

The Arc Jefferson-St. Lawrence New York	POLICY #: 302	REVISION #/DATE: No. 5 06/15
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TITLE: Corporate Compliance Procedure		PAGE: Page 1 of 1

Due to the diversity of service delivery that is practiced by The Arc Jefferson-St. Lawrence New York, there is a need to ensure regulatory compliance to reduce the agency's issues of liability. While each program that serves a group of People We Support is controlled by a specific set of regulations, typically outlined in the Mental Hygiene Codes, Rules and Regulations, each of these programs is also exposed to additional regulatory bodies that dictate function and process, such as Medicaid, OSHA, NYS's Life Safety Codes, NYSED and DOH.

This procedure is designed to link existing processes presently outlined in the Administrative Manual that are typically completed by the Quality Services Department with that of a corporate compliance procedure. The agency's Director of Quality Services/Corporate Compliance has been designated as the Regulatory/Corporate Compliance Officer. The Quality Services Department will conduct internal audits on a regular basis for each program that delivers services to People We Support and NYSARC QIP that will examine business practices; these audits will cross-over into additional agency areas such as billing, over utilization, documentation errors, etc. It is the expectation of the agency that all support staff will adhere to applicable regulations.

Responsibility

Executive Director, Chief Operating Officer, Corporate Compliance Committee, Members of the Management Team, Board of Directors of The Arc Jefferson-St. Lawrence New York or the Foundation

Procedure

Recommends a course of action to be pursued by the Quality Services Department during the internal program review process or as suspicious activity is reported.

Quality Services Department

Will identify potential areas of risk, based on the analysis of data. Data will be analyzed in conjunction with existing regulations.

Will communicate with the Corporate Compliance Officer, Executive Director, and Chief Operating Officer to determine if further actions are necessary or needed.

Will begin all investigative assignments within 24 hours or the next business day.

Will convey findings in writing and offer suggestions to ameliorate the situation.

Will monitor the findings and recommendations to

Agency support staff, outside sources

Will convey to the Executive Director, Chief Operating Officer, their supervisor or member of the Quality Services Department any suspicions of misconduct or regulatory errors. These will be disclosed to the Corporate Compliance Committee.