties:	All employees		
Date of First Issue:	January 2014	Revision Date(s):	
Regulation/Quality Standard Reference:	Article 6-A of the Public Officers Law, known as the Personal Privacy Protection Law, NYS Mental Hygiene Law 604.1, NYS DOH Medicaid Update, "Use of Electronic Records by Medicaid Providers" November 2003, OMRDD Policy Statement on Electronic Signatures and Records December 2009, Bureau of Medicaid Audit, Audit Directive 21 November 2005		

Policies and Form(s) Associated with this Procedure: N/A

Procedure

Programs/departments, beginning January 2014, have the option to retain paper files in electronic format. This may be accomplished by:

a) Scanning to Arc server
b) Scanning to an electronic record maintained by a web based documentation and communication software system

When scanning to an electronic file, always perform the following process:

a) Scan entire document
b) Assure you have scanned to the correct file (correct person, correct section of storage)
c) Check both sides of paper document, scan both sides if necessary
d) Open electronic document once it is moved to file, check for completeness; compare to paper copy; be sure it is readable (all parts of document reproduced, not upside down)
e) If paper document is an original, with verifying signature, also keep in paper format and file according to program specifications
f) Keep in paper format originals of service documentation that had to be completed on paper due to power outage or hardware/software malfunction
g) If paper document is a copy, shred it

The Arc of Madison Cortland
DOCUMENT RETENTION SCHEDULE
(Revised April 2019)

Accounting Records-

General ledgers, journals	Permanent
Financial statements	Permanent
Meeting minutes	Permanent
Tax documents	Permanent
Accident reports and claims (settled cases)	7 years
Accounts payable/receivable ledgers and schedules	7 years
Audit reports - ALL	Permanent
Bank reconciliations	3 years
Cash books	Permanent
Chart of accounts	Permanent
Checks (cancelled, but see below)	6 years
Checks (cancelled for important payments, i.e., taxes, property purchases, special contracts)	Permanent
Client billing	7 years
Deeds, mortgages and bills of sale	Permanent
Depreciation schedules	Permanent
Duplicate deposit slips	2 years
Expense analyses and expense distribution schedules	7 years
Financial statements, end-of-year (other months optional) including supporting work papers	Permanent
General ledgers and end-of-year trial balances	Permanent
Insurance policies (expired)	7 years
Insurance records, current accident reports, claims, policies, etc.	Permanent
Internal audit reports (in some situations, longer retention may be desirable)	3 years
Internal reports (miscellaneous)	3 years
Inventories of products, materials and supplies	7 years
Invoices to customers/from vendors	7 years
Journals	Permanent
Notes receivable ledgers and schedules	6 years
Option records (expired)	7 years
Payroll records and summaries, including payments to pensioners	7 years
Petty cash vouchers	3 years
Physical inventory tags	3 years

Plant cost ledgers	6 years
Property appraisals by outside appraisers	Permanent
Property records - including costs, depreciation schedules, end-of-year balances, blueprints and plans	Permanent
Purchase orders (except purchasing department copy)	2 years
Purchase orders (purchasing department copy)	7 years
Receiving reports	2 years
Sales records	6 years
Shipping Records	6 years
Stenographer's notebooks	1 year
Stock and bond certificates (cancelled)	7 years
Tax returns and work papers, revenue agents' reports and documents relating to determination of income tax liability	Permanent
Voucher register and schedule	6 years
Vouchers for payments to vendors, employees (includes allowances and reimbursement of employees and officers for travel and entertainment expense)	6 years

Personnel Files -

Accident reports and claims (settled cases)	7 years
Employment applications	3 years
Insurance records, current accident reports, claims, policies, etc.	Permanent
Time records	7 years

Criminal History

Consent Form	6 years post employment
Request for Criminal Record Ck. (106)	6 years post employment
Criminal History Record Ck (105)	6 years post employment
Subject Party Change in Status	6 years post employment
Authorized Party Designation (101)	6 years post employment
Revocation of Authorized Party	6 years post employment
Information for fingerprint submission (107)	14 days
Log of CBC Activity	Permanent
No Criminal History Found	1 year
Expedited Request Approval	1 year
Request Held in Abeyance	1 year

OSHA Log

300 – Log of Work related injuries/illness	5 years
300A Annual injury and illness report	5 years

301 Injury and Illness Incident Report	5 years
Supplemental Record of Injuries	Employee's tenure plus 30 years
Employee Exposure Records	Permanent
Workers Compensation	18 years –
Unemployment Insurance	4 years
Employee Personnel Records	6 years post employment, all later shredded
Employment Applications	1 year
Application Data Sheet	1 year
Log of applicant data	Permanent
Resumes and Job Inquiries	1 year
I-9 forms	3 years post employment or 1 year after termination, whichever is later
FMLA	7 years
EEO-1 Report	5 years
Retirement Plan (SPD, Annual Report)	Permanent
ERISA Related Documents	Permanent
Health Insurance- employee related info	7 years
Employee/Beneficiary Records	Permanent
Insurance Policies	Permanent
Accident report/claims (settled)	7 years
Requests for accommodation of disability	Permanent
Employee Benefits	7 years
COBRA	3 years
Time Studies (Alternatives Industry)	kept at AI
Annual Prevailing Wage info (AI)	kept at AI

Contracts

Contracts and leases (expired)	7 years
Contracts and leases still in effect	Permanent
Preservation Grants (OMRDD)	6 years

Policies and Procedures

Internal Manuals, including expired	Permanent, 1 copy only
Internal Training Curriculums	Permanent, 1 copy only
Employee Handbook	Permanent, 1 copy only w/ originals & revisions

Client Records – All Programs Except Early Intervention

All Plans of Service	7 years
Daily, monthly, documentation	7 years
Documentation of Developmental Disability (Psychological evaluation for eligibility determination)	Permanent
All Other Supporting Documentation for Service	7 years
Incident Reports	10 years
Nursing Documentation	7 years
Meeting minutes (client related)	7 years
Client Funds records (residential)	7 years

Client meeting minutes	7 years
Correspondence	7 years

Early Intervention

All records must be kept until child reaches age 21

Audits (Client and Financial)

Audit reports	Permanent
Investigation reports	Permanent
Annual Reports	Permanent
Annual Report- MBOs	Permanent
Compliance Investigation Reports	Permanent

Maintenance

MSDS records	kept at AI
Work Orders	7 years
Inspection Reports	7 years

Official Communication

Correspondence (routine) with customers and vendors	2 years
Correspondence (general)	3 years
Correspondence (legal and important matters only)	Permanent
Shipping Documents	6 years

Internal Meeting Minutes, Reports

Program meeting minutes	7 years
Board Reports	Permanent
Board Committee reports	Permanent

Board of Directors

All meeting minutes, resolutions	Permanent
Minute books of directors, including by-laws and charter	Permanent

The Arc of Madison Cortland
FILES FOR STORAGE/ARCHIVE
INSTRUCTIONS

With the Document Retention Schedule as part of our Corporate Compliance Plan, it is the responsibility of the Program Managers and Directors, or their designees, to follow proper protocol in the preparation of documents for destruction or storage. It is important to ensure that the Chapter's records are appropriately catalogued and filed to facilitate easy access. Therefore, the stated guidelines are to be followed:

1. Records stored Off-Site are to be kept according to the Document Retention Schedule. Remember that all files contained in any single box must be slated for the same year of destruction or kept permanent.

2. All boxes will be inventoried and labeled with the following information ONLY:
    a. Department, Year, Box # (e.g. RES-07-100)
    b. PERMANENT or DESTROY (e.g. Destroy 2020)
    c. The labeling of the box is to be written in LARGE print using black permanent marker on BOTH ends of the box.
    d. A detailed alphabetized typed list ("inventory list") for the contents of each box is to be sent to the Quality Management Administrative Assistant who will assign a box number to each list.
    e. A copy of the "inventory list" with the assigned box number will be returned to the program for their records and to be placed inside each box.
    f. All boxes to be used for storage are Fellows R-Kive (a sturdier box, which allows for stacking). If you need boxes, they can be ordered through the normal office supply ordering process.

3. NO PAPERCILPS, BINDER CLIPS, OR 3-RING BINDERS OF ANY KIND are to be stored. **Manila file folders ARE acceptable.** Documents to be stored that are not in manila file folders should be separated by labeled manila file folders (e.g. larger files removed from hanging folders, binders, etc.). DO NOT USE colored sheets of paper or post-it notes to separate files. DO NOT USE rubber bands.

Please refer to the Document Retention Policy for On-Site storage of documents.

Also remember that arrangements for boxes to be moved to storage are made by the Compliance Assistant or designee ONLY. This applies to all departments.

Revised January 2017

Procedure Title	Document Storage/File Retrieval			
Applicable Program(s) or Department(s)	All programs and departments		Originating Department	Compliance
Purpose:	To establish a process whereby documents/files are retrieved from the Birchwood storage site.			
Responsible Party/Parties:	Compliance Assistant			
Date of First Issue:	January 2014	Revision Date(s):	December 2017	
Regulation/Quality Standard Reference:	Internal policy, no regulation			

Policies and Form(s) Associated with this Procedure:

- Form #1502 Birchwood Storage Document/File Retrieval

Procedure

When a document or file needs to be retrieved from the Birchwood site, the Birchwood Storage Document/File Retrieval (Form #1502) must be completed and sent to the Compliance Assistant.

Upon receipt of the form, the Compliance Assistant will coordinate a date and time to go to Birchwood to retrieve the document and/or file. Retrieval of documents will be made in a timely manner. Requests made for external audits and/or investigations will be addressed immediately. The staff making the request (or designee) must accompany Compliance staff to retrieve the document/file. Any exceptions to this process will be made at the discretion of the Compliance staff.

Staff making the request for removal will be responsible for the document(s) / file(s) until they are returned to the Compliance Assistant. The Birchwood Storage Document/File Retrieval forms will be kept on file in the Compliance Assistant's office.

The Arc of Madison Cortland
Birchwood Storage Document/File Retrieval

Individual Name: _____

Description of Document(s)/File(s) to be Retrieved: _____
_____
_____
_____
_____
_____
_____
_____

Box #: _____

Purpose for Removal: _____
_____
_____
_____
_____

Date of Expected Return (if not being returned to storage, indicate where they will be kept): _____
_____
_____
_____

Requested by (include name and dept.): _____

Date of Request: _____

~~~~~~

For QM Use Only:

Pallet #: _____

Date Removed: _____

Date Returned to QM: _____

Date Returned to Birchwood: _____

#1502 (1/2014)
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Procedure Title	Billing Adjustments		
Applicable Program(s) or Department(s)	All Programs	Originating Department	Compliance
Purpose:	To modify previously submitted billing when an error has been internally identified by a department/program, or in the course of internal monitoring, or a compliance audit/support review.		
Responsible Party/Parties:	Program Managers, Controller or Assistant Controller, Billing Clerks, Compliance Officer		
Date of First Issue:	April 2009	Revision Date(s):	July 2018, Feb 2018, Jan 2012, June 2015, July 2018
Regulation/Quality Standard Reference:	18 NYCRR, Section 504.3 (a)		

Policies and Form(s) Associated with this Procedure:

- Billing Adjustment Request Form #1290

Procedure

PROGRAMS OTHER THAN CLINIC

Program Managers or Designee will:

Complete Billing Adjustment Form #1290 upon discovery of billing errors that may require adjustment.

Forward original completed form, along with all supporting documentation to justify requested adjustments, to the Compliance Officer for review and/or approval.

Compliance Officer will:

a) Approve and send form to the Controller or Assistant Controller, OR
b) Return form to program requesting further information, OR
c) Deny request and return form to program with explanation of denial, OR
d) Utilize the NYS OMIG Self-Disclosure Protocol for claims that are substantial, systemic, show a pattern of errors, or have the potential for violation of fraud and abuse laws.

Determine that requested adjustment(s) are deemed appropriate, indicate such on the Billing Adjustment Request Form, and forward the original to either the Controller or Assistant Controller so necessary adjustments can be made.

Send a copy of the approved request to the director of the program for their records to ensure appropriate preventative action (if necessary) is taken.

Contact the Accounting Department directly, using Form #1290, if adjustments are necessary as a direct result of an audit of a funder, external reviewer, or internal Compliance Support Review survey to ensure appropriate adjustment(s) are accomplished.

Report all adjusted claims in the monthly compliance report to the Board of Directors.

Controller or Assistant Controller will:

a) Review form
b) Complete "Accounting or Clinic Use Only" section of form
c) Direct appropriate billing clerk to take action
d) Complete "Accounting Review & Disposition" at bottom of form
e) Return the original form and attachments to the Compliance Officer

CLINIC

Clinic Director or Designee will:

Complete Billing Adjustment Form #1290 upon discovery of billing errors that may require adjustment.

Send original completed form and supporting documentation to the Clinic Billing Clerk.

Clinic Billing Clerk will:

Complete section of form labeled "Accounting or Clinic Use Only"

Forward original completed form, along with all supporting documentation to justify requested adjustments, to the Compliance Officer for review and/or approval.

Compliance Officer will:

a) Approve and send form to the Controller or Assistant Controller, OR
b) Return form to the Clinic requesting further information, OR
c) Deny request and return form to the Clinic with explanation of denial, OR
d) Utilize the NYS OMIG Self-Disclosure Protocol for claims that are substantial, systemic, show a pattern of errors, or have the potential for violation of fraud and abuse laws.

Determine that requested adjustment(s) are deemed appropriate, indicate such on the Billing Adjustment Request Form, and forward the original to either the Controller or Assistant Controller for review and approval.

Send a copy of the approved request to the Clinic Director for their records to ensure appropriate preventative action (if necessary) is taken.

Contact the Accounting Department directly, using Form #1290, if adjustments are necessary as a direct result of an audit of a funder, external reviewer, or internal Compliance Support Review survey to ensure appropriate adjustment(s) are accomplished.

Report all adjusted claims in the monthly compliance report to the Board of Directors.

Controller or Assistant Controller will:

Review and sign to assure “arm’s length” review of the adjustment occurred.

Send the original form and attachments to the Compliance Officer.

The Arc of Madison Cortland
BILLING ADJUSTMENT REQUEST FORM

Date of Request: _____ Program/Site: _____ Dept: _____

Complete the following information to reflect the adjustment requested: (list each change separately). Send this form, along with copies of original and corrected billing document, to the Compliance Officer for review.

Adjustment Codes:

- (A) Add billing
- (D) Delete billing
- (M) Modify billing unit
- (C) Change billing date

Name (Last Name, First Name)	Adjust Code	Date(s) Billed	Reason (Please detail the reason for adjustment)	***ACCOUNTING & CLINIC USE ONLY***		
				Date	***Amount***	***Action***

When adding billing, staff is attesting that a billable service/habilitation was provided. In order to bill for services, copies of all required documentation must be sent to the Accounting Dept. and the originals must be maintained at the respective site.

Person Requesting Adjustment(s):

_____

Print Name Signature Title Date

COMPLIANCE REVIEW:

Date: _____ Outcome: _____ Approved _____ Denied _____ Returned to Program

Further Action: _____

_____

_____

_____

Name (Print) Signature Title Date

ACCOUNTING REVIEW & DISPOSITION: _____

_____

_____

Name (Print) Signature Title Date

Title: **Program Response to Discovery of Missing/Incorrect Required Supporting Documentation from an Outside Entity**

Program Name: All Programs

Purpose: To set forth a uniform plan of action to secure required documentation for the accurate implementation and billing of services for all The Arc of Madison Cortland programs.

Originating Department: Compliance

Responsible Party: Program Managers, all employees with responsibility for oversight of all Arc of MC Programs

Policy, Regulation and/or Quality Standards Supporting this Procedure: Arc of MC Compliance Plan, OMRDD Fiscal Manual, DOH regulations

Date of First Issue: June 1, 2007

Revision Date: July 2007, January 2018

Distribution: All Program Manuals, Compliance Plan

Forms Associated with this Procedure: #1003 1st Request for Missing Documentation
#1004 2nd Request for Missing Documentation
#1005 Notification to Compliance Officer
#1006 Resolution of Missing Documentation Issue

As part of the Arc of Madison Cortland's Compliance Plan, services must be provided in a fashion compliant with our regulations and our funding sources. Agency administration shall adhere to all requirements for funding and shall make program staff aware of any additional requirements, as they are made known to them. Programs are expected to assure that the services they provide have the required authorizing documentation. Documentation to support funding will be secured by responsible programs in a timely fashion.

*The following are examples of documents needed for justifying the delivery and/or billing of service. This list is not meant to be all-inclusive, and does not include documents necessary to meet all quality purposes:

- Individualized Service Plans, with provider, service, frequency, duration, and dates correctly listed in Plan
- Prescriptions for drugs and durable medical supplies (residential)
- Proof of TB testing
- Annual physical reports
- Eligibility documentation (including LCED)
- Notice of Decision (for Medicaid Waiver programs)

Procedure:

When documentation is discovered to be missing or inaccurate:

1. A letter of request (Form #1003) will be sent from the program to the provider/family/ individual and a copy will be placed in the individual's file. The deadline for submission of the documentation will be included in the letter, and will not exceed ten (10) business days.

If no response, or an unacceptable response, occurs:

2. A letter of second request (Form #1004) will be sent from the program to the provider/family/individual, and a copy will be placed in the individual's file. This second request will be copied to the Compliance Officer, requested agency's Director, all parties receiving Form #1003, and the Team Leader of the CNYDDRO (if requested documentation is annual ISP listing waiver services). The original request will be referenced. The deadline for submission of the documentation will be included in the letter, and will not exceed five (5) business days.

If no response, or an unacceptable response, occurs:

3. The Compliance Officer will be notified via Form #1005. This will occur as soon as possible, and no later than a week following the second letter's deadline. Depending on the documentation in question and surrounding circumstances, further written communication may occur, services may be placed on hold, and/or billing may be voided or withheld. The Compliance Oversight Committee will make this determination. The program, individual and involved parties will be notified in writing of the outcome via Form #1006. This will occur as soon as possible, and no later than a week following the notification.

Date

Dear :

The program of The Arc of Madison Cortland is lacking the proper documentation needed to be authorized to provide with services. Missing from our files is/are:

Your prompt attention to this matter is necessary for services to continue without interruption. The regulatory agencies that fund us mandate that our files contain these documents, and without them, we do not have the authority to provide services.

It is not the intent of The Arc of Madison Cortland to cause you or any hardship, rather, it is our hope that you will understand the necessity of this request and our desire to abide by the laws and regulations placed on us.

Please send the requested documents to within ten (10) business days. Thank you in advance for your cooperation.

Sincerely,

Cc: file
(If applicable: Director of Program Operations, Director of Residential Services, Director of Self Directed Services, MSC Supervisor, family)

Dear :

This is the **second** letter notifying you of lacking/incorrect documentation needed by The Arc of Madison Cortland, which is necessary to provide with services. The document(s) needed is/are:

Your prompt attention to this matter is necessary for services to continue without interruption. The regulatory agencies that fund us mandate that our files contain these documents, and that they contain clear and accurate information. Without them, we do not have the authority to provide services.

To avoid further action, please send the requested documents to within five (5) business days. Thank you for your cooperation.

Sincerely,

Cc: file
Compliance Officer
Director of Operations
Director of Agency of addressee
CNYDDRO Team Leader (if requested documentation is annual ISP listing wavier services)
(If applicable: Director of Residential Services, MSC Supervisor, family)

TO: Karen Stace, Compliance Officer

FROM:

DATE:

RE: **NOTIFICATION OF MISSING DOCUMENTATION**

The following person is being referred to you for follow up.

Name:

Address:

Phone:

Missing or Incorrect Documentation:

Attached are copies of the two written requests to obtain documentation. Other attempts to acquire are listed here:

Department Name:

Staff Name: Title:

Signature: _____ Date:

TO:

FROM: Karen Stace, Compliance Officer

DATE:

RE: **RESOLUTION OF MISSING DOCUMENTATION ISSUE**

The following person/issue has been reviewed:

Name:

Missing or Incorrect Documentation:

After discussion with the following parties , the recommendation is to proceed as written below:

Please place a copy of this memo in the individual's program file.

Signature: _____ Date:

Cc: all parties receiving previously sent letters (#1003, #1004)

The Arc of Madison Cortland
Corporate Compliance Plan

Credentialing of Professional Employees

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

The Arc of Madison Cortland is committed to ensuring that its individuals receive the highest level of quality services from qualified providers. In this effort, it is required that all of its affiliated providers, including those of its' professional health care related independent contractors, have their educational and professional credentials verified prior to their date of employment.

V. RESPONSIBLE PARTY

The ***Directors of individual Programs*** are responsible for ensuring that the necessary professional requirements for regulatory compliance are clearly spelled out in all job descriptions.

The ***Director of Human Resources*** is responsible for maintaining the job descriptions within the agency that require specific educational and/or professional criteria. It is his/her responsibility to ensure overall compliance with this operating policy.

The Compliance Officer will have primary responsibility for performing compliance monitoring of credentialing and re-credentialing activities conducted by Human Resources.

VI. DEFINITIONS

Credentialing is the process of verifying that confidence in professional employees is warranted based upon the academic and professional information submitted to the agency.

Professional Health Care Employee is an individual, either employed or under contractual arrangement with the agency, who has prior work experience, educational and/or professional licensing or certification as a minimum requirement to fulfill their job description. In addition, individuals who have *or could have* the ability to apply for a provider identification number are considered to be a professional employee. These credentials may be required by regulation and/or by internal agency policy.

New York State Educational Department Office of the Professions is the entity through which verification of New York State licensure, registration or certification will be conducted.

National Provider Identification Number is the number applied for and obtained before a professional individual is allowed to bill Medicare, Medicaid and/or third party insurers.

New York State Department of Health List of Excluded Individuals is the data bank maintained by NYS DOH listing those individuals either totally excluded or restricted from billing the NYS Medicaid Program.

The System for Award Management (SAM) includes information regarding entities debarred, proposed for debarment, excluded or disqualified or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.

The Office of Inspector General (OIG) List of Excluded Individuals is the data bank maintained by the US Department of Health and Human Services and lists individuals or entities excluded from participating in federally sponsored health care programs, including Medicaid and Medicare.

VII. PROCEDURE FOR PROFESSIONAL CREDENTIALING VERIFICATION

At the time of application for employment, all employees must submit the following original documentation to Human Resources:

1. Application and attestation signed and dated by the applicant.
2. All current New York State licenses, registrations and certifications.
3. All diplomas.

At the time of submission, copies of the aforementioned documents will be made for the employee personnel file. The applicant will not be considered for employment until the application and supporting documents are complete.

Upon receipt of all required documentation, the Director of Human Resources and/or his/her designee will initiate verification of the employees' credentials via the following mechanisms:

- New York State Department of Education, Office of the Professions (OP): A query will be conducted to verify the validity of the professional license or certification of the applicant. The query should indicate any previous or current sanctions, restrictions or licensure and/or limitation on the scope of practice.

- Education Verification: An applicant will be required, at his/her expense, to submit a request for transcripts to be sent directly to the agency.

- License and Certification Renewals: It is the responsibility of the professional employee to submit original (non-copied) licenses and certifications received from New York State resulting from the natural renewal process. The attestation must be completed and signed by all employees whose position at The Arc of Madison Cortland requires license or certification. Verification of original will be made by Human Resource personnel, and a photocopy will be made by Human Resources and filed in the employee personnel file. Professional employees who do not submit this documentation to Human Resources in a timely manner may be subject to termination.

The Director of Human Resources or his/her designee will re-credential all professional employees on at least an annual basis and maintain verification documentation in the employee personnel file. If upon re-certification, it is discovered that the professional employee has not maintained his/her professional qualifications *or* submitted license/certification renewals on a timely basis, they will be suspended until the employee obtains and presents the required documentation.

All current employees will undergo the abovementioned credentialing process. Any discovery of exclusion, or lack of verification, will be immediately disclosed to the Compliance Officer.

MADISON CORTLAND CHAPTER NYSARC, INC.

Human Resources Fax:

PROFESSIONAL LICENSE/CERTIFICATION ATTESTATION

TODAY'S DATE: _____ **SSN:** _____

NAME: _____ **FORMER NAME:** _____

LIC/CERT: _____ **PROF. TITLE:** _____

MEDICARE/MEDICAID PROVIDER ID# (if applicable) _____

ADDRESS: _____
Street

_____
City **State** **Zip**

FORMER ADDRESS: (If less than 5 years in current address)

_____
Street

_____
City **State** **Zip**

Have you ever been reprimanded, disciplined, counseled, excluded and/or barred from participation in a Federal health care program, or been subject to a similar action by any state-licensing agency with respect to your license to practice? Yes ____ No _____
(If you answer yes, please provide explanation on separate sheet and attach to this form)

1. **I certify that the document(s) presented is/are a true and original copy of my professional license/certification.**

2. **I confirm that these credentials are in good standing with the appropriate governing body, which conferred the accreditation.**

3. **If the document(s) presented include an expiration date, I will produce a true and original copy of the renewed document prior to the said expiration date.**

4. **I understand that should any event occur that would invalidate or otherwise call in to question the accuracy or authenticity of my credentials, including change of name or address, I will report this immediately to the Human Resources Department.**

5. **I am aware that it is inherent upon this agency to maintain the professional credibility of its staff and failure to abide by the criteria outlined in this agreement could result in the suspension and/or termination of my employment (or contractual agreement) with Madison Cortland ARC.**

_____ *Orig.doc.viewed/copiedby:* _____
Signature/Date **Signature/Date**

For HR Use Only:
Date of On-line/Official Verification: _____ **Date Entered HRIS (ADP):** _____

HR Signature: _____

The Arc of Madison Cortland
Corporate Compliance Plan

Policy Regarding Conflicts of Interest and Related Party Transactions

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015, Jan 2016, Jan 2017, Jan 2018**

I. PURPOSE

Madison Cortland County Chapter, NYSARC, Inc. (hereinafter The Arc of Madison Cortland), as a commitment to its members and the public at large, strives to maintain the highest ethical standards in the delivery of programmatic services through the design, implementation and adherence to clearly articulated policies and procedures in an effort to avoid either actual or the appearance of improper or undisclosed conflicts of interest. Each Director, Officer, and Key Person of The Arc of Madison Cortland has a duty of loyalty to The Arc of Madison Cortland, which requires those individuals to prefer the interests of The Arc of Madison Cortland over their own. The Arc of Madison Cortland further wishes to clarify that where the terms "Director", "Officer" and "Key Person" appear, all members of The Arc of Madison Cortland Executive Committee, as outlined in the Chapter's By-laws, are considered part of this group and are subject to the requirements of this Policy.

The purpose of this policy (hereinafter the "Policy") is to protect the interests of The Arc of Madison Cortland when it is contemplating entering into a transaction or arrangement that might benefit the private interest, financial or otherwise, of a Director, Officer, or Key Person The Arc of Madison Cortland. The Arc of Madison Cortland will not enter into any such transaction or arrangement unless it is determined by the Board in a manner described below to be fair, reasonable, and in the best interests of The Arc of Madison Cortland at the time of such determination.

II. DEFINITIONS

Affiliate. An affiliate of The Arc of Madison Cortland is an entity that is directly or indirectly through one or more intermediaries, controlled by, and in control of, or under common control with Arc of Madison Cortland.

Audit Committee. A committee of The Arc of Madison Cortland Chapter Board.

Board of Directors or Board. The body responsible for the management and governance of The Arc of Madison Cortland.

Conflict of Interest. Any situation in which a Director, Officer, or Key Person of The Arc of Madison Cortland has a competing professional or personal interest in a matter, which is the subject of a decision or duty by that person. Such competing interest may make it difficult for such person to fulfill their duties impartially and can create an appearance of impropriety even if

no unethical or improper act results from the conflict. Includes Related Party Transactions, defined below.

Director. Any voting or non-voting member of the governing board of The Arc of Madison Cortland.

Financial Interest. A person has a Financial Interest if such person would receive an economic benefit, directly or indirectly, from any transaction, agreement, compensation agreement, including direct or indirect remuneration as well as gifts or favors that are not insubstantial or other arrangement involving The Arc of Madison Cortland.

Independent Director. A member of the Board of Directors who:

- Has not been an employee or an Affiliate of The Arc of Madison Cortland within the last three years;
- Does not have a Relative who has been a Key Person of The Arc of Madison Cortland or an Affiliate of The Arc of Madison Cortland within the last three years;
- Has not received and does not have a Relative who has received more than $10,000 in compensation directly from The Arc of Madison Cortland or an Affiliate of the Chapter within the last three years; and
- Does not have a substantial Financial Interest in and has not been an employee of, and does not have a Relative who has a substantial Financial Interest in or was an Officer of any entity that has provided payments property, or services to or received payments, property services from The Arc of Madison Cortland or an Affiliate of The Arc of Madison Cortland in any of the last three fiscal years that exceeds the lesser of (a) $10,000 or (b) 2% of The Arc of Madison Cortland or the Affiliate's consolidated gross revenue if revenue was less than $500,000[1] (payment does not include charitable contributions or payments made by the corporation at fixed or non-negotiable rates as long as those services received by the corporation are also not otherwise available from another source).

Key Person. A Key Person is someone who is in a position to exercise substantial influence over the affairs of The Arc of Madison Cortland. This includes, but is not limited to:

- Voting members of the Board;
- Presidents, chief executive officers, chief operating officers or employee of any other title with similar responsibilities;
- Treasurers and chief financial officers or employee of any other title with similar responsibilities; or
- A "highly compensated" employee, within the meaning of section 4958 of the Internal Revenue Code and guidance issued by the Internal Revenue Service, who is in a position to exercise substantial influence over the affairs of The Arc of Madison Cortland.

Officer. A person designated as such in The Arc of Madison Cortland Chapter By-laws.

[1] If the entity's consolidated gross revenue was $500,000 or more but less than $10,000,000, the payments, property or services cannot exceed $25,000; if the entity's consolidated gross revenue was more than $10,000,000, the payments, property, or services cannot exceed $100,000.

Related Party. Persons who may be considered a Related Party of The Arc of Madison Cortland under this Policy include:

- Directors, Officers, or Key Persons of The Arc of Madison Cortland or an Affiliate of The Arc of Madison Cortland;
- Relatives of Directors, Officers, or Key Persons of The Arc of Madison Cortland or any Affiliate of The Arc of Madison Cortland; and
- any entity in which a person in (i) or (ii) has a 35% or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of 5%.

Related Party Transaction. Any transaction, agreement or any other arrangement with The Arc of Madison Cortland or an Affiliate of The Arc of Madison Cortland in which a Related Party has a Financial Interest, except that a transaction is not a Related Party Transaction if: (i) the transaction or the related party's financial interest in the transaction is *de minimis*, (ii) the transaction would not customarily be reviewed by the board or boards of similar organizations in the ordinary course of business and is available to others on the same or similar terms, or (iii) the transaction constitutes a benefit provided to a related party solely as a member of a class of the beneficiaries that the corporation intends to benefit as part of the accomplishment of its mission which benefit is available to all similarly situated members of the same class on the same terms. Any Related Party Transaction will be considered a conflict of interest for purposes of this Policy.

Relative. A Relative is a spouse or domestic partner as defined in section twenty-nine hundred ninety-four of the public health law, ancestor, child (whether natural or adopted), grandchild, great grandchild, sibling (whether whole or half-blood), or spouse (or domestic partner) of a child (whether natural or adopted), grandchild, great grandchild or sibling (whether whole or half-blood).

III. POLICY AND PROCEDURES

Duty to Disclose

In connection with initial and annual disclosures under Article VII of this Policy, Directors, Officers, and Key Persons must disclose the existence of the financial or other interest and be given the opportunity to disclose in good faith all material facts to the Audit Committee. In addition to initial and annual disclosures, Directors, Officers, and Key Persons are under a continuing obligation to similarly the disclose the material facts surrounding actual or possible Conflicts of Interest as they arise, and may do so to the Board and/or Audit Committee, as appropriate.

Determining Whether a Conflict of Interest Exists

After disclosure of the financial or other interest and all material facts, and after discussion with the individual raising the potential conflict, he/she shall leave the meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or Audit Committee members shall decide if a conflict of interest exists.

Procedures for Addressing the Conflict of Interest

The Director, Officer, or Key Person may make a presentation at the Board meeting. Board or Audit Committee may request that interested person present information as background or answer questions, but after such presentation that individual shall leave the meeting during any discussion of, and/or vote on the transaction, arrangement or activity being addressed as the possible conflict of interest. Further, the individual with a conflict shall refrain from any attempts to improperly influence the deliberations and voting on the matter giving rise to the conflict.

After the exercise of due diligence, the Board shall determine whether it can obtain by reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

If a more advantageous transaction or arrangement is not reasonably possible under the circumstances that does not produce a conflict of interest, the Board shall determine by a majority vote of the disinterested Directors then present and voting whether the transaction or arrangement is in The Arc of Madison Cortland's best interest, for its own benefit, and whether it is fair and reasonable.

Violations of the Policy

If the Board determines that a Director, Officer, or Key Person has failed to disclose an actual or possible conflict of interest, it shall inform such person of the basis for such belief and afford the person the opportunity to explain the alleged failure to disclose.

If after hearing the individual's response and after making further investigation as warranted by the circumstances, the Board determines the individual has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action, including but not limited to consideration of the act as conduct detrimental to The Arc of Madison Cortland in violation of its by-laws.

IV: AUDIT COMMITTEE REVIEW

The Board delegates to the Audit Committee, which shall be composed solely of Independent Directors, the adoption, implementation of and compliance with this policy. The Board may delegate to the Audit Committee review and approval of any Related Party Transaction involving a Related Party and The Arc of Madison Cortland, as contained in this Policy; provided that if the Related Party Transaction is of a magnitude that would otherwise require full Board approval, the Audit Committee shall submit the Related Party Transaction to the Board for consideration, providing its recommendation as to whether or not to approve it.

In the event the Board delegates the review and approval of Related Party Transactions to a committee, all references to the Board in this Policy shall be deemed to refer to such Committee and all references to a majority of the Board shall be deemed to refer to a majority of such Committee. Further, the Audit Committee shall report material findings on all matters arising

under this Policy to The Arc of Madison Cortland Executive Committee and/or Board of Directors.

V: RECORD OF PROCEEDINGS

The minutes of the Board and all Committee meetings at which a Related Party Transaction is considered shall contain:

i) The name(s) of the persons who disclosed or otherwise were determined to have a potential or actual Financial Interest and/or conflict of interest, the nature of the potential or actual Financial Interest and/or conflict of interest, any action taken to determine whether a Financial Interest or conflict of interest exists (including the basis for the Board's approval and the Board's consideration of alternative transactions), and the Board's decision with respect to whether a Financial Interest and/or conflict of interest exists.

ii) The names of the persons who were present for discussions and votes relating to any determinations under Article IV above, including whether the Related Party (and any members not considered to be Independent Directors) left the room during any such discussions, the content of such discussions, including discussion of alternative transactions, and whether or not the transaction with the Related Party was approved by the Board.

The minutes shall be documented contemporaneously to the decision and discussion regarding the Financial Interest or Conflict of Interest.

VI: INITIAL AND ANNUAL DISCLOSURES

Prior to a member of the Board's initial election to the Board, such person shall sign and submit to the Nominating Committee of The Arc of Madison Cortland a Conflicts of Interest and Related Party Transactions Acknowledgement identifying, to the best of his or her knowledge:

i) Any entity of which such member of the Board is an officer, director, trustee, member, owner, or employee and with which The Arc of Madison Cortland has a relationship; and
ii) Any transaction in which The Arc of Madison Cortland is a participant and in which such member of the Board might have a conflicting interest.

Further, each Director, Officer, and Key Person shall annually sign a copy of the acknowledgement and submit it to the Compliance Officer of The Arc of Madison Cortland that affirms that such person:

Has received a copy of this Policy; and
Has read and understands this Policy; and
Has agreed to comply with this Policy.

A copy of each acknowledgement shall be provided by the Compliance Officer of The Arc of Madison Cortland to the Chairperson of the Audit Committee and also kept in The Arc of Madison Cortland's files and made available to any Director upon request. They shall remain on file for no less than six years.

The Arc of Madison Cortland
CONFLICTS OF INTEREST AND RELATED PARTY TRANSACTIONS
ACKNOWLEDGEMENT

I, _____, by signing my name on the signature line below, hereby acknowledge that I have received and read a copy of this Policy in its entirety, understand the nature and contents of both documents and agree to comply with the requirements of both documents. I understand that my failure to sign this document shall be referred to the Audit Committee for further action.

Please check all statements that pertain to your disclosure:

☐ I wish to report that to the best of my knowledge, information and belief, no situation in which I am involved personally or professionally could be construed as a violation of this Policy, or as placing me in a position of having a conflict of interest with The Arc of Madison Cortland.

☐ I wish to disclose the following circumstance that may possibly be a conflict of interest or violate this Policy:

_____
_____
_____
_____
_____

(Disclosure does not automatically result in a violation, but will be subject to review).

☐ I am a person with an intellectual or other developmental disability, a parent, family member or blood relative of a person with a disability who receives services from The Arc of Madison Cortland.

Other Disclosures:

I wish to report that I am an officer, director, trustee, member, owner, or employee of the following entity or entities with which The Arc of Madison Cortland participates and in which I may have a conflicting interest:

_____
_____
_____

Signed: _____ Date: _____

Position: _____

The above [ ] **Does *or*** [ ] **Does Not** present a conflict of interest as described in the Chapter's Conflict of Interest Policy.

Reviewed By: _____ **Title:** _____ **Date:** _____

(Completed form will be filed in the Compliance Office)

The **Arc of Madison Cortland**
Corporate Compliance Plan

Criminal Background Checks for Employees and Volunteers Policy

Date of First Issue: September 2007	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland to comply with all laws, rules and regulations governing the employment of personnel and use of volunteers in the operation of programs for persons with developmental disabilities. This policy has been adopted to comply with the New York Mental Hygiene laws and the New York State Office for People with Development Disabilities ("OPWDD") regulations addressing criminal background checks that must be conducted on every prospective employee and volunteer who will have regular and substantial unsupervised or unrestricted physical contact with individuals we serve. Although permissible by OPWDD, The Arc of Madison Cortland has chosen not to hire anyone fitting the aforementioned criteria on a temporary provisional basis pending background check.

II. SCOPE

This policy applies to all prospective employees and volunteers hired after April 1, 2006 who will have regular and substantial unsupervised or unrestricted physical contact with individuals served, as established in this policy. Current employees and volunteers that will move from a position not involving regular and substantial unsupervised or unrestricted physical contact to a position involving such contact are subject to this policy.

III. PROCEDURE

Criminal Background Checks.

1. Applicability. New York law requires that The Arc of Madison Cortland request a criminal background check on all applicants for employment or volunteer positions who will have substantial unsupervised or unrestricted physical contact with individuals served. The criminal background check request is made to OPWDD and is referred to as a "criminal history record check" by OPWDD.

    a. Prospective Employees. The Arc of Madison Cortland has determined that the following positions have the requisite contacts and, thus, require a criminal history record check:

        (1) Direct care services staff in the following settings:
            - Residential facilities (ICFs, CRs and IRAs);

- Home and community-based waiver habilitation services (including residential habilitation, respite, day habilitation, supported employment and pre-vocational services);
- Sheltered workshops;
- Family Support services;
- Recreational services;
- Authorized demonstration programs (e.g., NYS-Options for People Through Services (NYS-OPTS)
- Family Care families (including members over 18)

(2) Individuals providing line or onsite supervision of direct care staff;

(3) Individuals providing transportation services, whether driving or accompanying clientele while they are being transported;

(4) Job coaches (or equivalent) providing supported employment services;

(5) Clinicians providing clinical services

(6) In a clinic treatment facility ("Article 16 clinic"), clinic treatment coordinators, medical directors and any authorized party as defined in Section 679.99 of the OPWDD regulations;

(7) Service coordinators and supervisors of service coordinators, including Medicaid Service Coordinators ("MSC") and MSC supervisors;

(8) Individuals whose work assignment location is at a certified site at least some of the time that persons are receiving services.

b. Current Employees Assuming a New Position. The Arc of Madison Cortland employees who currently have a position which does not involve regular and substantial unsupervised or unrestricted physical contact with service recipients who will be assuming a position which does involve such contact must submit to a criminal history record check as described in this policy.

2. Requirements Before Submitting a Request for a Criminal History Record Check.

a. The Arc of Madison Cortland shall inform the prospective employee in writing that:

(1) The Arc of Madison Cortland is required to request a check of his or her criminal history information and review the results of such check; and
(2) The prospective employee has a right to obtain, review and seek correction of his or her criminal history record information pursuant to regulations and procedures established by the New York State Division of Criminal Justice Services.

b. The Arc of Madison Cortland shall obtain a signed OPWDD "Criminal History Record Check Consent Form".

c. Withdrawal of Application. A prospective employee may withdraw his or her application any time before an employment position is offered or declined, regardless of whether the individual or The Arc of Madison Cortland has reviewed the summary of the individual's criminal history record information.

d. Requesting a Criminal History Record Check. The Executive Director, Chief Financial Officer, Director of Human Resources and Compliance Officer are the authorized party(ies) ("Authorized Party") to make criminal history record check requests and to receive and review the criminal history summary information. The Authorized Party shall complete an OPWDD "Request for Criminal History Records Checks" form for submission to OPWDD, along with fingerprint information and any other materials required by OPWDD.

e. Results of a Criminal Background Check.

(1) After making its determination, OPWDD will inform The Arc of Madison Cortland what actions shall or may be taken and will forward The Arc of Madison Cortland a summary of the criminal history record information. OPWDD will issue one of two determinations to The Arc of Madison Cortland:

(a) A determination that OPWDD is not issuing a denial and is not directing The Arc of Madison Cortland to issue a denial; or

(b) A determination that OPWDD is issuing a denial or directing The Arc of Madison Cortland to do so.

(2) OPWDD Issues Denial. If OPWDD issues a denial, they will notify the applicant he/she has been denied the employment

position based on their criminal history information. The applicant is entitled to receive, upon written request, a copy of the summary of criminal history information provided to The Arc of Madison Cortland by OPWDD.

(3) Pending Charges. If the criminal history record information includes a pending charge for a felony or for endangering the welfare of an incompetent or physically disabled person, OPWDD will, and for other crimes may, notify The Arc of Madison Cortland that it is holding the application until the charge is finally resolved.

(4) Pending Potential Denial. Prior to making a determination to issue a denial or to direct The Arc of Madison Cortland to issue a denial, OPWDD will send certain notifications to the applicant and offer the applicant an opportunity to explain why the application should not be denied. OPWDD will also send notice of the potential denial to The Arc of Madison Cortland.

f. Criminal Charges or Convictions Subsequent to the Initial Criminal History Record Check.

(1) OPWDD will notify The Arc of Madison Cortland of any notification received from the New York State Division of Criminal Justice Services subsequent to the initial check indicating that there is a conviction or pending criminal charge against a current employee. Upon receiving such notification The Arc of Madison Cortland shall:

(a) Conduct a safety assessment of the service environment and take all appropriate steps to protect the health and safety of individuals served. The safety assessment shall be documented and shared with the CO, and a decision will be reached as to job duties during this pending time.

(b) Monitor the outcome of any pending charges, if the individual continues to have regular and substantial unsupervised or unrestricted physical contact with individuals served. If convicted, HR will notify of their dismissal.

g. Required Notifications to OPWDD. No later than fourteen (14) days after the event, The Arc of Madison Cortland must notify OPWDD when an individual no longer has the requisite contacts with clientele

to require a criminal history record check. OPWDD has determined that this occurs when:

(1) An employee for whom a criminal history record check was requested is separated from The Arc of Madison Cortland or is permanently assigned to a position which does not involve regular and substantial unsupervised or unrestricted physical contact with individuals served. This requirement does not apply to employees who work seasonally or have a scheduled break in service of up to one year.

(2) An employee for whom a criminal history record check was requested withdraws his or her application or is no longer being considered for the position applied for.

h. Annual Criminal History Record Check Statement. The Arc of Madison Cortland must provide an annual criminal history record check statement as required by OPWDD.

i. Documentation and Confidentiality Requirements.

(1) Only the Authorized Party, his or her designee and the applicant shall have access to criminal history record information or the summary of criminal history record information received by The Arc of Madison Cortland.

(2) The Arc of Madison Cortland must maintain and keep current the following records:

(a) A current roster of employees subject to criminal history record checks. The roster shall indicate the staffing assignment, the date the criminal history record check was requested and the date that the individual was hired or assumed duties which involved regular and substantial unsupervised or unrestricted physical contact with individuals served.

(b) A list of individuals who have had a change in status. The list shall indicate the date the criminal history record check was requested and the date OPWDD was notified that the party was no longer subject to criminal history record checks.

(c) For each applicant for whom a request for a criminal history record check was submitted, a copy of their signed consent form, a copy of the request for the criminal history record check, notification of any change of status and the results of the criminal history record check and determination of OPWDD.

The Arc of Madison Cortland
Corporate Compliance Plan

Office of Mental Health Background Check Procedure

Date of First Issue: May 2008	**Date of Last Revision: June 2012, Jan 2015**

Program Name:	Human Resources
Purpose:	Provide Guidance to H.R. Staff and other parties regarding Criminal Background Checks for those working with OMH Clientele.
Title:	Office of Mental Health Background Check Procedure
Responsible Parties:	H.R. Staff, Vocational Manager
Date of First Issue:	May 2008
Revised:	May 2009, April 2012
Distribution:	H.R. Procedure Manual, OMH Background Check Binder, Manager Manual
Forms:	OPWDD Background Check Forms (OPWDD Consent Form (OMR 105) The Arc of Madison Cortland Disclosure Statement (Form # 1064), Request for Criminal History Record Check (OPWDD Form # 106), Information for Fingerprinting form (OPWDD Form # 107), The Arc of Madison Cortland Offer Letter (Form 1411), Internal Safety Assessment (Form 1412), Safety Assessment Questionnaire (Form # 1408), Applicant Consent Form for Fingerprinting and Criminal History Information Records Search Form, OMH Applicant Fingerprint Authorization Form, Fingerprint Information Collection Form, OMH Subject Party No Contact Verification (Form #1407)

Part 1: Authorized Parties.

Copies of the forms noting who Authorized Parties and Designees are will remain in the OMH procedure book (on file) for the duration of the person's employment plus 6 years or for 6 years after revocation of Authorization, whichever is later.

The titles within the agency that are authorized to request that a criminal background check be conducted through OMH are as follows:

1. Chief Financial Officer
2. Director of Human Resources
3. Executive Director
4. Director of Human Resources
5. Human Resources Generalist (primary)

Part 2: Subject Parties:

Any positions that are designated to work with individuals that have a Mental Health diagnosis only should be background checked through the Office of Mental Health, in addition to OPWDD. These employees are all titles that work in the Alternatives Vocational Services (AVS), including:

1. Employment Specialist
2. Vocational Manager
3. Employment and Training Coordinator
4. Senior Employment Specialist

Part 3: Applicant Procedure.

1. For new hires:

    A. Managers will conduct complete hiring process and contact H.R. Generalist or designee to set up background check through OPWDD/OMH.
    B. At the time that OPWDD Background Check paperwork is completed, H.R. Generalist will have employee complete OMH "Fingerprint Collection Form" and a blank "Applicant Consent Form for Fingerprinting and Criminal History Information Records Search" and complete an Offer Letter (form 1411) reminding the candidate of the appointment and other details needed.
    C. H.R. Generalist will schedule the prospective employee to be background checked at OPWDD site as usual, making sure that OPWDD forms # 106 and #107 indicate that information will be shared with OMH.
    D. The H.R. Generalist will then log the candidate into CHITS (Criminal History Tracking System) for OMH, and register the candidate as "waiver requested," rather than scheduled to be printed at a designated site.
    E. When background check comes back, it will be placed in OMH Background Check Book and kept 6 years beyond date the individual is no longer associated with the program that works with OMH clientele.

2. For transfers into AVS from other departments that do not work with OMH:

    A. Vocational Manager will conduct interview and offer position pending background check through OMH. They will then contact Human Resources Generalist or designee who will forward a blank "Fingerprint Collection Form" and "Applicant Consent Form for Fingerprinting and Criminal History Information Records Search" to the employee
    B. Once completed forms are received, HR Generalist or designee will enter staff person into CHITS (Criminal History Tracking System). See instructions below.
    C. H.R. Generalist or designee will schedule staff person to be fingerprinted at Hutchings Psychiatric Center in Syracuse, or other designated site.
    D. Candidate will be instructed to bring OMH "Applicant Fingerprint Authorization Form" with him/her to appt. (this can be printed once applicant is entered into CHITS and sent to the applicant).

E. If a background check comes back, it will be placed in the OMH Background Check Book and kept 6 years beyond the date that the individual is no longer associated with the program that works with OMH clientele.

3. ***Once the applicant has been entered into CHITS, the "Fingerprint Information Collection Form" should be shredded. The consent form should be filed in the OMH Background Check book.***
4. If an applicant has received clearance through OPWDD but is still waiting for clearance through OMH, the Vocational Manager must complete a OMH Subject Party No Contact Verification Form (Form # 1407) and forward to Human Resources Generalist to retain in the OMH CBC book. When clearance is attained through OMH, the Human Resources Generalist or designee will notify the Vocational Manager and note both the date of clearance and the date the employee began working with OMH clientele on the bottom of the form. The form will continue to be retained as long as the subject party is employed and for 6 years thereafter.

Part 4: Making a Determination:

Receive criminal background check report from OPWDD/OMH through Authorized Party (posted online through CHITS). When the information is shared through OPWDD, the determination should appear in CHITS within 7 business days of the OPWDD determination.

a. If the response indicates that the applicant has no record and is not denied, he/she is clear to start.
b. If the response provides information regarding a conviction or pending arrest that does not disqualify him/her, an HR Representative must complete an Internal Safety Assessment (Form # 1412) and forward to the Director of Human Resources and the Compliance Officer for review / approval. If the information was not disclosed, an H.R. Representative should call the applicant and indicate that he/she will not be hired unless proof is provided indicating that the information is not correct or the candidate can provide a reasonable explanation for failure to disclose.
c. If the response indicates a pending denial, the candidate must be contacted and informed of the pending denial. OMH will also send a letter indicating instructions for appealing the pending denial. If the information is incorrect, the applicant can also appeal by providing a Certificate of Disposition with a raised seal, which can be forwarded on to OMH.
d. Once a determination has been made regarding hiring the candidate, the HR Representative should either activate him/her as a subject party in CHITS, or change his/her status to "no longer a subject party" in CHITS. ***No candidate should remain pending in CHITS.*** See instructions below on making necessary changes.

Part 5: Safety Assessment

After a criminal background check is completed and an applicant is hired, his/her arrest record will be monitored through OPWDD or OMH's "Search and Retain" system, which looks for new

arrests and notifies ARC if the employee is arrested. If OPWDD/OMH notifies H.R. of an arrest, a Human Resources Representative must do the following:

1. Contact the employee to get details regarding the arrest and nature of charges and evaluate whether the pending charge indicates a potentially unsafe situation for consumers. If it does, the agency may suspend the employee pending the resolution of charges.
2. Once a decision has been made, complete a Safety Assessment Questionnaire (Form 1408), and fax to audit unit of CBC. H.R. will keep all OMH Safety Assessments in a separate binder, with background check paperwork.
3. H.R Generalist will follow up after court dates until the charge is resolved. OMH will not require information sent, but will audit files periodically to ensure that arrests are followed up on.

Part 6: Removal of Employee from "Search and Retain Status"

If an employee is no longer considered a subject of a criminal background check due to leaving employment or transferring to a position that does not require a background check, he or she will be removed from "Search and Retain" within 14 days. The sequence is as follows:

1. Hiring manager will complete Employee Change of Status (Form # 373) through HRIS Coordinator**.**
2. HRIS Coordinator will notify HR Generalist through echosign immediately upon completing the COS form electronically. HR Generalist (or designee) will log into CHITS and change the status of the individual to "no longer subject party"
3. Log "date notified OMH" in ***Background Check Roster***.

Part 7: Data Tracking/ Records Management

1. **Data Tracking**: All Criminal Background Checks should be recorded in the ***Background Check Roster*** as soon as the applicant has been set up with an appointment and entered into CHITS. All data regarding the background check should also be logged into this system. This list will be periodically checked by the Director of Human Resources and compared to information that is found in the CHITS website to verify that all candidates are maintained correctly.

2. **Records Management**: Per OMH regulations, all paperwork regarding OMH background checks must be kept for 6 years beyond the date that a person is no longer a subject party for OMH. Therefore, this information must be placed in the OMH binder located in a locked cabinet with other criminal background check information.

LOGGING INTO CHITS

Employees that are hired to work in the AVS program need to be entered into Criminal History Information Tracking System (CHITS). Follow these instructions to access our agency's OMH employee records and make changes:

A. Log into https://mhprovider.omh.state.ny.us/websalute Ensure that pop ups are not blocked by your computer for this site.
B. Read and agree to security question.
C. Log into the site using your username and password given to you by OMH.
D. Click on "Fingerprint System"

To Enter a New Applicant:

A. Log into CHITS. Click on "Applicant" at top of screen and then on "Register Applicant"
B. Using OMH "Fingerprint Information Collection Form," enter information onto site (this form should be completed by applicant ahead of time).
C. Select the site that EE will be going to for fingerprinting (usually Hutchings in Syracuse) and then click on "Add New Applicant"
D. Once applicant is entered, click on "Applicant" at top of screen, select "Print" and "Applicant Fingerprint Authorization Form."
E. Enter the applicant's last name and click on "Search"
F. Click on applicant's name and then print document. Have the applicant take this form to the appointment.
G. Once the applicant has been entered into CHITS, the "Fingerprint Information Collection Form" should be shredded. The consent form should be filed in the OMH Background Check book and retained for 6 years beyond the date the subject party no longer works with OMH Clientele.

To Activate New OMH Employee:

A. New employees should be activated in OMH as of the date they begin regular and substantial contact with OMH clientele. Do not enter the hire date unless the applicant has been cleared through OMH prior to hire.
B. Log into CHITS. Click on "Reports" tab at top of screen and then on "Agency Compliance Report"
C. Choose the desired parameters. Using default dates will show all data.
D. Select "Detail Only"
E. Click on "Include OMH Determination Box"
F. Applicant records in need of attention will appear in red.
G. Update applicant record by clicking on the applicant name. This will bring you to the update screen. Click on drop down box for Employment Status and select "Hired as Subject Individual."
H. Click on "Update Applicant" to save changes.
I. Go back to the list of opened applicants. Click on the applicant number. Select process record.

To Terminate Employee Association with Agency

A. If employee is an active employee in CHITS, follow directions for Activating Employee above and select "No Longer Employed As Subject Individual"

B. If applicant is no longer being considered for a position, select "Application Withdrawn" from same selections, or other selection if applicable. ***This is done in addition to OPWDD Change in Status.***

C. If applicant was entered and background checked in error (should not have been done because title is not required to have OMH CBC done), go into applicant record and enter "withdraw application" as of the date he/she was entered into the system. In the description of the job, enter "application withdrawn. Not a subject individual."

The Arc of Madison Cortland
Corporate Compliance Plan

Employee Exclusion Checks Policy

Date of First Issue: August 2007	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland not to employ, contract, or otherwise do business with any individual or entity excluded from participation in federally sponsored health care program, such as Medicare and Medicaid. To avoid affiliation with any such person or entity, The Arc of Madison Cortland has established the procedures described below.

II. SCOPE

This policy and procedure applies to all current and proposed The Arc of Madison Cortland employees, contractors and vendors. This policy also covers any other individual or entity affiliated with The Arc of Madison Cortland as deemed prudent by the Corporate Compliance Officer. For purposes of this policy, all references to "employees" include temporary, part-time and full-time employees.

III. PROCEDURE

B. Definitions

1. Exclusion Check. An Exclusion Check is a search of (1) the U.S. Department of Health and Human Services, Office of Inspector General (OIG)'s List of Excluded Individuals/Entities (available on the OIG website at http://oig.hhs.gov/fraud/exclusions.html); (2) the US government System for Award Management (SAM) and (3) the NYS Health Department List of Excluded Medicaid Providers (available on the NYS Health Dept. website at www.health.state.ny.us/health_care/medicaid/fraud) to determine if an individual or entity's name appears on either list.

2. Ineligible Person. For purposes of this policy, an Ineligible Person is an individual or entity that is listed on the OIG's List of Excluded Individuals/Entities, the GSA's Excluded Parties List System, and/or the NYS Health Dept. List of Excluded Medicaid Providers.

C. Employee Exclusion Check Procedures (Implementation Date: October 1, 2007)

1. An Exclusion Check will be performed on all applicants for employment at The Arc of Madison Cortland as part of the pre-employment background

check as set forth in The Arc of Madison Cortland's Background Checks for Employees and Others.

2. If the Exclusion Check indicates that any individual is an Ineligible Person, the individual cannot be employed by The Arc of Madison Cortland.

3. To protect The Arc of Madison Cortland against individuals excluded subsequent to beginning their employment, an Exclusion Check will be performed on all employees monthly by Yost Engineering (EP Staff Check). If it is determined that a current employee is an Ineligible Person, the Arc of Madison Cortland shall immediately terminate the employment of the individual. Further action will be determined by The Arc of Madison Cortland Compliance Oversight Committee.

4. Search results for Exclusion Checks on employees and independent contractors must be documented and maintained by the Human Resources Director and placed in individual personnel files.

D. Duty to Report

All of The Arc of Madison Cortland employees have a duty to report any action that would render that individual ineligible to participate in a federally funded health care program.

E. Pending Actions.

1. If any of The Arc of Madison Cortland employees, or health care contractors **is charged with** an offense related to healthcare, that if convicted, could potentially result in debarment or exclusion from state or federal program, that individual or entity must not be involved in any agency activity that relates to causing a claim to be submitted to a third-party insurer while the claim is pending. This action may include suspension, if warranted.

2. If resolution of the matter results in conviction, debarment or exclusion, The Arc of Madison Cortland shall immediately terminate its employment or other contractual arrangement with the individual or entity.

The Arc of Madison Cortland
Corporate Compliance Plan
Vendor/Contractor Exclusion Checks Policy/Procedure

Date of First Issue: January 2009	**Date of Last Revision: January 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland not to employ, contract, or otherwise do business with any individual or entity excluded from participation in federally sponsored health care program, such as Medicare and Medicaid. To avoid affiliation with any such person or entity, The Arc of Madison Cortland has established the procedures described below.

II. SCOPE

This policy and procedure applies to all current and proposed The Arc of Madison Cortland contractors and vendors. This policy also covers any other individual or entity affiliated with The Arc of Madison Cortland as deemed prudent.

III. DEFINITIONS:

A. Exclusion Check:

An Exclusion Check is a search on the following systems using the Yost Engineering Inc. website at www.yeihealthcare.com to determine if an individual or entity's name appears on any list.

(1) The Office of Medicaid Inspector General (OMIG)[2]

(2) The Office of Inspector General's List of Excluded Individuals/Entities (OIG LEIE)[3]

(3) The U.S. System for Awards Management Excluded Parties Listing Systems (SAM EPLS)[4]

[2] The Office of Medicaid Inspector General (OMIG) has been established by statute as an independent entity within the New York State Department of Health to improve and preserve the integrity of the Medicaid program by conducting and coordinating fraud, waste and abuse control activities for all State agencies responsible for services funded by Medicaid.
[3] The OIG LEIE lists parties who are excluded from participating in federal healthcare programs, either directly or indirectly (as a staff member, as a vendor, as a referring physician, etc.). Bases for exclusion include program-related fraud, patient abuse, licensing board actions, and defaulting on education loans. The LEIE contains only exclusion actions taken by the OIG.
[4] SAM EPLS is the U.S. System for Awards Management Excluded Parties Listing System, a combined effort of over 50 federal agencies. The EPLS list consists of parties excluded from doing business with the Federal government, including healthcare programs received Federal funding or reimbursement. It lists parties that have

B. Ineligible Person/Vendor:

For the purpose of this policy, an Ineligible Person/Vendor is an individual or entity that is listed on the OMIG List of Excluded Individuals/Entities, the OIG LEIE Excluded Parties List System, and/or the SAM EPLS List of Excluded Medicaid Providers.

C. Vendor:

A vendor is an individual or business with whom The Arc of Madison Cortland enters into a purchase agreement or contract. A vendor is a seller, salesperson, merchant, retailer, wholesaler, dealer, trader, buyer, or contractor.

IV. **PROCEDURE:**

Vendor Exclusion Check Procedure:

Any vendor/contractor wishing to enter into a contract with The Arc of Madison Cortland is required to have an Exclusion Check completed to certify it is not an Ineligible Vendor.

If a vendor is not currently in our Accounts Payable system, the top portion of Form # 1282 is completed and sent to the Accounts Payable Clerk to conduct the Exclusion Check. In the event the Accounts Payable Clerk is unavailable, the Operations Accountant will conduct the search.

The Exclusion Check provides a list of all vendors excluded from receiving Medicaid funds. Vendor's whole name or a portion of the name can be entered and searched. The results are displayed for any possible matches. Any similarities that come up can be verified by name, address and ID number or Social Security Number.

The search results are then printed and a copy is returned to the employee requesting the search to be included with the Purchase Order and supporting documents. Another copy is kept on file in the Accounting office.

On a monthly basis, an Exclusion Check is conducted on all existing vendors through Yost Engineering Inc. (YEI).

Purchase Orders shall contain a statement of terms and conditions when conducting business with The Arc of Madison Cortland.

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been barred from any federal program participation due to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct.

The Arc of Madison Cortland

New Vendor Notification/Exclusion Check

Requested By: _____

Date: _____

Vendor Information:

Vendor Name or DBA: _____

Legal Owner(s): _____

Address: _____

City/State: _____

Legal Designation (sole proprietor, partnership or corporation): _____

If corporation, list state of incorporation: _____

Vendor's Federal Tax ID or SS #: _____

Phone #: (____) _____ Fax #: (____) _____

Contact Person: _____

Products to be provided: _____

_____

_____

_____

To be completed by Accounts Payable Clerk or Operations Accountant

Verification:

OMIG: search date _____
SAM EPLS: search date _____
OIG LEIE: search date _____

Vendor Eligible YES _____ NO _____

Completed by: _____ Title: _____
Date: _____

Form # 1282
Jan 2015

Procedure Title	Disclosure of Outside Employment and/or Related Employee			
Applicable Program(s) or Department(s)	All Programs/Departments		Originating Department	Compliance
Purpose:	Provide clarification on the disclosure of outside employment and/or relationship with another who is employed by the Arc of Madison Cortland			
Responsible Party/Parties:	Training Department, Hiring Managers, Human Resources			
Date of First Issue:	January 2012	Revision Date(s):	June 2012, January 2015	
Regulation/Quality Standard Reference:	Best Practice			

Policies and Form(s) Associated with this Procedure:

- Form #842 Employee Disclosure Statement

Procedure

A. **New Employees:**

During orientation, all new hires will be presented with the Employee Disclosure Statement form and directed to complete if:

1. They have any job in addition to the one at the Arc of Madison Cortland. In addition, new hires will be informed that if at any time they take another job or become aware of any situations listed on the Employee Disclosure Form they must complete the form with the updated information. This includes private work for a family which receives services from the Arc of Madison Cortland.
2. They have a relative working for or receiving services from the Arc of Madison Cortland. (The employment of qualified relatives of employees is permitted as long as such employment does not, in the opinion of the Agency, create actual or perceived conflicts of interest).

B. **Current Employees:**

Once per quarter, managers should present the form to employees during a staff meeting and remind them of their obligation to complete the form if they have additional employment or relatives working at the agency. Employees should be told that disclosures should be made as soon as they are known. Agency employees shall notify their supervisor using this form. The Supervisor shall then forward the form to the Human Resources Department.

Definitions

Outside Employment: Any situation in which a person works for an accepts wages from an individual or entity other than the Arc of Madison Cortland. This includes positions at competing human service agencies, positions at entities that are not in the human service field, as well as "under the table" situations.

Relative: For this policy, "relative" is a spouse, domestic partner, child, parent, sibling, grandparent, grandchild, uncle, aunt, first cousin or corresponding in law or step relation.

The Arc of Madison Cortland
DISCLOSURE STATEMENT
ALL EMPLOYEES

Employee Name ***(Please Print)***: _____ Dept. #: _____

Program: _____ Job Title: _____

Employees are permitted to hold outside employment if it does not interfere with their attendance and/or job performance and does not represent a conflict of interest. Furthermore, the Agency permits the employment of qualified relatives of employees as long as such employment does not, in the opinion of the Agency, create actual or perceived conflicts of interest. For this policy, "relative", is a spouse, domestic partner, child, parent, sibling, grandparent, grandchild, uncle, aunt, first cousin or corresponding in law or step relation.

Agency employees shall notify their Supervisor using this form. The Supervisor shall then forward the form to the human resources department.

Type of Situation (please check one):

[ ] Another job in addition to your employment at The Arc of Madison Cortland
[ ] Private work for a family which receives services from The Arc of Madison Cortland
[ ] "Relative" is an employee of The Arc of Madison Cortland
[ ] "Relative" receives services from The Arc of Madison Cortland

Please fully describe the above situation in the space provided below. Be sure to include the name(s) of any employer, client, etc., and a brief description of the work or services that you perform for the employer(s) or client(s). Also, if you are disclosing outside employment please indicate Hours of Work.

_____
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_____

I understand that should I experience a change in status, I am required to complete and submit a new disclosure statement **prior to** engaging in the new situation or as soon as I become aware of a situation which is covered by Agency Policy.

_____ _____
Employee Signature Date of Signature

The Arc of Madison Cortland
Corporate Compliance Plan

Child Abuse Policy for Employees, Volunteers and Interns

Date of First Issue: January 2012	**Date of Last Revision: Jan 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland to comply with all laws, rules and regulations governing the employment of personnel and use of volunteers in the operation of programs for persons with developmental disabilities. This policy has been adopted to comply with the New York Mental Hygiene laws and the New York State Office of Persons with Developmental Disabilities ("OPWDD") regulations addressing child abuse reporting.

II. SCOPE

This policy applies to all employees, volunteers and interns who will have regular and substantial contact with children served, as established in this policy. Because our workforce is often redeployed and cross-trained between adults and children, all employees who have regular and substantial contact with all individuals served will be checked against the State Central Register for Child Abuse.

III. PROCEDURE

Child Abuse Checks

1. Applicability. All employees and volunteers who fall under a need for a Criminal Background Check will be included in State Central Register screening:

    a. Employees. The Arc of Madison Cortland has determined that the following positions have the requisite contacts and, thus, require a criminal history record check:

        (1) Direct care services staff in the following settings:
            - Residential facilities (ICFs, CRs and IRAs);
            - Home and community-based waiver habilitation services (including residential habilitation, respite, day habilitation, supported employment and pre-vocational services);
            - Sheltered workshops;
            - Family Support services;
            - Recreational services;

- Authorized demonstration programs (e.g., NYS-Options for People Through Services (NYS-OPTS)
- Family Care families (including members over 18)

(2) Individuals providing line or onsite supervision of direct care staff;

(3) Individuals providing transportation services, whether driving or accompanying clientele while they are being transported;

(4) Job coaches (or equivalent) providing supported employment services;

(5) Clinicians providing clinical services

(6) In a clinic treatment facility ("Article 16 clinic"), clinic treatment coordinators, medical directors and any authorized party as defined in Section 679.99 of the OPWDD regulations;

(7) Service coordinators and supervisors of service coordinators, including Medicaid Service Coordinators ("MSC") and MSC supervisors;

(8) Individuals whose work assignment location is at a certified site at least some of the time that persons are receiving services.

b. Current Employees Assuming a New Position. The Arc of Madison Cortland employees who currently have a position which does not involve regular and substantial contact with service recipients who will be assuming a position which does involve such contact must submit to a child abuse record check as described in this policy.

c. Ongoing Registry Checks: Biennial (once every two years) checks will be done to update records for all employees and volunteers who meet the above criteria. This check will take the same form as the initial process, be initiated by the Human Resource Department, and be "batched" to the Central Register.

2. Requirements Before Submitting a Request for a State Central Register check

a. The Arc of Madison Cortland shall inform the prospective or current employee in writing that:

(1) The Arc of Madison Cortland is required to request a check/recheck of his or her clearance of the State Central Register of Child Abuse.

(2) The employee or volunteer will complete NYS Form DSS-3370, State Central Register Clearance Form.
(3) The employer (Human Resource personnel) will submit completed form to the State Central Register via secure communication.

b. Results of Central Register Check

(a) The State Central Register will respond to the clearance request by notifying The Arc of Madison Cortland that the Register does/does not find the person (s) screened to be the subject of an indicated report of child abuse or maltreatment as defined under the limitation of Section 424-a of the NYS Social Services Law.
(b) If an applicant /current employee who is screened is found to be the subject of an indicated report, the State Central Register will forward notice of this finding to the subject at his or her home address, as well as to the provider agency.
(c) If an applicant/current employee who is screened is not found to be the subject of an indicated case of child abuse or maltreatment, a response will be forthcoming within 10 days of receipt of the clearance form.
(d) To allow services to continue, all employees & volunteers will be allowed to work prior to clearance as long as they do not have regular and substantial contact with children.

3. No indication:
(1) Employee/volunteer will be cleared to have regular and substantial contact with children.
4. Indication:
(1) When an applicant/employee/volunteer is found to be the subject of an indicated case of child abuse and maltreatment, a letter of notification will be sent by the Register to both The Arc of Madison Cortland and the applicant/employee/ Volunteer. No more information will be included in this initial letter.

- The Arc of Madison Cortland will attempt to obtain a written report of the reason for the indication, which can only be released upon the written authorization of the applicant/employee/volunteer. This release, along with the request for the report, will be forwarded to the Register by the Human Resource Department.

    (a) If the applicant/employee/volunteer refuses, the department may
        (i) Deny an offer of employment,
        (ii) Rescind an offer of employment,
        (iii) Terminate
        (iv) Discipline
        (v) Assure no regular and substantial contact with children occurs

    (b) If the applicant/employee/volunteer allows the report to be obtained, HR will process. Depending on outcome the department head will determine whether to retain, or take administrative action. (termination, disciplinary action, reassignment, transfer, not be allowed to work in programs that serve children) This action will depend on:
        (a) Contents of the Register report
        (b) Seriousness of the event
        (c) Harmful effect to the children
        (d) Ages of both the applicant/employee/volunteer and the children at the time of the event
        (e) Elapsed time since occurrence

    (c) Only the authorized parties (HR, program department head) shall have access to the Register report received by The Arc of Madison Cortland. Records must remain in a separate, confidential file in the HR office. As stated by NYS law, “any person who willfully permits or encourages the release of such data, with identifying information, to persons or agencies not authorized by the Child Abuse Prevention Act, is subject to prosecution for a Class A Misdemeanor”.

The Arc of Madison Cortland
Corporate Compliance Plan

Response to Detected Offenses

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

The Arc of Madison Cortland is committed to serving its' clientele by following all applicable laws and regulations. To this end, The Arc of Madison Cortland will respond to reports of violations of the compliance plan and any detected failures to comply with federal and state laws. We will investigate whether or not a violation has occurred, what disciplinary action should be taken, and what corrective actions will be put in place to prevent a similar occurrence.

II. RESPONSIBLE PARTY

The CO will have primary responsibility for initiating and overseeing any and all investigations relative to potential violations of the compliance plan and determining which investigations require the attention and/or a final review by the Compliance Oversight Committee.

The Compliance Oversight Committee (COC) will evaluate and conduct final reviews and determinations relative to investigations brought before it by the CO. Decisions to involve *legal counsel* will be made by this committee.

III. DEFINITIONS

Legal counsel is an attorney or law firm that specializes in the practice of health care law in which the agency seeks counsel. The decision to consult or involve legal counsel is made by the Compliance Oversight Committee.

Violation of the Compliance Plan is any action of an employee, member of the Board of Directors, individual under contract, or volunteer deemed to place the agency at risk through non-adherence of the compliance plan as communicated through compliance standards and policy.

I. PROCEDURE FOR RESPONDING TO A DETECTED OFFENSE

The CO will implement and prioritize processes by which grievances brought to her/his attention will be investigated and resolved. Those called upon to assist in the process are chosen at the officer's discretion. All compliance-related issues and investigations will be reported to the Compliance Oversight Committee during regularly scheduled meetings, or as necessary. Form #1414 "Response to Reported Compliance Issue" will be completed, either by the CO or CCC, and kept in a confidential file in the office of the CO. Issues and/or investigations determined by the CCC and/or CO to be of a critical nature will be reported immediately to the COC

The CCC and/or CO will be responsible to document all grievances and investigations and will retain this documentation according to Compliance Documentation Retention Policy.

The Arc of Madison Cortland
Response to Reported Compliance Issue

Type of Report

□ Suspected Violation/Misconduct □ Regulatory Inquiry □ Agency P&P Inquiry
□ Ethical Business Practice

Source of Report

□ Employee, Independent Contractor □ Vendor/Subcontractor □ Board Member
□ Service Recipient/Family Member □ Other Provider □ Other_____
□ Former Employee □ Anonymous

Mode of Contact

□ Report to Supervisor □ Hotline □ Email
□ Telephone Message □ Walk-In □ Staff Meeting
□ Compliance Training □ Letter or Note □ Compliance Officer
□ Letter to Board or CEO/Executive Director

Summary of Issue

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Follow Up

Reported to Compliance Officer By: _____ Date: _____ Time: _____

Reported to CEO/Executive Director: _____ Date: _____

Reported to Compliance Oversight Committee Date: _____

Reported to Board of Directors Date: _____

Actions Taken

□ Immediate response provided

□ Researched regulations

□ Researched agency P & P

□ Internal investigation initiated;
Assigned to/date: _____

□ External investigation;
Entity/Date: _____

□ Referred to legal counsel
Name/Date: _____

□ Responded to reporter; Date: _____

Summary of Action Taken

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Final Disposition by Compliance Officer

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Completed By

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Compliance Officer Name *(print)* Signature Date

#1414 (5/12)

The Arc of Madison Cortland
Corporate Compliance Plan

Response to Warrants and Subpoenas

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

The Arc of Madison Cortland (the "Chapter") is committed to full compliance with any lawful subpoena. Employees will respond in a professional and consistent manner and will not impede the efforts to serve a subpoena. The legal implications of a subpoena are taken seriously and the Chapter will maintain standing policies and a procedure to ensure that legal counsel reviews all subpoena documents and coordinates the Chapter's response.

II. RESPONSIBLE PARTY

All ***staff*** that would have the opportunity to be placed in charge of an agency site will be trained to respond to governmental agents, subpoenas, and warrants.

The ***Executive Director, or designee***, will be contacted immediately upon the arrival of government agents.

The Executive Director will contact both the ***CO and Legal Counsel*** upon discovery of the arrival of governmental agents.

III. DEFINITIONS and PROCEDURES

Search Warrant
Search warrants allow agents to seize without advance notice original files, documents, computers, and other types of information or items from Chapter premises believed to be relevant to an investigation.

Subpoenas
An official demand for testimony or for the disclosure of documents or other information that may originate from law enforcement or administrative agencies. Subpoenas should always be reviewed immediately by legal counsel to determine and coordinate a response.

Response to a Subpoena

1. The Executive Director, or his/her designee, and the CO will be notified immediately by an employee if an investigative subpoena or search warrant, (hereafter referred to as 'documents'), are received. This procedure will be consistently followed for documents received via courier (U.S. Mail, FedEx, UPS, etc.), or personally served on-site by a government agent.

2. If a government agent presents himself or herself to a Chapter employee, the employee will request to see the agent's official identification. The employee could also request the agent's business card to determine the agent's full identity including agency, local agency address and telephone number.

3. The Executive Director, designee, and/or Compliance Officer will immediately contact Legal Counsel to determine the action to be taken.

Response to a Search Warrant

1. The procedure for Responding to a Subpoena *(see above)* will be followed.

2. The Chapter will designate the following individuals to serve on a Chapter Search Warrant Response Team:

    a. Executive Director, or designee
    b. Assistant Executive Director
    c. Compliance Officer

3. The agent(s) executing the search warrant shall be requested to delay execution of the warrant until members of the Search Warrant Response Team, (hereafter referred to as 'Team'), are notified or arrive on location of the facility in which the warrant is being executed. In the absence of the Executive Director, the designee and remaining members of the task force will ensure that the provisions of this policy are carried out.

4. The Executive Director, or designee, will notify the Board of Directors, Legal Counsel, and Public Relations.

5. The Team will:
    a. Request to see the agent's official identification and all identification of the agent's team.
    b. Determine the name and contact information of the prosecuting attorney who authorized the search warrant.
    c. Request to view and photocopy the search warrant document and the supporting affidavit filed with the court. (The agent may not be required to produce the affidavit).
    d. Attempt to determine the nature of the investigation that caused the issuance of the warrant.

e. Request that the search be conducted with a minimal amount of disruption to the business office and the delivery of care to Chapter clients.

6. If Legal Counsel is not available by telephone, request a delay in the execution of the warrant until the response team has an opportunity to consult with counsel. The Arc of Madison Cortland does not have the right to have counsel present or discuss the warrant with counsel before the search is conducted. This request may be denied.

7. Employees working in the search area should be sent to another area so as not to impede the search.

8. All employees and members of the Team will cooperate with the search. However, they will not:
    a. Consent to expansion of the search beyond the scope of the warrant
    b. Offer advice on where to find items
    c. Engage the agents in casual conversation

9. Team responsibilities will include:
    a. Performing duties as directed by Legal Counsel
    b. Remain present throughout the entire search but not interfering with the search activities. All details of the search including areas searched, requests of statements made of the agents, questions asked, and all materials photocopied or confiscated will be documented.
    c. Obtain a detailed inventory of what is seized by the agent.
    d. Request to photocopy all records, diskettes, and hard drives that are seized.
    e. Refer all questions to Legal Counsel other than directing agents to information requested.

10. Public Relations will coordinate information provided to the media and Chapter employees. Legal Counsel will coordinate all issues related to the search warrant.

The Arc of Madison Cortland
Corporate Compliance Plan

Response to Government Audits or Inquiries

Date of First Issue: May 2005	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

It is the policy of The Arc of Madison Cortland to cooperate with any government and regulatory agency audits and investigations. The Arc of Madison Cortland employees will appropriately respond to any official requests for information and expeditiously inform the Executive Director, or designee, of all inquiries by any outside agency.

II. RESPONSIBLE PARTY

All ***staff*** that would have the opportunity to be placed in charge of an agency site will be trained to appropriately respond to government inquiries and audits.

All ***staff*** that would have the opportunity to receive US Mail from governmental or regulatory agencies will be trained on the types of documents that, when opened, trigger an immediate reporting to the Executive Director and the CO.

The ***Executive Director, or designee***, will be contacted immediately upon receiving information of a government audit, or inquiry. (Scheduled and/or unscheduled).

The Executive Director will contact the ***CO, COC, Board of Directors President, and Legal Counsel*** (if appropriate), upon either notification of a scheduled or unscheduled government audit or inquiry.

III. PROCEDURE

Scheduled or Announced Visits

1. All employees must inform their immediate supervisor upon learning of an impending visit. The supervisor will notify the Executive Director or designee.

2. The Executive Director or designee will notify the CO, and Legal Counsel, if appropriate.

3. The CO will designate a Director-level employee with the responsibility of day-to-day oversight of the audit or inquiry. The designated employee will report to the CO per his/her direction.

4. Any further correspondence and/or direction received from the government agency will be reported immediately to the CO.

5. The CO will maintain and secure a central file containing all applicable information, official reports, and correspondence relative to the inquiry and/or audit.

6. The CO will report to the Executive Director at his/her discretion, and to the Compliance Oversight Committee when necessary.

Unscheduled or Unannounced Visits

1. An employee who is approached by an agent of an oversight and/or government agency will direct him/her to their immediate supervisor. If the immediate supervisor is not available, the government agent will be directed to the Executive Director, or designee, or the CO. Any government agent arriving at a facility or agency site will be treated with respect and courtesy. They should also be asked to produce identification.

2. Employees have the right to decline to be interviewed by a government agent until they have had an opportunity to seek legal counsel or other advice.

3. Management may not prohibit employees from speaking to government agents or investigators, however, they may advise employees that they have the right to refuse until they have had an opportunity to seek legal counsel or other advice.

4. If an employee chooses to be interviewed, they may:
    a. Request that the interview occur at work facilities during business hours
    b. Request to have an attorney or someone else present as a witness
    c. Request to know the full identity of all persons interviewing them
    d. Inquire as to the purpose of the interview
    e. End the interview at any time without providing a reason
    f. Decline to answer questions
    g. State that they do not know the answer to a question if that is the case. An employee should always answer questions truthfully.

5. Employees should be encouraged to report any off-site visits from government investigators to their immediate supervisor(s), or the CO. If the immediate supervisor is advised, he/she should report it to the CO.

The Arc of Madison Cortland
Corporate Compliance Plan

Detecting and Responding to Violations; Voluntary Disclosure

Date of First Issue: September 2007	**Date of Last Revision: Jan 2009, Jan 2015**

I. POLICY

The Arc of Madison Cortland will respond appropriately to violations of law, regulations and its' Corporate Compliance Plan to protect The Arc of Madison Cortland and to continue to improve upon its' reputation as a reliable and trustworthy organization.

II. SCOPE

This policy shall apply to actions taken in response to identification of violations of applicable law, regulations and The Arc of Madison Cortland Corporate Compliance Plan.

III. PROCEDURE

A. Identification of a Violation

If the CO, and/or the Compliance Oversight Committee confirm that a violation of the Corporate Compliance Plan or an applicable state or federal law or regulation has taken place, then the CO shall discuss the violation with the COC and legal counsel, as appropriate to determine the proper response to the violation. Violations may be identified through various avenues, including but not limited to: voluntary disclosures by employee; calls to the Corporate Compliance Hotline; self-auditing and monitoring; outside investigations by consultants, government agencies or accrediting bodies; and any other means.

The CO shall coordinate The Arc of Madison Cortland's response to a violation by evaluating each violation and promptly implementing action consistent with the following:

- √ Development and implementation of a Corrective Action Plan;
- √ Prompt notification to the Compliance Oversight Committee of the violation;
- √ Disclosure to state or federal regulatory agencies, if applicable, upon consultation and recommendations of legal counsel;
- √ Making restitution of any overpayments to the appropriate payer (e.g., a commercial health plan, a government payor or an individual or their family)

B. Development of a Corrective Action/Prevention Plan

The Department Manager shall provide input to the development of an appropriate Corrective Action Plan; however, final approval shall be made by the CO, Compliance Oversight

Committee, Executive Director or Board of Directors, depending on the scope and severity of the violation.

Corrective Action/Prevention Plans will be stated in measurable terms with progress monitored on a monthly or quarterly basis, as appropriate. The Corporate Compliance Officer is responsible for ensuring that the Corrective Action/Prevention Plans are followed and that feedback is provided to the area or department manager on the plan progress.

Elements that may be included in a Corrective Action/Prevention Plan include, but are not limited to: disciplinary action against employees and independent contractors responsible; revising or developing policies and procedures in response, or training specific to the violation.

The Corporate Compliance Officer will present progress reports on Corrective Action/Prevention Plans to the Corporate Compliance Committee during their regularly scheduled meetings with a copy to the Board and the Executive Director. Upon request by the Board, the Corporate Compliance Committee or the Executive Director more frequent updates may be submitted.

C. Voluntary Disclosure of Violations

The CO, in consultation with the Executive Director and the Compliance Oversight Committee, will evaluate the violation to determine if a voluntary self-disclosure of the violation is appropriate. The CO will consult with legal counsel on the notification of appropriate government officials, private payors or other entities in the event of a violation where voluntary disclosure of the violation may be appropriate. Notification shall be made within a reasonable period after discovering the violation and may include the restitution of monies paid by the applicable state or federal agency, payor or other entity.

D. Documentation of Corrective Action

Documentation should reflect every effort by The Arc of Madison Cortland to comply with applicable statutes, regulations, and federal healthcare program requirements.

The Arc of Madison Cortland
Corporate Compliance Plan

Self Disclosure

Date of First Issue: January 2012	**Date of Last Revision: January 2015**

V. POLICY

The purpose of this policy is to establish the process for the identification and timely reporting and return of identified overpayments as required under Section 6402 of the federal Patient Protection and Affordable Care Act (PPACA).

Effective March 23, 2010, PPACA establishes an obligation for providers to report and returned identified Medicaid or Medicare overpayments. Specifically, an overpayment must be reported and returned within 60 days after the date on which the overpayment was identified or the date any corresponding cost report is due, whichever is later. Overpayments retained beyond the applicable 60 day period can result in the imposition of triple damages and monetary penalties under the False Claims Act if there is a knowing and improper failure to return the overpayment.

"Overpayment" is defined under PPACA as "any funds that a person receives or retains under title XVII (Medicare) or title XIX (Medicaid) to which the person, after applicable reconciliation, is not entitled under such title". Overpayments include, but are not limited to findings of incorrect coding, insufficient or lack of documentation to support billed services; lack of medical necessity, or duplicate payment.

VI. SCOPE

This policy applies to overpayments identified during routine compliance monitoring activities including internal audit activities or compliance investigations. This policy also applies to overpayments discovered by other internal or external sources where the overpayment has been verified and confirmed by The Arc of Madison Cortland.

VII. PROCEDURE

A. Process for Identifying Overpayments

1. Any employee/vendor/contractor who has reason to suspect that The Arc of Madison Cortland may have received reimbursement it should not have received must report the reasons for this suspicion to the compliance officer.
2. All reasonably suspected overpayments will be carefully investigation, beginning immediately upon their being reported to the compliance officer.
3. Once The Arc of Madison Cortland is reasonably certain an overpayment has occurred and is reasonably certain of the overpayment amount, the overpayment has been identified.

4. The amount of the overpayment shall be calculated, reported, and repaid not more than 60 days after the overpayment is identified.

B. Process to Report and Return Overpayments

1. **Medicaid**. In the case of a Medicaid overpayment, The Arc of Madison Cortland must determine whether the repayment warrants a self-disclosure to the Office of the Medicaid Inspector General (OMIG) or whether the overpayment can be handled by way of a void or adjustment through an existing billing processes. When evaluating the appropriate course of action, The Arc of Madison Cortland will consider any self disclosure guidance issued by the OMIG including the following factors: the exact issue, the amount of money involved, whether the error resulted for a systemic issue and whether the overpayment is attributable to intentional misconduct.

    a) *Self disclosure*. If it is determined that a self disclosure is necessary, the overpayment must be submitted following the process identified by the New York State Office of the Medicaid Inspector General (attached).[5] Depending on the scope of the problem and the amount of the overpayment, The Arc of Madison Cortland may choose to consult with legal counsel before submitting a self disclosure. NYSARC state office compliance staff must be notified of any self disclosures made by The Arc of Madison Cortland.

    b) *Voids/Adjustments*. If it is determined that the overpayment was the result of a clerical or other minor error, the overpayment may be returned via an existing claim void/adjustment process.

2. **Medicare**. Medicare overpayments shall be returned to the Medicare Contractor that paid the claim, at the address identified by the Contractor.

3. **Other Payers**. Overpayments from other payers shall be returned in the manner and at the address specified by the payer.

[5] Overpayments identified in connection with an OPTS contract must be processed through either the local DDSO or OPWDD.

NYS Office of Medicaid Inspector General (OMIG)
Self-disclosure Submission Guidelines

A self-disclosure submission requires both a letter and an Excel file of Medicaid claims involved.

Letter

- Complete description of circumstances surrounding the disclosure including:
  ___ Provider name
  ___ Provider type
  ___ Medicaid ID and NPI number of the billing provider
  ___ Service provided
  ___ Methodology of documenting and billing the service
  ___ The error that occurred
  ___ How the error was found
  ___ Any relevant facts including total amount billed and amount of overpayment by Medicaid
  ___ Identify the time period the claims encompass and why the search was not expanded beyond that period. Note: Claims with dates of service older than six years from the date of overpayment discovery are not subject to audit or self disclosure.
  ___ Actions taken to stop the error and prevent reoccurrence
  ___ Personnel involved in the error occurrences, those who discovered the problem, and those involved in rectifying the problem.
  ___ Legal and Medicaid program rules implicated
  ___ Name, phone number, and both correspondence and email addresses of the disclosure contact person

Excel file of claims

- Enclose a CD containing a password-protected Excel file of applicable claims billed to Medicaid. You may also submit this vile via email, but you're responsible for ensuring successful receipt at OMIG. Please notify OMIG of the password via email or phone call.
- Data needed for each claim line is as follows:
  ___ If possible, please provide Claim Reference Number (CRN) or Transaction Control Number (TCN)
  ___ Name of provider
  ___ Medicaid ID or NPI number of billing provider
  ___ Medicaid group ID number (applicable if only submitted on claim)
  ___ Name of Medicaid patient
  ___ Medicaid ID of patient (8 characters)
  ___ Date of service (**not the date billed**)
  ___ Rate or procedure code
  ___ Amount paid to provider by Medicaid including retroactive adjustments
  ___ Amount paid by Medicare or any other third party if applicable
  ___ Amount overpaid by Medicaid

Please do not send a check for overpayment or void/adjust your claims. If you have already done so, please note this in your disclosure letter. Our process will be adjusted accordingly.

After OMIG review of all disclosure submission material, you will be sent a final letter indicating the overpayment dollar amount and the procedure for remitting payment. If the submitted claim does not materially match OMIG's payment data, you will be contacted before a final letter is issued. All self-disclosure correspondence and Excel file of claims should be sent to:

NYS Office of Medicaid Inspector General Division of Medicaid Audit – Self-disclosure
800 North Pearl St.
Albany, NY 12204-1822

If any questions, please email to SelfDisclosures@omig.ny.gov or call 518-473-3782 and request self-disclosure assistance.

Resolution Adopted by the Board of Governors of NYSARC, Inc.
Requiring the Reporting of Significant Compliance Events

WHEREAS, NYSARC, Inc. (hereinafter, "NYSARC") is a not-for profit corporation organized under the laws of the State of New York; and

WHEREAS, the Board of Governors of NYSARC by resolution dated October 15, 2001 adopted policies with respect to the corporate compliance programs of NYSARC and its Chapters; and

WHEREAS, the October 15, 2004 resolution directs the NYSARC state office, working in conjunction with the Legal Committee and the Corporate Compliance Committee, to systematically assess each Chapter to ensure that corporate compliance programs are effectively implemented; and

WHEREAS, providers of services reimbursed by Medicaid are facing unprecedented scrutiny by federal and state agencies intended to uncover "fraud, waste and abuse", and

WHEREAS, NYSARC and its Chapters are collectively dedicated to the ongoing adoption of policies and internal controls that will promote adherence to our ethical standards, compliance policies and procedures and the state and federal laws and regulations governing the services we provide;

BE IT RESOLVED, that the Board of Governors of NYSARC hereby:

1) Directs each Chapter to report to NYSARC state office compliance staff every occurrence or discovery of an internal matter that results in a self-disclosure or referral to a state or federal oversight or regulatory agency or body including but not limited to a self-disclosure or referral to the NYS office of Medicaid inspector General (OMIG) or the Medicaid Fraud Control Unit (MFCU) of the NYS Attorney General's Office. The notification to NYSARC compliance staff must be contemporaneous with the date of the self-disclosure or referral and must include a copy of the self-disclosure letter or other documentation. If no written self-disclosure documents exist, the notification to NYSARC must include a summary of the events as described to the state or federal agency;

2) Directs each Chapter to provide notification to NYSARC state office compliance staff of any correspondence, or on site visit, from a state or federal regulatory or oversight agency (or contractor of such agency) demonstrating such agency's intent to audit or investigate a program or service offered by the Chapter. Such audits or investigations include but are not limited to those undertaken by the NYS OMIG, the NYS Attorney General, the NYS Comptroller's Office, the federal or state Department of Labor, the state or federal Inspector General, the Internal Revenue Service, the federal Department of Health and Human Services, the Centers for Medicare & Medicaid Services, NYS OPWDD, the NYS Department of Health, or the NYS Department of Education. The notification to

state office compliance staff must include a copy of the entrance conference letter or similar document and any subsequent draft or final audit reports issued by the state or federal agency and the Chapter's response(s) to such audit reports. The notification requirements contained in this paragraph do not apply to routine program recertification reviews conducted by OPWDD Division of Quality Assurance;

3) Directs each Chapter's Corporate Compliance Officer to notify NYSARC's State Office compliance staff, after a reasonable investigation by the Chapter (the duration of which shall not exceed 60 days), of any matter where there is a substantial reason to believe that a Chapter director, officer, or executive manager has permitted or engaged in an a actor o patter of actions which may constitute fraud, breach of fiduciary duty, or violate any other applicable criminal or civil duty imposed by statue, rule, regulation or common law. No Chapter may impose disciplinary or other action against a Compliance Officer in retaliation for making a good faith report in connection with this paragraph.

IN WITNESS WHEREOF, I have set my hand and seal of NYSARC, Inc., as of the 5th day of November 2011.

Maryann Bruner
Secretary

The Arc of Madison Cortland
False Claims Act

Date of First Issue: August 2007	**Date of Last Revision: August 31, 2007, Jan 2015, Jan 2017**

II. POLICY

The Arc of Madison Cortland is committed to prompt, complete and accurate billing of all services. The Arc of Madison Cortland and its employees, health care contractors and agents shall not make or submit any false or misleading entries on any bills or claim forms, and no employee, health care contractor or agent shall engage in any arrangement or participate in such an arrangement at the direction of another person, including any supervisor or manager, that results in such prohibited acts.

Further, it is the policy of The Arc of Madison Cortland to detect and prevent fraud, waste and abuse in federal and state healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812), the Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119), the New York State False Claims Act (State Finance Law §§187-194) and other New York State laws concerning false statements or claims and employee protections against retaliation. This policy also sets forth the procedures The Arc of Madison Cortland has put into place to prevent any violations of federal or New York State laws regarding fraud or abuse in its health care programs.

II. SCOPE

This Policy applies to all board members and employees, including management, and all contractors and agents.

III. RELEVANT LAWS

A. Federal False Claims Act (31 U.S.C. §§ 3729 – 3733).

1. Overview. The False Claims Act is one of the laws the Government uses to prevent and detect fraud, waste and abuse in federal health care programs. The False Claims Act establishes liability for any person "knowingly" submits a false claim either (1) directly to the Government or (2) to a contractor or grantee of the Government, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest. A violation of the False Claims Act can result in a civil penalty between $10,781 and $21,563 for each false claim submitted, plus up to three times the amount of the damages sustained by the Government due to the violation(s). The False Claims Act defines "knowingly" to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or

(3) acts in reckless disregard of the truth or falsity of the information. Specifically, the False Claims Act may be violated by the following acts:

a. Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval;

b. Knowingly making or using, or causing to be made or used, a false record or statement material to a false claim;

c. Conspiring to commit a violation of the False Claims Act; or

d. Knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay money or transmit property to the Government or knowingly concealing or avoiding or decreasing an obligation to pay money or transmit property to the Government.

2. Applicability. Among other things, the False Claims Act applies to claims submitted for payment to federal health care programs, including Medicare and Medicaid.

3. Examples. A few examples of actions that violate the False Claims Act include knowingly:

- Billing for services that were not actually rendered;
- Charging more than once for the same service;
- Billing for medically unnecessary services; and
- Falsifying time records used to bill Medicaid.

4. Methods of Enforcement. The Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the False Claims Act. If a Relator brings an action under the False Claims Act, the Government has a period of time to investigate the allegations and decide whether to join the lawsuit. If the Government elects to join the lawsuit, the Relator is entitled to 15-25% of any recovery. If the Government elects not to join the lawsuit, the Relator may still proceed with the action and is entitled to 25-30% of any recovery.

5. Employee Protection. The False Claims Act prohibits discrimination by The Arc of Madison Cortland against an employee, contractor or agent for taking lawful actions in furtherance of an action under the False Claims Act. Under the False Claims Act, any employee, contractor or agent who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee, contractor or agent whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorneys' fees.

B**. Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812).** The Program Fraud Civil Remedies Act of 1986 is a federal law that provides for administrative recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. Violations of this law are investigated by the Department of Health and Human Services and monetary sanctions may be imposed in an administrative hearing setting. Monetary sanctions may include penalties of up to $10,781 ~~5,500~~ per claim and damages of twice the amount of the original claim.

C. **Patient Protection and Affordable Care Act "PPACA" (Pub. L. No. 111-148, 124 Stat. 119).** The Patient Protection and Affordable Care Act of 2010 is a federal healthcare law that through amendments expanded provisions of the Federal False Claims Act. Most significantly, PPACA expanded FCA liability for possession of overpayments (42 U.S.C.§ 1320a-7k). The law clarified that an overpayment must be reported and returned by 60 days after the date on which the overpayment was identified. Overpayments retained after the deadline are considered an obligation as defined in the FCA imposing FCA liability.

D. **New York State False Claims Laws**

1. New York State False Claims Act (State Finance Law §§187-194). The New York State False Claims Act was modeled after the Federal False Claims Act and its provisions are very similar. This Act provides that anyone who "knowingly" submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties between $6,000 and $12,000 for each false claim submitted. The False Claims Act defines "knowingly" to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information.

   The Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. In addition, the New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

2. Social Service Law §145-b. Under this section it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. In the event of a violation of this law, the local Social services district or the State has a right to recover civil damages equal to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the damages (or $5,000, whichever is greater) sustained by the government due to the violation. In addition, the Department of Health may impose a monetary penalty of up to $10,000 per violation

unless a penalty under the section has been imposed within the previous five years, in which case the penalty may be up to $30,000.

3. New York State Social Services Law § 145-c: Under this section, if any person individually or as a member of a family applies for or receives public assistant, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, then the needs of that person shall not be taken into account for determining the needs of that person or those of his or her family: (i) for a period of 6 months if a first offense; (ii) for a period of 12 months if a second offense, or upon an offense which resulted in the wrongful receipt of benefits in an amount of between $1,000 and $3,900; and (iii) for a period of 18 months if a third offense or upon an offense which resulted in the wrongful receipt of benefits in excess of $3,900, and 5 years for any subsequent occasion of any such offense.

4. Social Services law § 145. Under this section, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. This crime is punishable by fines and by imprisonment up to one year.

5. Social Service Law § 366-b. Under this section any person who, with intent to defraud, presents for payment any false or fraudulent claim for services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which he/she is legally entitled to shall be guilty of a class A misdemeanor.

6. Penal Law Article 155. Under this Article, the crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or similar behavior. This Article has been applied to Medicaid fraud cases. This crime is punishable by fines and imprisonment up to twenty-five years.

7. Penal Law Article 175. Under this Article, four crimes relating to falsifying business records or filing a false instrument have been applied in Medicaid fraud prosecutions. These crimes are punishable by fines and imprisonment up to four years.

8. Penal Law Article 176. This Article establishes the crime of insurance fraud. A person commits such a crime when he/she intentionally files a health insurance claim, including Medicaid, knowing that it is false. This crime is punishable by fines and imprisonment up to twenty-five years.

9. Penal Law Article 177. This Article establishes the crime of health care fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly and willfully provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health care fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.

10. Labor Law §740. In addition to provisions contained in the Federal and New York State False Claim Acts, this section offers protections to employees who may notice and report inappropriate activities. Under New York State Labor Law §740, an employer may not take any retaliatory personnel action against an employee because the employee:

    - discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that is in violation of law, rule or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;
    - provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by such employer; or
    - objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

    To bring an action under this provision, the employee must first bring the alleged violation to the attention of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. The law also provides that employees who bring an action without basis in law or fact may be held liable to the employer for its attorney's fees and costs.

11. Labor Law § 741. Under this section, an employer may not take any retaliatory personnel action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gives the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs.

IV. PROCEDURE FOR IMPLEMENTATION OF THIS POLICY

A. General Principles

1. The Arc of Madison Cortland shall disseminate this policy to all its employees, health care contractors and agents regarding this Policy.

2. Billing activities are to be performed in a manner consistent with Medicare, Medicaid and other payor regulations and requirements and in accordance with The Arc of Madison Cortland's documentation/billing policies.

3. To assist in its efforts to detect and prevent fraud, waste and abuse, The Arc of Madison Cortland conducts regular audit and monitoring and review procedures as described in this Compliance Plan's Auditing and Monitoring Systems.

B. **Reporting Non-Compliance**

If a board member, employee, contractor or agent has any reason to believe that anyone is engaging in false billing practices, they shall immediately report the practice in accordance with Element 5 of this Plan – Non-compliance can be reported to management, including the Compliance Officer, and/or The Arc of Madison Cortland Compliance Hotline telephone number (1-888-762-8464)

C. **Non-Retaliation**

The Arc of Madison Cortland does not retaliate against any employee for taking any lawful action under the False Claims Act. Moreover, The Arc of Madison Cortland does not retaliate against any employee, contractor or agent for reporting any potential compliance concern.

D. **Employee Handbooks and Contractor Agreements**

This Policy shall be included in all employee handbooks and attached to any contracts with outside health care contractors or agents.

The Arc of Madison Cortland
Corporate Compliance Plan

Reporting Compliance Concerns/Whistleblower/
Anti-Retaliation & Non-Intimidation Policy

Date of First Issue: January 2015	**Revision Date(s): January 2017**

I. POLICY

Strict adherence to The Arc of Madison Cortland's Corporate Compliance Plan and Code of Conduct is vital. The Arc requires all employees, directors, officers and volunteers to promptly report any known or suspected violations of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which the Arc is governed. This Policy governs the procedure to be used by employees, directors, officers and volunteers to report compliance concerns and seeks to ensure that the Arc provides an environment that encourages individuals to report any suspected violations without fear of retaliation or retribution.

II. RESPONSIBLE PARTY

This Policy applies to all employees, directors, officers, vendors, and volunteers of The Arc of Madison Cortland. This policy must be distributed to all directors, officers, employees and volunteers who provide substantial services to The Arc. Distribution may be satisfied through posting of this policy to The Arc's website or at the corporate offices in a conspicuous location available to employees and volunteers. The Board oversees implementation of and compliance with this policy.

III. PROCEDURE

Duty to Report

Employees, directors, officers, vendors, and volunteers are required to report any known or suspected violations of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which The Arc of Madison Cortland is governed to their supervisor, manager, the Corporate Compliance Officer or through The Arc of Madison Cortland's Compliance Hotline.

Reporting through the Arc of Madison Cortland's Compliance Hotline

Employees, directors, officers, vendors, and volunteers may report their compliance concerns confidentially to The Arc of Madison Cortland's Compliance Hotline. The Compliance Hotline telephone number is 1-800-401-8004. Hotline reports can also be submitted via website: http://www.lighthouse-services.com/madisoncortlandarc. Callers to the Compliance Hotline may make reports anonymously. No caller will be required to disclose his or her identity and no

attempt will be made to trace the source of the call or identity of the caller when the caller requests anonymity.

If a caller has revealed his or her identity, confidentiality will be maintained to the extent practicable and allowed by law. Callers should be aware, however, that it may not be possible to preserve anonymity if they identify themselves, provide other information which identifies them, the investigation reveals their identity or they inform people that they have called the Compliance Hotline. Callers should also be aware that The Arc of Madison Cortland is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.

The Compliance Hotline telephone number and website shall be visibly posted in a manner consistent with employee notification in locations frequented by The Arc employees, directors, officers, and volunteers.

Confidentiality of Reports

The Arc of Madison Cortland will attempt to treat all reports made under this policy confidentially and to protect the identity of the individual who has made a report to the maximum extent possible consistent with fair

Tracking/Investigations of Reports

The web-based secure Case Management system associated with the Arc of Madison Cortland's hotline will be the mechanism used to track all reports, including those that were submitted from sources other than the Hotline.

The Compliance Officer or designee shall conduct an investigation in accordance with our compliance plan.

The Compliance Officer shall prepare a report to the Compliance Committee at least annually summarizing incidents reported, investigatory findings and any corrective actions taken.

The person who is subject of the whistleblower complaint may not be present or participate in board or committee deliberations or vote on the matter relating to the complaint (except that nothing prohibits the person from providing background information or answering questions before deliberations/voting begin).

Non-Retaliation/Non-Retribution

General Principles

The Arc of Madison Cortland will not impose any disciplinary or other action in retaliation, including intimidation, harassment, and discrimination, against individuals who make a report or complaint in good faith regarding any action or suspended action taken that the individual believes may violate the Arc of Madison Cortland's Corporate Compliance Plan, Code of

Conduct, its Compliance Policies, or any of the laws, rules or regulations by which we are governed. "Good faith" means the individual believes the potential violation actually occurred as he or she is reporting it.

All employees, directors, officers, vendors, and volunteers of The Arc of Madison Cortland are strictly prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation or retribution against any individual for reporting his or her concerns relating to a possible violation of The Arc's Corporate Compliance Plan, Code of Conduct, its Compliance Policies or any of the laws, rules or regulations by which The Arc of Madison Cortland is governed.

The non-retribution/non-retaliation provisions of this Policy do not permit employees, directors, officers, or volunteers to avoid the consequences of their own wrongdoing by reporting such wrongdoing. Disciplinary actions taken against an employee, director, officer, or volunteer who reports his or her own wrongdoing will be a result of the wrongdoing itself, not the reporting of such wrongdoing and, therefore, are not to be considered retaliation or retribution. Self-reporting may, however, be taken into account in determining the appropriate disciplinary action to be taken.

Reporting Complaints

If an employee, director, officer, or volunteer believes in good faith that he or she has been retaliated against for initiating a report or complaint or for participating in any investigation related to such report or complaint, then The Arc employee, director, officer, or volunteer should report the retaliation to his or her supervisor, manager, the Corporate Compliance Officer or the Compliance Hotline as soon as possible. The report should provide a thorough account of the incident(s) and should include names, dates of specific events (if available), the names of any witnesses and the location or name of any document in support of the alleged retaliation.

The compliance officer or appropriate designee will conduct a thorough and objective investigation of the incident(s).

Adverse actions in retaliation for an employee's report or complaint may result in discipline, up to and including termination.

Discipline

Any disciplinary action for violation of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which The Arc of Madison Cortland is governed shall be imposed in accordance with The Arc's Discipline and Incentive Program Policy.

In the event an employee makes a frivolous, malicious or knowingly false report or complaint under this Policy, the employee will be subject to appropriate discipline, up to and including termination**.**