

The Arc Jefferson-St. Lawrence New York	POLICY #: 304	REVISION #/DATE: No. 4      08/14
BOARD APPROVAL DATE: N/A	DATE ISSUED: 7/01, 06/05, 11/08	EFFECTIVE DATE: 07/02
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The Ethics Helpline is one aspect of the agency’s Corporate Compliance Plan. It does not replace other agency reporting practices that are outlined in the Administrative Manual, nor does it replace the long standing practice of following the chain-of-command.

Contacts to the Ethics Helpline would generally be concerned with one of these events:

- Known episode of misconduct or violation of agency procedures that relate to billing, documentation, regulations, or unprofessional conduct.
- Suspected episode of misconduct.
- Questions regarding documentation or the implementation of agency policy.
- Questions on the interpretation of regulations or standards.
- Ethical Situations or conflicts of interest.
- Report HIPAA violations.
- The Ethics Helpline is not the proper mechanism to report known or suspected episodes of abuse as outlined in Section 200, Incident Management of the Administrative Manual.

**WHAT IS THE PURPOSE OF THE ETHICS HELPLINE?**

To provide any The Arc Jefferson-St. Lawrence New York support staff with an opportunity to raise concerns or offer suggestions related to billing or documentation; to report known or suspected episodes of misconduct; as a complaint procedure regarding violations of privacy or security of a Person We Support’s protected health information; or to ask questions to determine the most appropriate manner to document services and to do so in an anonymous fashion. This example of a feedback loop creates the opportunity for the organization to respond promptly to errors. All support staff that makes regular use of the Ethics Helpline is providing a great deal of protection to the Agency.

**WHO MUST REPORT?**

All of The Arc Jefferson-St. Lawrence New York support staff has a duty to report to their supervisor or to a member of the Quality Services Department suspected violations by support staff of applicable laws, rules, regulations, or the Code of Conduct. Support staff has the same reporting obligations for violations committed by vendors or subcontractors of The Arc Jefferson-St. Lawrence New York. Complaints regarding the handling of PHI should be directed to the Privacy Officer or designee.

**HOW TO REPORT**

**Anyone can report using one of these methods: by telephone, in person, email, and anonymously.**

The Arc Jefferson-St. Lawrence New York support staff may report to their immediate supervisors who, in turn, will notify a member of the Quality Services Department, the Privacy Officer or designee, or the Executive Director. Support staff can also report directly to a member

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of the Quality Services Department, the Privacy officer or designee, or the Executive Director in person, via e-mail, or use the Ethics Helpline at 788-2730 ext. 1301 or 836-1302, both of which allow for secured voice mail. When you call, you do not have to provide your name or you can ask that your identity be protected as anonymous for as long as possible. You will be asked and expected to provide background information to enable the event to be followed-up on.

### **HOW ARE CALLERS TO THE ETHICS HELPLINE PROTECTED?**

The identity of the callers will be protected for as long as any investigation remains internal to The Arc Jefferson-St. Lawrence New York. In the event the investigation moves outside of the organization, by involving other parties, which may be Federal auditors, The Arc Jefferson-St. Lawrence New York will not be able to guarantee the anonymity of the callers. Callers will also receive protection from retaliation for good faith reporting of compliance concerns.

### **WHAT HAPPENS ONCE A CONTACT IS RECEIVED BY THE ETHICS HELPLINE?**

All contacts are logged in on a chart, assigned a reference number, and responded to by a member of the Quality Services Department within 24 hours or next business day. The majority of calls have concerns about different ways to document more appropriately.

Any issues that may require further inquiry or investigation will be shared with the Executive Director. Issues that are investigated are presented in writing to the Executive Director, members of the Corporate Compliance Committee, the Board of Directors, and appropriate Directors or Program Administrators. The QS department will begin all investigations within 24 hours or the next business day. The Program Administrator will respond with a corrective action plan to the Quality Services Department.

In the case of HIPAA complaints, the Privacy Officer or designee will investigate as quickly as possible and remediation to be completed no later than 30 days after such complaint. The Privacy Officer or designee will confer with the Security Officer and Legal Counsel, as needed, and advise the Executive Director of the complaint, the investigation and the proposed resolution, including whether any breach notification is required under the relevant policy.

Members of the Corporate Compliance Committee, which includes a member of the Board of Directors, are informed of the nature of the calls and any resulting action on a monthly basis. The majority of actions have been corrective action plans. Corrective action plans will become the responsibility of the program's administrator.

### **HOW WILL CALLERS BE RESPONDED TO?**

Quality Services Department will respond within 24 hours or the next business day as needed. Typically, the caller will be responded to the same time they make the contact. The individual making the complaint will be provided with a summary of the resolution of the complaint. Results of the investigations will be reported to the program administrator, supervisor, Corporate Compliance Committee (Board of Directors), and the Executive Director. These reports will

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appear in the first month following the end of an investigation in the Corporate Compliance Committee meeting minutes.