

**Unity House of Cayuga County Inc.
Policy and Procedure**

Category: 1600 - General Policies
Policy: 07 - Corporate Compliance Plan
Effective Date: 8.2017
Revision Dates: 7.2021, 9.2022, 1.2023
Reviewed Dates: 7.2021, 9.2022, 1.2023

Office Responsible for Development and Review of this Policy: Quality Improvement

- I. Purpose:**
Ensure that Unity House conducts itself in accordance with the highest level of business ethics and in compliance with applicable mandates.

- II. Scope:**
Applies to all persons who are affected by the required provider’s risk areas including the required provider’s employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing body and corporate officers.

- III. Policy:**
The Required Provider and all Affected Individuals will, at all times, act in a way to meet the requirements of the mandatory compliance program laws and regulations. In other words, business will be conducted in a manner that supports integrity in operations.

IV. Procedure

Abbreviations:

18 NYCRR	Title 18 of the New York Code of Rules and Regulations
ACA	Affordable Care Act: 42 USC 1320a-7k(d)
BOC	OMIG’s Bureau of Compliance
CMS	Center for Medicaid Services
CO	Compliance Officer (See “Definitions” table for further information)
DOH	NYS Department of Health
DRA	Deficit Reduction Act of 2005 as codified in 42 USC 1396a (a)(68)
Eight Elements	SSL 363-d subsection 2.’s and 18 NYCRR 521.3(c)’s Eight Elements that are required for all compliance programs
NYS	New York State

OIG	Office of Inspector General
OMIG	NYS Office of Medicaid Inspector General
Part 521	18 NYCRR Part 521
SSL	New York State Social Services Law
SSL 363-d	New York State Social Services Law 363-d
Seven Areas	18 NYCRR (New York Code, Rules and Regulation) 521.3(a)'s list of Seven Areas that compliance programs must be applicable to

Definitions:

Affected Individuals	All persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing body and corporate offices.
Compliance Officer	Refers to the person vested with responsibility for the day-to-day operation of the compliance program that is required under SSL 363- subsection 2(b) and 18 NYCRR 521.3(c)(2).
Executive	An Executive is any member of senior management staff regardless of specific title.
Governing Body	In a corporate entity, this is the board of trustees, board of directors, or similar body regardless of the name used.
Insufficiency	Failure to meet one or more of the Eight Elements for compliance, or one or more of the requirements under the Eight Elements
Periodic/Periodically	A regular interval which is no less frequently than annually, but the context may require a more frequent interval.
Required Provider	See 18 NYCRR 521.2(a)
Effective Compliance Program	A compliance program adopted and implemented by the required provider and is designed to be compatible with the provider's characteristics, which shall mean that it (a) is well-integrated into the company's operations and supported by the highest levels of the organization, including the chief executive, senior management and the governing body; (b) promotes adherence to the required provider's legal and ethical obligations; and (c) is reasonably designed and implemented to prevent, detect and correct non-compliance with Medicaid program requirements, including fraud, waste and abuse most likely to occur for the required provider's risk areas and organizational experience.

I. Program Authority and Oversight

The Standards of Conduct and Business Ethics Policy and Procedure (100.111 Corporate Compliance – Standards of Conduct/Business Ethics) provides the principles that guide our actions toward attaining our Mission and Vision. The goal in adhering to these Policies and Procedures is to ensure that we meet our ethical standards and comply with applicable laws and regulations.

Unity House conducts itself in accordance with the highest level of business ethics and in compliance with applicable mandates. Unity House will strive to avoid knowingly making or presenting improper, false, fictitious or fraudulent claims to any government or private health care program, employee, department or agency.

Unity House will continually strive to provide the highest level of care and service to its service recipients and will utilize the Corporate Compliance Program and related policies and procedures in achievement of these goals. This plan is provided to all Affected Individuals.

II. Compliance Expectations

This Corporate Compliance Program applies to all Affected Individuals. The Corporate Compliance Policies and Procedures have been established to ensure that Affected Individuals have access to guidance and protocol. The Policies and Procedures set forth in this Corporate Compliance Program document are mandatory and must be followed. The Corporate Compliance Program Policies are intended to compliment, not replace federal and state laws, regulations and program mandates or other Unity House policies. The provider expects to conduct business in a manner that supports integrity in operations. Required Provider and all Affected Individuals will, at all times, act in a way to meet the requirements of the mandatory compliance program, law and regulation. Conduct contrary to this expectation will be considered a violation of the compliance program and related policies and procedures.

An electronic copy of the Corporate Compliance Plan is on the agency intranet and website and available to all Affected Individuals. Individuals who may not have access to the intranet will be provided a hard copy of the Corporate Compliance Policy, if requested.

The purpose of the Unity House Corporate Compliance Program is to provide a framework that reduces the likelihood of unethical activities, and provides a process for effective resolution of compliance issues. Program revisions will be made as deemed appropriate to achieve this purpose.

III. Regulations

Unity House provides a multitude of services pursuant to appropriate federal, state and local licenses and permits and is subject to numerous laws, rules, and regulations, governing all aspects of service delivery. Like other businesses, Unity House is subject to federal and state labor laws, discrimination laws, consumer

protection laws, tax laws and general and professional liability laws. It is the policy of Unity House that employees will be familiar with the appropriate legal and regulatory requirements applicable to the employee's job responsibilities. Employees are not expected to become an expert in every legal and regulatory requirement and should consult their supervisor, director and/or the Corporate Compliance Officer, who has direct access to outside legal counsel, whenever they face an issue raising possible legal or regulatory concerns.

IV. Program Structure and Oversight Authority

The oversight of the Corporate Compliance Program is the responsibility of an established Corporate Compliance Committee, which is comprised of, but not limited to, the Chief Executive Officer, the Chief Operating Officer, Corporate Compliance Officer, Chief Financial Officer and representation from the Board of Directors. The Corporate Compliance Officer has direct access to the Board of Directors as it relates to Corporate Compliance issues. Minimally once annually, or as needed, the CO will meet directly with the Executive Committee of the BOD in executive session to bring issues/concerns directly to the BOD. The Board of Directors is firmly committed to supporting each employee in meeting the standards set forth in the Corporate Compliance Program.

The Board of Directors is committed to the Corporate Compliance Program as an integral part of Unity House's functions. The Corporate Compliance Plan is approved by the Board of Directors.

The Corporate Compliance Committee will meet at least quarterly to review the status of the Corporate Compliance Program, present and discuss potential compliance concerns and issues, recommend changes to the program and identifying compliance risk areas. The Corporate Compliance Committee shall report to the Board at least semi-annually.

V. Certification

Required providers shall certify to the department upon enrollment and annually thereafter, using a form and manner required by OMIG and the department, that the required provider has met the requirements of section 363-d of the Social Services Law. Participating providers shall provide a copy of the certification to each MMCO for which they are a participating provider upon signing the provider agreement with the MMCO and annually thereafter.

VI. Role of the Compliance Officer (CO)

The Compliance Officer is responsible for the day-to-day operation of the compliance program; duties may solely relate to compliance or may be combined with other duties so long as compliance responsibilities are satisfactorily carried out; the CO shall report directly to the Chief Executive Officer and shall quarterly report directly to the governing body on the activities of the compliance program. The CO is responsible to (1) oversee and monitor the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness; (2)

drafting, implementing and updating policies to conform to changes in Federal and State laws, rules, regulations, policies and standards in the compliance work plan annually or as needed, (3) reviewing and revising the compliance program as needed, (4) reporting directly, on a regular basis, but no less frequently than quarterly, to the governing body, chief executive and compliance committee on maintaining the compliance program, (5) assisting the required provider in establishing methods to improve the required provider's efficiency, quality of services and reducing the agency's vulnerability to fraud, waste and abuse; (6) evaluating the program's effectiveness; and (7) investigating and independently acting on matters related to the compliance program. The CO maintains current regulatory resources, oversees the activities of the Corporate Compliance Committee, assures decisive action on issues of potential non-compliance, and functions as a liaison to the Board of Directors.

CO is responsible to report compliance issues to the DOH and/or OMIG and oversee self-disclosures and refunding of overpayments.

Provider must ensure the CO is allocated sufficient staff and resources to satisfactorily perform their responsibilities based on the required provider's risk areas and organizational experience.

The Compliance Officer and appropriate compliance personnel have access to all records, documents, information, facilities and affected individuals that are relevant to carrying out their compliance program responsibilities.

VII. Compliance Committee Group of the agency

The required provider shall designate a compliance committee group which shall be responsible for coordinating with the compliance officer to ensure that the required provider is conducting business in an ethical and responsible manner, consistent with its compliance program. The required provider shall outline the duties and responsibilities, membership, designation of a chair and frequency of meetings in a compliance committee group.

The committee will meet quarterly to discuss newly implemented standards, whether affected individuals are following these standards, whether the standards are effective and whether any updates are required. Additionally, the Compliance Group of the agency should (1) ensure that the written policies, procedures and standards are current, accurate and complete and that the training of this is completed timely, (2) coordinate with the compliance officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audit, or any other function/activity, (3) ensure that the compliance officer is allocated sufficient funding, resources and staff to fully perform their responsibilities, (4) ensure that the required provider has effective systems and processes in place to identify compliance program risks, overpayments and other issues and effective policies and procedures for correcting and reporting issues, and (5) enacting required modification to the compliance program.

Members will be, at a minimum, comprised of senior managers. The Compliance Group shall report directly to the CEO and Corporate Compliance Committee comprised of the Chief Executive Office, the Chief Operating Officer, Chief Financial Officer and three Board Members.

VIII. Training and Education

Compliance training for all Affected Individuals must include compliance issues, expectations and the compliance program operation. Subject matter of the compliance training consists of:

- The terms of the compliance plan and applicable policies and procedures;
- How affected individuals can ask questions and report potential compliance-related issues to the compliance officer and senior management, including the obligation of affected individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program;
- Guidance on dealing with compliance issues;
- Identify the Corporate Compliance Officer and how the compliance function interacts with management and the Governing Body. Risk areas identified by the Corporate Compliance Committee/Governing Body may result in internal audits or as appropriate, external audits;
- Methods for anonymous and confidential good faith reporting of potential compliance issues as they are identified;
- Guidance on how potential compliance problems are investigated and resolved (Employee Personnel Policy and Procedure 100.110);
- Expectations for reporting compliance issues;
- Expectations for assisting in the resolution of compliance issues;
- Sanctions for failing to report suspected problems;
- Sanctions for participating in non-compliant behavior;
- Sanctions for encouraging, directing, facilitating or permitting non-compliance behavior;
- Expectations that compliance-related disciplinary policies are fairly and firmly enforced;
- Billing Requirements specific to the Medicaid programs offered by the agency and best practices;
- Claim development and the submission process, if applicable;

Training will occur at orientation and annually thereafter for all Affected Individuals including the BOD. Human Resources will ensure that if an affected individual missed a required training session, that employee will either receive the training within a reasonable amount of time or if that time period exceeds 90 days of date of hire, the employee will be placed on leave without pay until the training is received. Annual trainings will be conducted in a similar fashion – if the Affected Individual does not receive the training within a period designated by HR, the individual will go on leave without pay until the training is conducted with that individual. The Chief Executive Officer will conduct the orientation for the BOD.

At the Human Resources (HR) orientation, date of hire, in which the hire packets are distributed to Affected Individuals, the HR staff provides a copy of the Corporate Compliance Policies and Procedures and reviews each policy with the Affected Individual. The plan, policies and procedures are accessible to all staff 24/7 through the agency intranet and website. At the new employee training session (which occurs within their first 90 days of hire), the Corporate Compliance policies and procedures are reviewed with them.

IX. Lines of Communication

Unity House shall establish and implement effective lines of communication which ensure confidentiality for all Affected Individuals. Lines of communication are communicated to all Affective Individuals during their initial training (within first 90 days of employment) and are allowed to ask questions regarding compliance issues. On the agency intranet (opening page) is the contact information for the Compliance Officer should a concern need to be communicated. Through the Grievance Policy and Speak Out Sheet, individuals receiving Medicaid services are able to communicate concerns and contact the Compliance Officer. The agency has an anonymous reporting number in which compliance concerns can be reported directly to the Compliance Officer. The agency website

X. Reporting of Violations

Personal Obligation to Report: It is expected that each Affected Individual raise issues of concern and suspected instances of fraud or non-compliance promptly. Individuals are responsible to report any activity by a colleague, physician, independent contractor and vendor that reasonably appears to violate applicable laws, regulations or the Corporate Compliance Program requirements. The failure to report could lead to disciplinary measures, up to and including termination, in accordance with Unity House collective bargaining process.

If an Affected Individual needs guidance on a compliance issue or wishes to report a suspected Corporate Compliance Program violation, the Affected Individual can report directly to the Corporate Compliance Officer, located in the administrative offices of Unity House via telephone, email, website-based correspondence, interoffice mail, regular mail, face-to-face interaction, through the Hotline and any other reasonable means to communicate. If an Affected Individual reports the situation to their supervisor or management or BOD, the supervisor/management/BOD must then report the issue(s) to the Corporate Compliance Officer. The Corporate Compliance Officer can be reached in person, by telephone (315-253-6227) or through the confidential Corporate Compliance Hotline (315-252-3959).

The Chief Executive Officer (CEO) and the Chief Operating Officer (COO) meet with the manager team (no staff or Directors present) three times per year to provide an opportunity for open communication between the manager team and executive management. Additionally, the CEO and COO facilitate a quarterly staff meeting (DSPs from all programs in the agency meet with CEO and COO without any levels of management present) to discuss varying topics of relevance. These meetings

provide an opportunity for staff and managers to bring concerns to administrators related to compliance or any facet of the organization. On House Buzz (agency intranet), an electronic suggestion box is present as another means for staff/management to express their needs, concerns or offer suggestions of improvement for the agency.

Hotline:

Unity House has established a Compliance Hotline Reporting System including a voicemail system, which is available to all Affected Individuals and other agents 24 hours a day to report potential Corporate Compliance Program violations. The Hotline may also be accessed for callers to pose questions regarding any compliance issues. A call goes directly to voicemail, which only the Corporate Compliance Office can access and a confidential format for reporting. There is no caller ID – the caller can remain anonymous if he/she chooses to do so. Those that report via a confidential method (hotline) of communication and/or request confidentiality must be assured their communication will be kept confidential. The investigation will not specifically identify the reporter. All reports via the hotline (confidential method) must be kept confidential, whether requested or not. The person's identity will be kept confidential unless the matter is subject to disciplinary action, is referred to or under investigation by MFCU, OMIG or law enforcement or requires legal proceedings. An outside contractor, with a confidentiality agreement who reports directly to the Compliance Officer is an acceptable confidential communication method.

The agency website contains information regarding its compliance program, standards of conduct and contact information for the Compliance Officer. The Compliance Officer will respond to all caller issues within 10 business days or less. Calls will be tracked to ensure appropriate response time and to identify trends. As a matter of policy, no Affected Individual will be disciplined or subjected to retaliation or intimidation for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions and reporting to appropriate officials, unless the employee fails to report or is not timely in reporting. Reports of compliance concerns and all investigations will be maintained with the CO and protected/guarded to retain confidentiality.

Investigations:

The agency has a Corporate Compliance – Complaints 100.110 which outlines the protocol Unity House will follow in responding to incidents of potential non-compliance, identified through its reporting system. Affected Individuals are expected to assist in the resolution of compliance issues. Assisting in resolution includes assisting in investigations of compliance issues by all Affected Individuals. Compliance concerns identified during the course of the investigation will be promptly and thoroughly corrected. Procedures, policies and systems may be added/revised in an attempt to prevent the recurrence of compliance problems. Unity House will document its investigation of the compliance issue which shall include any alleged violations, a description of the investigation process, copies of interview notes and other documents essential for demonstrating that the provide completed a thorough investigation of the issue. Where appropriate, the provide

may retain outside experts, auditors or counsel to assist with the investigation. The provider will document any disciplinary action taken and the corrective action implemented. If the provider identifies credible evidence or credibly believes that a State or Federal law, rule or regulation has been violated, the required provider will promptly report such violation to the appropriate governmental entity.

XI. Disciplinary Policy and Actions

Disciplinary policies exist to encourage Good Faith participation in the compliance program by all Affected Individuals. Affected Individual must not participate in non-compliant behavior and must not encourage, direct, facilitate or permit non-compliant behavior. See Employee Personnel Policy 100.110 for additional information regarding the Disciplinary Policy and Actions should an Affected Individual participate in non-compliant behavior. Failing to report and/or participating in non-compliant behavior will lead to disciplinary measures, up to and including termination, in accordance with Unity House collective bargaining process including direct support staff and management. Sanctions for co-participants in non-compliant behavior will be commensurate with their participation and involvement. Disciplinary action must be fairly and firmly enforced and consistent with what is carried out. Application of disciplinary policies apply to all levels of personnel.

XII. Auditing and Monitoring

The required provider shall establish and implement an effective system for the routing monitoring and identification of compliance risks. The system includes internal monitoring and audits and, as appropriate, external audits to evaluate the organization's compliance with the requirements of the Medicaid program and the overall effectiveness of the provider's compliance program. The agency will conduct ongoing audits by internal or external auditors who have expertise in the state and federal Medicaid requirements and applicable laws, rules and regulations or has expertise in the subject area of the audit. Audits shall:

- (1) Focus on identified risk areas
- (2) Audit outcomes will be reviewed for risk areas that can be included in updates to the required provider's compliance program and compliance work plan.
- (3) Self-Disclosure Process 100.116 describes the procedure for returning overpayments, should they be discovered during the auditing or monitoring process. The policy describes the process to report, return and explain the overpayment to the Office of Medicaid Inspector General (OMIG).
- (4) The design, implementation and results of the audits shall be documented and the results shared with the compliance committee and the governing body.
- (5) Any Medicaid overpayments identified shall be reported, returned and explained and the provider shall promptly take corrective action to prevent recurrence.

XIII. Annual Compliance Program Review

Unity House reviews annually the Compliance Plan and the Compliance Work Plan to determine the effectiveness of its compliance program. The Work Plan is developed annually in conjunction with the CEO, Compliance Committee, Agency Compliance Group and BOD. Evaluation is done through the Quality Improvement Plan. The Quality Improvement Plan (QIP) summarizes the Work Plan Audit Outcomes for the year and establishes new goals and/or changes for the agency for the upcoming year. The QIP is presented to the BOD Compliance Committee. The Compliance Officer is responsible for the development of the Work Plan, completion of the OMIG Self-Assessment and the QIP.

XIV. Conflicts of Interest

A conflict of interest arises if a person's work-related professional judgment and discretion is or may be influenced by personal considerations, or if the interests of Unity House are jeopardized. Unity House employees, Executives and Board of Directors must promptly disclose to the agency any existing or new relationship that may give the appearance of a conflict of interest. The agency has a Conflict of Interest Policy 100.112 which must be followed by all Affected Individuals and is attached to this Corporate Compliance Program document.

XV. Excluded Providers

Human Resources shall confirm the identity and determine the exclusion status of Affected Individuals, contractors, agents, subcontractors and independent contractors. Human Resources will review the New York State Office of the Medicaid Inspector General's Exclusion List and the Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities. Human Resources shall share the results with the Compliance Officer.

XVI. Role of Outside Counsel

Outside legal counsel shall assist the Board, Committees of the Board, Administrative Team, Chief Executive Officer, Compliance Officer and the Corporate Compliance Committee as needed to identify and interpret federal and state laws and regulations in the Corporate Compliance Program, assist in maintenance of the program and provide legal advice to Unity House with respect to any aspect of the Corporate Compliance Program.

XVII. Routine Identification of Compliance Risk Areas

Compliance risk areas are identified through the following methods:

- Risk Management Committee comprised of key members of management to address various compliance risks as they arise.
- Agency risk assessment conducted annually. Risk areas are identified and addressed by each program and/or administration.
- Agency self assessment of the compliance plan to identify compliance risks.
- A compliance work plan that addresses compliance risks which must include the following
 - Medicaid billing;
 - Medicaid payments;
 - Ordered Services;
 - The medical necessity and quality of care of the services provided to Medicaid program enrollees;
 - Governance of the Required Provider, particularly as related to the Medicaid program;
 - Mandatory reporting requirements as related to the Medicaid program;
 - Credentialing for those who are providing covered services under the Medicaid program;
 - Contractor, subcontractor, agency or independent contract oversight; and
 - Other risk areas that are or should with due diligence be identified by the Required Provider.
- Routine internal program audits to ensure regulatory and billing compliance.

Risk identification will focus on:

- ❖ performing services that are within the scope of a Required Provider's certificate, license, or recognized scope of practice;
- ❖ reviewing OMIG, OIG, or CMS audit guidance for provider types to identify risk areas; and
- ❖ reviewing NYS Medicaid provider manuals and program requirements to establish parameters of operation by provider type.

The Risk areas will be routinely evaluated through internal audits and, as appropriate, external audits.

XVIII. Responding to Compliance Issues

When compliance issues related to fraud, waste or abuse are identified and require reporting to the NYS Department of Health, the NYS Office of Medicaid Inspector General, NYS Attorney General, CMS, OIG or Managed Care Organizations, it is the responsibility of the compliance officer to facilitate that disclosure. The CO will work in conjunction with the program director, administration and finance to ensure the

disclosure is processed properly and correction action occurs to prevent future incidents of a similar nature.

Any Medicaid overpayments will be refunded appropriately through a self disclosure, claim adjustments or claim voids. This process will be facilitated by the CO and reported to the BOD through the Corporate Compliance Committee or directly to the BOD.

XIX. Record Retention

For a period of not less than ten (10) years from the date such program was implemented. A required provider shall retain all records demonstrating that it is has adopted, implemented, and operated an effective compliance program. The required provider shall make available to the department, OMIG or MFCU upon request copies of such records.

Corresponding Policies:

- 100.103 Purpose
- 100.110 Corporate Compliance – Complaints
- 100.111 Corporate Compliance – Standards of Conduct/Business Ethics
- 100.112 Corporate Compliance – Conflict of Interest
- 100.113 Use of Agency Equipment and Supplies
- 100.114 Corporate Compliance – Employee and Contractor Exclusion Screening
- 100.115 Corporate Compliance – Whistleblower Protection
- 100.116 Self-Disclosure Process
- 100.200 HIPAA – Response to Breach of Unsecured Protected Health Information
- 100.200a HIPAA – Policy for Privacy Officer – Response to Breach of Unsecured Protected Health Information
- 100.200b HIPAA – Policy for Fundraising Staff – Use and Disclosure of Protected Health Information for Fundraising Activities
- 200.213 OPWDD Programs – Employee Conduct Policy
- 500.522 Code of Conduct
- 500.530 Internal and External Electronic Communications
 - PROS Code of Conduct
 - JC Code of Conduct
 - OASAS/OMH/OPWDD Employee Conduct Policy
 - IRC – Guarding against Conflict of Interest Policy