

# 2021

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## CORPORATE COMPLIANCE PLAN



**ABILITIES FIRST**  
ENRICHING THE LIVES OF CHILDREN  
& ADULTS IN OUR COMMUNITIES

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WHEREAS, the policy of Abilities First is to be committed to be a good corporate citizen of our community, state, and nation. Abilities First has conducted its business in compliance with applicable federal, state, and local laws and regulations, and to adhere to the highest ethical standards; and

WHEREAS, the Board of Directors recognizes that even unwitting violations of laws and regulations by Abilities First employees and agents can subject the Company to civil and criminal penalties, tarnish its reputation for professionalism, and lead to unfavorable publicity; and

WHEREAS, the Board of Directors recognizes that the federal and state agencies responsible for enforcement of Medicare and Medicaid laws and regulations applicable to healthcare providers have required the development and implementation of formal Corporate Compliance Programs by health and human service providers; and

WHEREAS, the Board of Directors believes that the development and implementation of the Abilities First Corporate Compliance Program must be developed in accordance with Abilities First's mission of providing quality services to individuals with disabilities, as well as remain in compliance with applicable and constitutional laws and the highest ethical standards; and

WHEREAS, the Board of Directors wishes to ensure that the Corporate Compliance Program is effective in identifying and correcting practices and policies that are not in compliance with applicable laws and regulations, including, where necessary, by providing for disciplinary action against those employees and agents that fail to comply with such laws and regulations; and

WHEREAS, the Board of Directors further directs that the Corporate Compliance Program to review and, as necessary, revise specific standards of conduct and policies for education and training of employees and agents with respect to those standards. Additionally, review and possibly enhance internal controls and monitoring systems, and foster effective communication and responsiveness on compliance issues;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the management of this organization is directed to implement the updated Abilities First's Corporate Compliance Program and to provide periodic progress reports to the Board of Directors on the development, implementation, and ongoing operation of this program.

ADOPTED on this 26<sup>th</sup> day of January 2021 by the Abilities First's Board of Directors.

Daniel Stafford, Esq., Chair

Jeffery Fox, Ph.D., President & Chief Executive Officer

Kelly Martinez, VP of Human Resources and Corporate Compliance

# CORPORATE COMPLIANCE OVERVIEW

Abilities First is committed to be a good corporate citizen of our community, state and nation. The Board of Directors of Abilities First noted its commitment to comply with all laws that affect its various operations. In order to assure compliance with all applicable laws and regulations, the Compliance Officer is designated to oversee Abilities First's Corporate Compliance Plan and **serves** as the Corporate Compliance Officer for Abilities First. The Corporate Compliance Plan is developed in accordance with Abilities First's mission of providing quality services to individuals with disabilities.

Abilities First maintains and promotes an effective Compliance Program through the following 8 elements:

1. Written Policies and Procedures
2. Designation of a Compliance Officer
3. Training and Education
4. Communication Lines to the Compliance Department
5. Disciplinary Policies
6. Identification of Compliance Risk Areas and Non-Compliance
7. Responding to Compliance Issues
8. Policy of Non-Intimidation and Non-Retaliation

## Benefits of a Compliance Plan

Although the consequences of not having a good compliance program are negative (fines, penalties, imprisonment), there are many positive aspects to having an effective compliance program. These positive outcomes include:

- Improved care for our participants;
- Improved relations between employees and participants/ families;
- Improved operations;
- Improved billing processes;
- Reduced losses;
- Reduced time spent re-doing/correcting work

## Compliance Certification

As of this year, the agency's attestation of an effective compliance plan is filed at the time of certification/recertification on or before the anniversary date of Medicaid Enrollment on the Certification Statement for Provider Billing Medicaid. The Deficit Reduction Act (DRA) requirements have been incorporated into SOS §363-d. As a result, there is no longer a separate DRA certification requirement. By submitting the annual "Certification Statement for Provider Billing Medicaid," signed by the President and Chief Executive Officer, we attest to satisfactorily meeting the requirements of SOS §363-d, which includes the DRA.

## Compliance Officer Duties and Responsibilities

The agency will designate a Compliance Officer to be responsible for all aspects of corporate compliance activities, policies and programs designed to maintain corporate integrity and compliance with all internal and external requirements, regulations and laws, including but not limited to the following:

- Provide oversight and monitoring of the compliance program.
- Update the Compliance Plan as changes occur within the agency, and/or in the law and regulations or governmental and third-party payers.
- Report on a regular basis to the Board of Directors and the President & Chief Executive Officer on establishing methods to improve the organization's quality of service and to reduce vulnerability to fraud, abuse and waste.
- Development and implement policies and procedures regarding Corporate Compliance, Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Family Educational Rights and Privacy Act of 1974 ("FERPA"), and other appropriate regulations regarding good corporate citizenship.
- Ensure appropriate education and training programs are in place that focuses on our compliance program and HIPAA/FERPA and ensure that all employees, contractors and management are knowledgeable of, and comply with, pertinent federal and state standards.
- Investigate and act on matters related to compliance, design and coordinate internal investigations (e.g. responding to reports of problems or suspected violations) and any resulting corrective action with all departments, providers, and sub-providers, agents and, if appropriate, independent contractors.
- Develop policies and practices that encourage all employees regardless of title to report suspected fraud and other improprieties without fear of retaliation.
- Provide guidance to management, program personnel and individual departments regarding and governmental laws, rules and regulations.
- Maintain a reporting system (hotline) and respond to concerns, complaints and questions related to the Compliance Plan.
- Act as a resourceful leader regarding regulatory compliance issues. Actively seeking up-to-date material and releases regarding regulatory compliance
- Continue the development of our compliance program and the accomplishment of its objectives.
- Chair Corporate Compliance Committee

# CORPORATE COMPLIANCE COMMITTEE

Abilities First is committed to the operation of an effective compliance program. Therefore, Abilities First established the Corporate Compliance Committee. The Corporate Compliance Committee is chaired by the Compliance Officer, and includes a board representative, upper level administration and the administrators of each department within the organization.

The Corporate Compliance Committee shall be responsible for the following:

1. Analyze the regulatory environment where the Agency does business, including legal requirements in which it must comply;
2. Review and assess existing policies and procedures that address risk areas for possible incorporation into the Compliance Plan;
3. Work with departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements;
4. Develop internal systems and controls to carry out compliance standards and policies and procedures;
5. Monitor internal and external audits to identify potential non-compliant issues;
6. Implement corrective and preventative action plans and follow-up to determine effectiveness;
7. Promote compliance by developing a process to solicit, evaluate and respond to complaints and problems through various fraud reporting mechanisms, such as a specific chain of command and the Corporate Compliance Hotline.

**The Corporate Compliance Committee Meetings are held on the  
1<sup>st</sup> Thursday for the following months:**

February	April
June	August
October	December

## **Committee Members:**

President & Chief Executive Officer	Quality Assurance Coordinator
Chief Financial / Administrative Officer	Director of Residential Services
Vice President of Human Resources and Compliance	Director of Facilities
Vice President of Educational Service	Day Hab Program Administrator
Vice President of Adult Services	Employment Program Administrator
Other school administrators as deemed necessary	Community Hab Program Administrator
Director of Finance	Abilities First Board Member

## OUR VISION

All people are recognized and valued for their Abilities First.

## OUR MISSION

Our mission at Abilities First is to provide people who face developmental challenges and their families support to attain independence, self-determination, integration, and acceptance by others through education, exploration and experience.

## OUR VALUES

Integrity – consistently truthful, dependable, professional and ethical

Equality – fairness in all opportunities

Dignity – deserving of respect and consideration

Distinction – pursuing excellence via world-class best practices

Diversity – encouraging inclusiveness

## CODE OF ETHICAL AND LEGAL BEHAVIOR STANDARDS OF COMPLIANCE

Abilities First's Code of Ethical and Legal Behavior encompasses all that we do. The Code of Ethical and Legal Behavior is an integral part of all activities of the organization and supports Abilities First's mission to provide quality care to individuals with disabilities, and continuously improve the services provided to our program participants. We are committed to preventing the occurrence of unethical or unlawful behavior, stopping such behavior as soon as possible after discovery, and to discipline employees who violate the Code, including employees who neglect to report a violation.

Abilities First, its staff, employees, consultants, board members, volunteers and affiliates are all committed to performing their responsibilities according to ethical and legal standards with honesty, integrity, fairness, good faith and respect for others and the law.

Decisions will be made in the best interest of Abilities First, and those served by the organization. Consideration should be given to whether an action is right, fair and legal and whether that action could withstand the scrutiny of outsiders, including:

- ❑ Program participants and their families
- ❑ Employees
- ❑ Service providers and physicians
- ❑ Affiliates
- ❑ Vendors
- ❑ Payers
- ❑ Community agencies
- ❑ Regulatory agencies and
- ❑ The community

Maintaining high ethical and legal standards is not easy and sometimes requires difficult choices. Commitment to these standards should never be compromised for personal, financial, professional or other business objectives. All employees must comply with this Code, immediately report any alleged violations of wrongdoing, and assist management and compliance personnel in investigating allegations of wrongdoing.

All individuals are responsible for complying with the Code of Ethical and Legal Behavior as part of their job. In addition, the following standards assist in understanding expectations, as well as providing examples of unacceptable behavior. Each program/department may add specific examples pertaining to their department as an appendix to this code.

1. **Deliver Quality Service:** Everyone is responsible for ensuring that all participants receive quality services, provided by staff/consultants with appropriate experience and expertise, and for understanding and adhering to the participant rights. Employees/consultants are expected to use sound judgment in the performance of their duties and to conform to the standards of their respective professions.

***Examples of Prohibited conduct (but not limited to):*** Provision of service by staff/consultants who are unqualified according to their job description; such as failure to renew license or credentials; providing differential care based on the participant's race, religion, payer source, etc., rather than their needs.

2. **Respect and protect the confidentiality of participant and Agency information:** Everyone is responsible for maintaining the confidentiality of all records, including participant-specific information.

***Examples of Prohibited conduct (but not limited to):*** Looking up a participant's/patient's record where there is no job-specific need to know; inappropriate release of participant information; use of confidential Agency information for personal gain.

3. **Comply with applicable laws, regulations, codes, and Agency policies and procedures:** Each employee is made aware of specific issues relating to their program and is responsible for adhering to state and federal laws, professional licensure/ registrations, business rules, Agency codes of conduct and policies and procedures. Policies and procedures were developed to ensure equity, fairness, safety, and protection for all employees, consultants, and volunteers, as well as to ensure the proper function of the organization.

***Examples of Prohibited conduct (but not limited to):*** Falsifying time sheets; falsifying mileage sheets; reporting to work under the influence of alcohol or drugs; consistently reporting late to work.

4. **Maintain accurate documentation, billing, coding, and reporting procedures and practices, both operational and financial:** Accuracy of data/records, as well as data retention, are important and necessary for the care of the people we serve and regulatory compliance. Abilities First will only bill and accept revenues for which it is entitled.

***Examples of Prohibited conduct (but not limited to):*** Filing claims to more than one payer (double billing), except in cases where there are legitimate, multiple funding sources, i.e., a primary and secondary insurance; falsified records used as a basis for billing; inaccurate coding; postdating orders/records; using white out on client or billing documentation.

5. **Conflict of interest:** Conflict of interest occurs in situations where a person has the potential to direct or influence a decision to his/her own gain. Employees, consultants and board members should report any potential conflict of interest concerning themselves or their family members to management.

***Examples of Prohibited conduct (but not limited to):*** Accepting gifts of a value greater than \$50 individual gift or \$100 cumulative in a year, or any gift that could influence your work-related decisions, including providing preferential treatment (all gifts should be reported); participating in an outside activity that could improperly influence your actions, such as consulting with a competitor, without first disclosing that relationship to management; providing gifts to referral sources.

6. **Represent Abilities First in a fair and honest manner in all interactions, and in a manner that promotes the public's trust.**

***Examples of Prohibited conduct (but not limited to):*** Providing payment, gifts, discounts, rebates, free space, or any other item of value in exchange for referrals of individuals whose services are funded by Medicaid/Medicare; misrepresenting Agency services or ability to provide services; truth in advertising.

7. **Safeguard Abilities First's assets and the property of those with whom we do business:** Agency resources are to be used for job related purposes and not for personal gain.

***Examples of Prohibited conduct (but not limited to):*** Personal use of equipment/supplies without management approval; use of computer systems and software that is not consistent with license agreements; misuse of Abilities First or a participant's property including theft, misappropriation, or embezzlement.

8. **Respect and deal honestly and fairly with all individuals:** Show proper respect and consideration for all staff, consultants, volunteers, participants, and business associates. Demonstrate honesty in your dealings with others; admit mistakes.

***Examples of Prohibited conduct (but not limited to):*** Calling in sick when you are not sick; lying to a participant or coworker or supervisor; inaccurate reporting of incidents or injuries.

9. **Employment Environment:** Abilities First is committed to creating a safe and professional workplace where employees and others are treated with respect and without regard to their race, gender, sexual orientation, age, religion, national origin, color, marital status, disability, or other protected characteristics. Business integrity, teamwork, trust and respect are the Agency's most important values. All Agency employees must exhibit and promote respect, integrity, trust and teamwork in the workplace and must comply with this policy prohibiting discrimination and harassment in all facets of the Agency's work. All employees are required to support the Agency's commitment to a safe and professional work environment and to demonstrate appropriate behavior in the workplace. (See Administrative Policy Manual Section 3:02, Affirmative Action, and 3:22, Sexual Harassment.)

***Examples of Prohibited conduct (but not limited to):*** Joking about another employee's race, sex, age, religion, national origin, color, marital status, disability, or other protected characteristics; considering someone's race, color, religion, gender, sexual orientation, national origin, age, disability, or other protected characteristic in making decisions about hiring, placement, assignment of duties, training, promotion, termination, compensation, benefits and other work terms; any form of unwelcome sexual advance, request for sexual favors or other verbal or physical conduct of a sexual or sex-based nature; providing differential care based on the participant's race, religion, payer source, etc. rather than their needs.

## Seeking Guidance and Reporting Violations

Employees and contractors must report any actual or suspected violations of this Code of Conduct, any applicable law or regulation, or any Agency policy and procedure to their immediate supervisor or the Compliance Officer. There is an email address for reporting suspected violations, it is [compliance@abilitiesfirstny.org](mailto:compliance@abilitiesfirstny.org), and the Compliance Hotline is also available for confidential or anonymous reporting of such issues. The Compliance Hotline number is 845-485-5983.

When an actual or suspected violation of this Code of Conduct, any applicable law or regulation, or any Agency policy and procedure is reported to any Agency employee, it must be promptly referred to the Compliance Officer. Steps will be taken to protect confidentiality and anonymity, when appropriate and warranted. Abilities First will not tolerate any form of retaliation against a person who makes a good-faith report in accordance with this Code of Conduct.

All employees and contractors must cooperate fully and honestly in any investigation into a reported violation of this Code of Conduct, any applicable law or regulation, Agency policy, procedure or practice.

### Corrective Action and / or Discipline

Any employee or contractor who violates or knowingly fails to report any violation of this Code of Conduct, any applicable law or regulation, Agency policy, procedure or practice is subject to appropriate disciplinary action, up to and including termination.

Disciplinary action may range from a warning to suspension or discharge, depending upon the nature of the incident and the relevant surrounding circumstances.

### Your Responsibilities as an Abilities First Employee

- ✓ Attend required training, and read and understand Abilities First's Corporate Compliance Plan, Corporate Compliance Policies and Procedures, and Code of Conduct.
- ✓ Follow the Agency's Code of Conduct and abide by all policies and procedures, guidelines, and Federal and State laws and regulations.
- ✓ Be alert to any situation that could violate the Agency's Code of Conduct, policies and procedures, guidelines, and/or federal and state laws and regulations.
- ✓ Promptly report any issues, concerns, violations or suspected violations to your supervisor or the Compliance Officer.

*Employees and consultants who violate these guidelines are subject to disciplinary action including but not limited to termination. Employees and consultants shall promptly report all suspected violations of the Code of Ethical and Legal Behavior and Standards of Compliance, Agency policies, laws or regulations to the appropriate level of management. Abilities First will not permit any action of retaliation or reprisal to be taken against any employee/consultant who reports a violation of law, regulation, standard, procedure, or policy. Any questions, comments, or concerns regarding this Code should be brought to any management team member or the Compliance Officer, at 845-485-9803, extension 1356, the Hotline at 845-485-5983, or at [compliance@abilitiesfirstny.org](mailto:compliance@abilitiesfirstny.org)*

# TRAINING

## Policy:

The development and implementation of regular, effective education and training sessions for employees is an integral part of the Compliance Program. All employees must receive an introduction to the Compliance Program. Employees whose work is linked to identify risk areas should receive specialized compliance education pertaining to their function and responsibilities.

1. Newly hired staff will receive training related to the organization's overall Compliance Program during orientation.
2. All employees & the Board of Directors will receive compliance training on an annual basis. Training may be provided via an online learning management system or in person. Training is mandatory and is a condition of continued employment.

## Procedures:

1. The Compliance Officer in conjunction with the Quality Assurance Coordinator is responsible for developing the compliance education curriculum and monitoring and ensuring that compliance training and orientation meet the policy standards on this subject.
2. Compliance training must include an explanation of the structure and operation of the Compliance Program and department, including compliance staff members, in particular, the Compliance Officer. Employees are encouraged to follow the chain of command for reporting compliance issues or concerns.
3. Compliance training sessions, at a minimum, will include information on the following aspects of the compliance program:
  - Code of Conduct and other related written guidance
  - False Claims Act
  - Whistleblower Act
  - Anti-Kick Back Statute
  - Communication channels including the anonymous Employee Hotline
  - Organizational expectations for reporting problems and concerns
  - Non-retaliation policy
4. Educational materials are provided and updated to facilitate the compliance sessions and ensure that a consistent message is delivered to all employees.
5. As part of orientation, each employee and contractor will receive training on Corporate Compliance. Each employee and contractor will receive an introduction to Abilities First's Compliance Program, objectives and a written copy of the Code of Conduct/Standards of Compliance. Each new employee or contractor will sign an acknowledgement that they are aware of and will abide by the Compliance Plan and Code of Conduct/Standards of Compliance.

6. All existing employees will receive a training session at least once per calendar year that includes a review of the existing Compliance Plan, the Code of Conduct, and any applicable policies and procedures. The session will also focus on any changes in federal or state laws and regulations.
7. All education and training relating to the Compliance Program will be verified by attendance and a signed acknowledgement of receipt of training. The individual conducting the training will take attendance at all training sessions through the use of a sign-in sheet.
8. Employees will be provided with the opportunity to seek clarification or more information on any aspect of the Compliance Program. Trainers who are not able to answer specific questions will arrange for follow-up to be conducted by the Compliance Officer or another member of senior management.
9. Only properly trained individuals will conduct compliance education and training sessions. Compliance Program Trainers must be knowledgeable of the (a) Compliance Program; (b) applicable federal laws and regulations; (c) requirements of the Federal Sentencing Guidelines; (d) relevant organization policies/procedures; (e) operations of the Compliance Program; and (f) content of the Code of Conduct.
10. Managers shall assist the Compliance Officer in identifying areas that require specific training. The Compliance Officer is responsible for coordinating with management to ensure that specialized compliance education occurs in identified risk areas.
11. The Compliance Officer is also responsible for submitting periodic reports to the Corporate Compliance Committee and Board of Directors on all education sessions related to the Compliance Program.

## AUDITING / MONITORING

It is the policy of Abilities First to monitor overall service provisions throughout Abilities First's programs. The Quality Assurance Coordinators that have an assigned audit focus, has primary responsibility for auditing and monitoring programs. Through monitoring activities, areas of regulatory non-compliance, quality of life concerns and/or procedural irregularities that impact the quality of services are identified. The Quality Assurance Coordinator is responsible for providing program staff with training, guidance and technical support in developing corrective actions to issues and maintaining compliance with regulations and Agency policy and philosophy. Compliance reports, plans of corrective action and / or correspondence to Agency administrators and/or State Department representatives are prepared in conjunction with the Department Directors as required and/or directed.

Under the supervision of the Compliance Officer and in collaboration with the Program Directors, the Quality Assurance Coordinator conducts internal audits in residential, educational, and day service locations at least annually with primary emphasis on Medicaid funded programs. Such activity includes:

- A. Routinely monitoring residences, day program areas, community hab services, and classrooms to ensure the needs of individuals are being met through meaningful activities and interactions as well as comply with State and Federal regulations and Agency policy and procedures.
- B. For Medicaid Waiver funded programs, the Quality Assurance Team will utilize the audit protocols that are employed by the Office of the Medicaid Inspector General ("OMIG"), Office for People With Developmental Disabilities ("OPWDD"), The New York State Office of Alcoholism and Substance Abuse Services ("OASAS"), or any other State Oversight Agency ("SOA") that provides a license to Abilities First. The audit tools include guidance from the most recent Administrative Memorandums from OPWDD and the OMIG, but at a minimum include OPWDD ADM #2010-01 and ADM #2015-01.
- C. For Preschool/School Supportive Health Services (SSHSP) programs, an audit tool was developed incorporating Medicaid billing requirements in accordance with the SSHSP Billing/Claiming Guidance Document Handout 7 and the Preschool Folder Checklist. Each program is audited at least annually, in conjunction with monthly prospective billing reviews. See the Operational Compliance Binder for the SSHSP Billing/Claiming Guidance Document Handout 7 and the Preschool Folder Checklist.
- D. Prospective billing audits are conducted randomly throughout the year.
- E. Provides verbal and / or written feedback to Program Managers/Directors regarding monitoring findings.
- F. Offers technical assistance and training to staff as well as follow-up monitoring activities at the location if indicated in order to improve quality of life and/or compliance issues.
- G. Communicates any ongoing quality of life and/or compliance issues, staff resistance or training issues, etc. with the Program Director and Senior Management.
- H. Conducts investigations as directed per Agency procedures.

- I. Conducts an annual Risk Assessment. The current method used is based on past audits, both external & internal as well as programs that undergo staffing changes that may lead to vulnerability.
- J. Develops and implements a Compliance Calendar to review program records on at an annual basis.
- K. File reviews will include assurances of regulatory compliance and where appropriate, a review of notes to ensure qualitative service delivery. The reviews are completed using the most current OMIG Protocol found on the OMIG website [www.omig.ny.gov](http://www.omig.ny.gov).
- L. The findings of all audits will be reported to the Corporate Compliance Committee, which meets every other month.

**Procedures for auditing program documents (conducted by the Fiscal Department):**

- A. A periodic audit of coding and billing practices occurs to identify that bills are accurately coded and accurately reflect the services provided. This is accomplished through the use of existing tools and systems such as Millin Associates and FundEZ (our billing software), manual billing records, daily session logs, progress notes, and internal audit checklists. The Fiscal Department uses various documentation rules, regulations or guidelines based on the billing area that is being reviewed.

- B. Review of billing practices against Medicaid Regulations:

Due to changes in Medicaid Regulations, rate changes and operational changes within the Agency, it is important for the Agency to periodically review its billing practices to ensure that it remains compliant. At least once a year, the Director of Finance or their Designee will review written billing procedures and / or meet with billing staff on how billing occurs and what process is being used to ensure compliance. The Director of Finance or their Designee will also address if there have been any changes in billing practice since the last review. The Director of Finance will provide any resources to billing staff that may assist in understanding the Medicaid Regulations that apply to their billing practice.

In addition to the Quality Assurance Coordinator's review and the Fiscal Department's review, each department conducts its own internal audits. If during the course of a departmental internal audit, a compliance concern is discovered, the Department Director or designee will contact the Compliance Officer or the Quality Assurance Coordinator for follow-up and guidance.

## **Self-Disclosure**

In the event of a discovery of an improper payment, each situation will be considered on a case-by-case basis. Overpayments may be handled through self-disclosure to the OMIG or through internal billing processes. The repayment of simple, more routine occurrences will be done through typical methods of resolution, which may include voiding or adjusting the amounts of the claim. Factors to consider include what the specific issue is, the amount involved, whether the issue is systemic and the period of non-compliance.

Issues that may be disclosed include, but are not limited to:

- Substantial routine errors
- Systematic errors
- Patterns of errors
- Potential violations of fraud and abuse laws

## **Corrective Action Plans**

In the event that a compliance issue occurs, the Quality Assurance Coordinator in collaboration with the Compliance Officer will create a detailed report indicating why the practice is non-compliant and make recommendations to move the Agency/department into compliance.

In the event that an internal audit uncovers billing errors or misconduct, the appropriate Department Director will be notified. Errors may only be corrected as long as they are in compliance with Abilities First's Compliance Plan and are within the allowable federal and state regulations.

A written plan of correction, by the Department Director, is to be submitted to address the issues found in an internal audit to the President & Chief Executive Officer, Chief Financial and Administrative and Officer, Vice President responsible for oversight of the program, and Compliance Officer within one week of the audit. In the event of misconduct, standard disciplinary measures will be enforced.

The Human Resources Department is responsible for ensuring that appropriate policies are provided to employees annually.

# EMPLOYEE & CONTRACTOR EXCLUSION SCREENING

Abilities First, is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, Abilities First will conduct appropriate screening of key providers, employees, independent contractors, and health related business vendors to ensure that they have not been sanctioned by a federal or state law enforcement, regulatory, or licensing Agency.

1. It is the policy of Abilities First not to employ, contract with, or conduct business with an individual or entity **excluded** from participation in federally sponsored health care programs, such as Medicare and Medicaid.
2. Abilities First will conduct exclusion (sanction) screening of all current and proposed employees and independent contractors.
3. Abilities First will verify that entities and businesses that provide and/or perform services for the Agency have not been the subject of adverse governmental actions and/or excluded from the federal healthcare programs.

## Procedures:

Abilities First will conduct exclusion checks to verify that all employees and independent contractors have not been excluded from participation in federal healthcare programs. An exclusion check is a search of the following to determine if the individual or entity's name appears on either list:

- a. U. S. Department of Health and Human Services, Office of Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) available on the website at <http://oig.hhs.gov/fraud/exclusions.html>;
- b. The General Services Administration (GSA)'s Excluded Parties List System available on the GSA website at <http://www.epls.gov/>;
- c. The NYS Office of the Medicaid Inspector General (OMIG) <http://omig.ny.gov/data/>

Abilities First has contracted with EP Staff Check to perform exclusion checks. A check is performed on all applicants for employment as part of the pre-employment screening process. All staff, volunteers and board members are checked on a monthly basis by the Human Resources Department. The results of the monthly EP Staff Check are kept with the Human Resources Department.

1. The Agency Representative responsible for the arrangements with independent contractors shall be responsible for conducting exclusion checks prior to entering an agreement with an independent contractor.
2. Contracts with business vendors will contain a certification that the vendor and its employees are not excluded by the federal government.
3. If the exclusion check indicates that any individual or entity has been excluded from participation in federal healthcare programs, the individual or entity cannot be employed by or conduct business with Abilities First

4. In addition to exclusion screening, the credentials of medical / healthcare professionals employed by Abilities First or with whom they establish a contractual business relationship will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individuals that might impair his or her performance of duties, or fiduciary responsibilities on behalf of the Agency. The process will include, but not be limited to, physicians and other health care practitioners for which the license is required for the performance of their duties. The screening and verification will be conducted as part of the hiring process or prior to entering a contractual agreement and at least annually thereafter.
5. The results of all exclusion checks will be maintained by the Human Resources Department.

# FALSE CLAIMS ACT & WHISTLEBLOWING

## Overview of the False Claims Act:

The False Claims Act, 31 U.S.C. & 3729 *et seq.*, is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of \$5,500 to \$11,000 for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim. Some examples include knowingly making false statements, falsifying records, submitting claims for services never performed or items never furnished, double-billing for items or services, using false records or statements to avoid paying the Government, or otherwise causing a false claim to be submitted.

Suspected improper activities could include but not limited to:

- Misuse of cash and other assets, whether tangible or intangible, real or personal property. This includes accepting gifts of a value greater than \$50 individual or \$100 cumulative in a year or in any way influencing participants or their families to provide gifts either monetarily or in kind.
- Providing services by staff or consultants who are unqualified according to their job description such as failure to renew license or credentials, loss of license or credentials.
- Providing differential care based on the participant’s race, religion, payer source, etc. rather than their needs.
- Violation of HIPAA privacy policies.
- Use of Confidential Agency information for personal gain.
- Falsified records used as a basis for billing.
- Falsifying records such as time sheets.
- Filing claims to more than one payer (double-billing) except in cases where there are legitimate, multiple funding sources, i.e., a primary and secondary insurance.
- Participating in outside activities that could improperly influence your actions, such as consulting with a competitor without first disclosing that relationship to management.
- Providing payment, gifts, discounts, or other items of value in exchange for referrals of individuals whose services are funded by Medicaid/Medicare.
- Misuse of Abilities First’s or a participant’s property, including theft or embezzlement.
- Misuse of participant records.

## **Whistleblower or “Qui Tam” Provisions:**

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or whistleblower provision.

In a Qui Tam action a private party called a relator brings an action on the government’s behalf. The government, not the relator is considered the real plaintiff. If the government succeeds, the relator receives a share of the award. For example, the federal False Claim Act authorizes qui tam actions against parties who have defrauded the federal government 31U.S.C. § 3279 ET SEQ. If successful a relator in a False Claims Act Qui Tam action receives up to 30% of the government’s award.

The False Claims Act prohibits discrimination by this or any other Agency against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to relief. Such relief may include reinstatement, double back pay, and compensation for any special damages.

No supervisor, coordinator, manager, director, department head, or any other employee with authority to make or materially influence significant personnel decisions shall take or recommend an adverse personnel action against an employee, volunteer, consultant, participant, or affiliate in knowing retaliation for disclosing alleged wrongful conduct to an Agency officer or any public body. Any individual found to have so violated this Policy, shall be disciplined, up to and including termination, in accordance with existing Agency rules, policies, and procedures.

Any employee, volunteer, consultant, participant, affiliate who feels he/she has been retaliated against for reporting any improper activity, whether perceived or real, can report his/her allegation to the Compliance Officer, the Chief Advancement Officer, Chief Financial and Administrative Officer, or President & Chief Executive Officer.

While the Agency will make every effort to maintain the anonymity of the individual making the allegation, it is often difficult to do so especially in instances where an investigation is evident. Therefore, we cannot guarantee anonymity. Similarly, the identity of the subjects of an investigation will be maintained in confidence with the same limitations.

Once an allegation is brought to the Compliance Officer’s attention, the Compliance Officer will investigate or assign the appropriate individual, department, group or outside Agency to conduct a thorough investigation using standard investigative practices. The individual providing the initial information should refrain from obtaining evidence for which they do not have a right to access. Such improper access may itself be considered an improper activity (such as improper access to information which would otherwise be prohibited under HIPAA Privacy rules). The intentional filing of a false report, whether orally or in writing is itself considered an improper activity. The individual making the allegation should expect to be interviewed and should be willing to provide detailed information in writing. Those individuals making an anonymous allegation should provide as much detail as possible.

A whistleblower’s right to protection from retaliation does not extend to immunity for any complicity in the matters that are the subject of the allegations or an ensuing investigation.

## Specific Provisions:

1. Abilities First will provide training in this policy and procedure to all its employees, contractors and agents. This training will be provided to all new employees as part of the new employee orientation. The Compliance Officer will ensure that records are maintained to document the receipt of training.
2. Abilities First will perform billing activities in a manner consistent with the regulations and requirements of third-party payers, including Medicaid and Medicare.
3. Abilities First will conduct regular auditing and monitoring procedures as part of its efforts to assure compliance with applicable regulations.
4. Any employee, contractor or agent who has any reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the practice according to Abilities First Reporting of Compliance Concerns and Non-Retaliation Policy and Procedure.
5. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
6. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
7. The Compliance Officer will assure that this policy and procedure is attached to any contact with outside contractors or agents.

# INVESTIGATION OF COMPLIANCE ISSUES

## Policy:

Abilities First implemented a Quality Assurance Program in an effort to establish a culture within the organization that promotes prevention, detection and resolution of misconduct. This policy is designed to establish a framework for managing and responding to compliance issues that are raised to the Quality Assurance Department. This is accomplished, in part, by establishing communication channels for employees to report problems and concerns. Employees are encouraged to report issues via the traditional chain of command, Human Resources, Compliance Hotline, or directly to the Compliance Officer. The Compliance Officer is responsible for responding to compliance issues that are raised through the various communication channels. All reports of compliance violations are taken seriously and investigated in a timely manner and each report is fully documented.

## Procedures:

Abilities First will respond to reports or reasonable indications of suspected non-compliance by commencing a prompt and thorough investigation of the allegations to determine whether a violation has occurred.

The Compliance Officer is only responsible for resolving compliance-related issues; however, employees should not be discouraged from using any specific communication channel. Employees who report non-compliance related issues or concerns to the Compliance Officer, the Compliance Hotline, or to [compliance@abilitiesfirstny.org](mailto:compliance@abilitiesfirstny.org) will be redirected to the appropriate department or individual. In instances where the employee seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or individual.

1. The Compliance Officer will conduct or assign a qualified person to conduct all internal investigations involving compliance-related issues and shall have the authority to engage outside legal counsel or other consultants, as needed. The Compliance Officer will consider whether the investigation should be conducted under attorney/client privilege.
2. Before conducting an investigation of any compliance-related issue, the Compliance Officer shall have a full understanding of the relevant laws, regulations, and government issuances. Where the Compliance Officer has a potential or actual conflict of interest, another managerial employee is appointed by the Compliance Officer or the President & Chief Executive Officer.
3. Upon report or notice of alleged non-compliance, the Compliance Officer or designee will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative technique. The Compliance Officer or designee should: (a) conduct a fair impartial review of all relevant facts; (b) restrict the inquiry to those necessary to resolve the issues; and (c) conduct the inquiry while maintaining confidentiality and discretion to the extent possible.

4. If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible noncompliance of any criminal, civil, or administrative law to warrant further investigation, the issue may be turned over to legal counsel. In such instances, a memorandum describing the incident should be directed to legal counsel with a copy to the President & Chief Executive Officer and/or the Board of Directors. The memorandum should state whether legal counsel or the Compliance Officer will be leading the investigation. All documents produced as a result of the investigation and forwarded to legal counsel to be possibly protected from disclosure should include the notation: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."
5. For investigations that do not involve legal counsel, the Compliance Officer will determine what personnel possess the requisite skills to examine the issue(s) and will assemble a team of investigators, as needed. The Compliance Officer will also decide whether the Agency has sufficient internal resources to conduct the investigation or whether external resources are necessary.
6. The Compliance Officer or designee shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation. The Compliance Officer will consider the need for an audit of billing practices and determine the scope of interviews.
7. The Compliance Officer or designee will maintain all notes of the interviews and review of documents as part of the investigation file, including documenting each interview at all stages of the investigation.
8. The Compliance Officer should ensure that the following objectives are accomplished:
  - Notify appropriate internal parties;
  - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
  - Determine the necessary corrective action measures, (e.g., policy changes, operational changes, system changes, personnel changes, training/education);
  - Document the investigation.
  - Provide a complete list of findings and recommendations;
  - Debrief complainant to the best of our ability while maintaining appropriate confidentiality.

**Method(s):**

The investigation is conducted as follows:

1. The Compliance Officer, or their designee, and/or the investigative team interviews the individual who reported the violation in a private setting, as soon as possible, to obtain a first-hand report of the alleged violation.
  - The individual is encouraged to disclose all facts and other relevant information regarding this or any other alleged violation and to sign a written summary of his/her report, as prepared by the Compliance Officer (The complainant is **not required** to sign a summary in order for the investigation to proceed.)
  - The individual is reminded that the organization will not tolerate any form of retaliation for having made the report and is advised to report any retaliation or threatened retaliation to the Compliance Officer or to the Human Resources Department. Human Resources Staff will notify the Compliance Officer of any threats or reports of retaliation for compliance reporting.

- Even if the individual states that he / she does not want anyone to “get in trouble,” or does not want an investigation to occur, the Compliance Officer should explain that the organization has a legal responsibility to investigate any allegation of a compliance violation.
2. Interviews in a private setting, any witnesses or other persons who are likely to have knowledge concerning the alleged violation, including participants, vendors and other providers.
    - A union-eligible employee has the right to have his/her union representative or another employee present.
    - Interviewees are reminded that the organization will not tolerate any form of retaliation for having participated in the investigation, and that the interviewee should immediately report any retaliation or threatened retaliation to the Compliance Officer or to the Human Resources Department. Human Resources Staff will notify the Compliance Officer of any threats or reports of retaliation for compliance reporting.
    - Interviewees are encouraged to disclose all facts and relevant information to enable the organization to make an informed decision, as to the occurrence of a compliance violation and the appropriate action, which should be taken.
  3. If no corroboration for the report of the compliance violation can be obtained as a result of the interviews, the Compliance Officer shall make a determination as to whether the scope of the investigation should be broadened. The Compliance Officer should make a determination as to whether it is appropriate to seek legal counsel.
  4. Interviews the alleged wrongdoer(s) in a private setting.
    - A union-eligible employee who is subject to potential discipline must be given the opportunity to have his/her union representative or another employee present during the interview.
    - Explain that a report has been made concerning a possible compliance violation, and that no conclusions or decisions have yet been made by the Agency. If the employee is, however, subsequently discovered to have failed to disclose all information known to him or her, this shall be ground for termination.
    - Carefully document the interview.
  5. Upon receipt of the results of the investigation, depending upon the scope and severity of the identified violations, the Compliance Officer may consult with legal counsel, the Executive Officers, the Board of Directors and/or the Corporate Compliance Committee to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions, (b) the completeness, objectivity and adequacy of recommendations for corrective actions; and/or (c) further actions to be taken as necessary and appropriate.

If the Compliance Officer determines that a violation occurred, the Compliance Officer contacts the Agency’s counsel to determine the need for reporting the violation to an outside authority.

## 6. Employee discipline

If it is determined that a violation occurred where employee disciplinary action is indicated, following consultation with counsel as appropriate, the President & Chief Executive Officer and / or the Corporate Compliance committee, the Compliance Officer:

- Shall meet with the immediate supervisor of the employee found in violation, and a representative of Human Resources to review the investigation findings.
- If Human Resources and the employee's supervisor agree that a violation has occurred after reviewing the Compliance Officer's investigation, a final determination as to appropriate discipline is made
- If a senior manager has engaged in a compliance violation, the Compliance Officer shall confer with the President & Chief Executive Officer, and/or the organization's legal counsel on the appropriate disciplinary action

**Follow-Up:**

Investigation follow up is as follows.

1. The Compliance Officer or his / her designee (which could be the investigator) telephones or sends a letter to the individual who made the initial compliance violation report informing him/her that the organization's investigation has concluded and, if applicable stating that appropriate corrective action has been taken as a result. The letter also should repeat the organization's policy against retaliation and invite the individual to immediately report any suspected retaliation or further compliance violations. The letter should express the Agency's thanks to the employee for his or her assistance in ensuring that the Agency conforms to the highest standards of delivery of services.
2. If the results of the investigation are inconclusive, telephones or sends a letter to the alleged wrongdoer, stating that the investigation has concluded and that no further action will be taken. The letter should state that:
  - The organization is committed to providing services in a manner which complies with the attached guidelines and policies
  - The organization will not tolerate retaliation against anyone who makes a report to the Compliance Officer
  - Ask that the employee take the time to review the attached compliance guidelines and/or policies.
3. Prepares and submits any necessary government report, after consultation with the Agency's legal counsel and at the direction of the President & Chief Executive Officer and/or Board of Directors.
4. Submits any necessary refund to the appropriate government Agency or third-party payor after consultation with the Agency's legal counsel and at the direction of the President & Chief Executive Officer and/or Board of Directors.

**Conclusion:**

Upon conclusion of the investigation, the Compliance Officer or designee will organize the information in a manner that enables the Agency to determine if an infraction did, in fact, occur. The Compliance Officer or designee will track the investigation, responsible parties and due dates in a compliance log. The log will include the resolution of the investigation as closed or fully resolved.

The Compliance Officer will be responsible for reporting the results of all investigations to the President & Chief Executive Officer, Corporate Compliance Committee and the Board.

# REPORTING NONCOMPLIANCE CONCERNS AND NON-RETALIATION

## Purpose:

We at Abilities First recognize that a critical aspect of our Compliance Program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state requirements, as well as the organization's ethical and business policies.

To promote this culture, Abilities First established a compliance reporting process and a strict non-retaliation policy to protect employees and others who report problems and concerns in good faith from retaliation. Any form of retaliation or retribution can undermine the compliance resolution process and result in a failure of communication channels in the organization. Retaliation or retribution against anyone reporting known or suspected misconduct, including actual or potential violations of laws, regulations, policies, and procedures, Agency's Compliance Plan or the Agency's Code of Conduct is **strictly prohibited**.

## Policy:

1. All employees have an affirmative duty and responsibility for promptly reporting any known or suspected misconduct, including actual or potential violations of laws, regulations, policies, and procedures, Agency's Compliance Plan or the Agency's Code of Conduct.
2. The "open-door policy" is maintained at all levels of management to encourage employees to report problems and concerns.
3. Abilities First maintains a Compliance Hotline. Employees may report their compliance concerns to the Compliance Officer. Abilities First will do our best to maintain the confidentiality of the reporting individual although we cannot guarantee anonymity, Abilities First will maintain confidentiality to the extent possible and allowable by law. Employees may also report compliance concerns anonymously through use of the Compliance Hotline. This hotline is checked every workday. The telephone number for the Hotline is 845-485-5983.

In addition to the Compliance Hotline Abilities First, has a dedicated email address for the reporting of compliance concerns. The email is [compliance@abilitiesfirstny.org](mailto:compliance@abilitiesfirstny.org). The email address **is not** a method for anonymous reporting.

4. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
5. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
6. Employees cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action.

## Procedures that apply to all employees:

1. Knowledge of misconduct, including actual or potential violations of laws, regulations, policies, procedures, or the organization's Code of Conduct, must be immediately reported to management, the Compliance Officer, or the Compliance Hotline.
2. Confidentiality will be maintained to the extent that is practical and allowable by law. Employees should be aware that Abilities First is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.
3. Employees may report their compliance concerns anonymously to the Compliance Hotline. If they wish, they can provide their identity. Callers should be aware, however, that it may not be possible to preserve anonymity if they identify themselves, provide other information that identifies them, the investigation reveals their identity, or if they inform others that they have called the Compliance Hotline.
4. If the caller wishes to make the report anonymously to the Compliance Hotline, no attempt will be made to trace the source of the call or identify the person making the call. However, please make every effort to provide as many details as possible so that we can appropriately investigate the report. The Compliance Hotline number is published and visibly posted in a manner consistent with employee notification in locations frequented by Agency employees.
5. Abilities First will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith regarding a practice that the individual believes may violate the Agency's Compliance Plan, Code of Conduct, its Compliance Policies and Procedures, or any of the laws, rules or regulations by which the Agency is governed. "Good faith" means that the incident is reported as soon as it is discovered and that the individual believes that the potential violation actually occurred as he or she is actually reporting.
6. Abilities First strictly prohibits its employees from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation against any employee for reporting his or her concerns relating to a possible violation of the Agency's Corporate Compliance Plan, Code of Conduct, its Compliance Policies and Procedures, or any of the laws, rules or regulations by which the Agency is governed.
7. If an employee believes in good faith that they have been retaliated against for reporting a compliance complaint or concern or for participating in any investigation of such a report or complaint, the employee should immediately report the retaliation to the Compliance Officer, the Compliance Hotline, or at [compliance@abilitiesfirstny.org](mailto:compliance@abilitiesfirstny.org). The report should include a thorough account of the incident(s) and should include the names, dates and specific events, the names of any witnesses and the location or name of any document that supports the alleged retaliation. If anyone observes or perceives that another individual is being retaliated against for reporting an incident, then that person should also report the retaliation.
8. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer, the Compliance Hotline, or at [compliance@abilitiesfirstny.org](mailto:compliance@abilitiesfirstny.org).

**Procedures that apply to management (which includes executives, directors, managers, and supervisors):**

Management must take appropriate measures to ensure that all levels of management support this policy and encourage the reporting of problems and concerns.

- Meet with department staff and discuss the main points within this policy

**Procedures that apply to the Compliance Officer**

1. The Compliance Officer will be responsible for the investigation and follow-up of any reported retaliation against an employee for reporting a compliance concern or participating in the investigation of a compliance concern.
2. The Compliance Officer will report the results of an investigation into suspected retaliation to the governing entity deemed appropriate, such as the Corporate Compliance Committee or the Board of Directors.