



Corporate Compliance Plan

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By: Community Action of Orleans and Genesee Board of Directors

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Community Action of Orleans and Genesee CORPORATE COMPLIANCE POLICY

I. Policy

It has been and continues to be the policy of Community Action of Orleans and Genesee (Community Action) to comply with all applicable federal, state, and local laws and regulations, and payer requirements. It is also the Agency's policy to adhere to the Code of Ethics that is adopted by the Board of Directors, the Executive Director, and the Compliance Committee.

II. Commitment

We are committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral practices. We will hold our employees, contracted practitioners, and vendors to these same standards.

Community Action is committed to maintaining and measuring the effectiveness of our Compliance policies and standards through monitoring and auditing systems reasonably designed to detect noncompliance by its employees and agents. We shall require the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in federal and state health care statutes, regulations, and health care program requirements.

III. Responsibility

All employees, contracted practitioners, and vendors shall acknowledge that it is their responsibility to report any suspected instances of suspected or known noncompliance to their immediate supervisor, the Compliance Officer or the Executive Director. Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources or to the respective Program Director if appropriate.

IV. Policies and Procedures

Community Action will communicate its compliance standards and policies through required training initiatives to all employees, contracted practitioners, and vendors. We are committed to these efforts through distribution of this Compliance Policy and the Agency policies governing Conduct and Compliance.

V. Enforcement

This Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals responsible for failure to detect and/or report noncompliance.

VI. Agency Response

Detected noncompliance, through any mechanism, i.e., compliance auditing procedures and/or confidential reporting, will be responded to in an expedient manner. We are dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan.

VII. Due Diligence

Community Action will exercise due diligence with regard to background and applicable professional license investigations for all prospective employees, contractors, vendors, and members of the Board of Directors at all times.

VIII. Whistleblower Provisions and Protections

Community Action will not take any retaliatory action against an employee if the employee discloses certain information about Community Action's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that Community Action is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of customer care.

Code of Ethics and Philosophy

I. Philosophy

We, as Community Action professionals, dedicate ourselves to eliminating poverty in Orleans and Genesee Counties. We offer opportunity through education and training, employment, crisis intervention and support, and with respect for our customers, commit ourselves to the ethical values in our Value Statement.

II. Mission

To provide services, with dignity and respect, that help people become self-sufficient.

III. Expectations

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

Employees may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of Community Action. Employees must disclose any circumstances where the employee or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with Community Action; (ii) provides to, or receives from, Community Action any consumer referrals; or (iii) competes with Community Action. Employees may not without permission of the Compliance Officer accept, solicit, or offer anything of value from anyone doing business with Community Action.

Employees are expected to maintain complete, accurate, and timely records as required by Community Action and current regulations and policies. The term “records” includes all documents, both written and electronic, that relate to the provision of Agency services or provide support for the billing of those services. Records must reflect the actual service provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document, and the reason for the alteration, if not apparent. No person shall ever sign the name of another person to any document. Signature stamps shall not be used. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to immediate supervisors, the Compliance Officer (CO) or the Executive Director, so each situation may be appropriately dealt with. The CO may be reached at (585) 589-5605, extension 117.

The Role of the Compliance Officer

I. Compliance Officer

The Board of Directors of Community Action designates the Director of Housing and Support Services as the Compliance Officer (CO). The CO has direct lines of communication to the Executive Director and to the Board of Directors.

II. Job Duties

The CO is directly obligated to serve the best interests of our agency, customers and employees. Responsibilities of the CO include but are not limited to:

- Developing and implementing compliance policies and procedures (P&P).
- Overseeing and monitoring the implementation of the compliance program.
- Directing Agency internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management and program staff regarding policies and procedures and governmental laws, rules, and regulations.
- Updating, periodically, the Compliance Plan as changes occur within Community Action, within the law and regulations, or governmental and third party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Plan.
- Coordinating, developing, and participating in the educational and training program.
- Guaranteeing independent contractors (consumer care, vendors, billing services, etc.) are aware of the requirements of Community Action's Compliance Plan.
- Actively seeking up-to-date material and releases regarding regulatory compliance.
- Maintaining a reporting system and responding to concerns, complaints, and questions related to the Compliance Plan.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to compliance.
- Coordinating internal investigations and implementing corrective action.

The Structure, Duties, and Role of the Compliance Committee

I. Reporting Structure and Purpose

Compliance Committee (CC) members are appointed by the Executive Director and approved by the Board of Directors. Compliance issues are reported by the CC to the Executive Director and Board, where appropriate. The CC purpose is to advise and assist the Compliance Officer (CO) with implementation of the Compliance Plan (CP).

II. Function

The roles of the Compliance Committee include:

- Analyzing the environment where Community Action does business, including legal requirements with which it must comply.
- Reviewing and assessing existing policies and procedures that address these risk areas for possible incorporation into the CP.
- Working with departments to develop standards and policies and procedures that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate departments relative to compliance matters.
- Developing internal systems and controls to carry out compliance standards and policies.
- Monitoring internal and external audits to identify potential non-compliant issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.

Delegation of Substantial Discretionary Authority

I. Requirement

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for Community Action is required to disclose any name changes and any involvement in non-compliant activities including health care related crimes. In addition, Community Action performs reasonable inquiries into the background of such applicants, contractors, vendors, and Members of the Board of Directors.

The following organizations may be queried with respect to potential employees, contractors, vendors and Members of the Board of Directors:

- a) General services administration: list of parties excluded from federal programs. The URL address is <http://epls.gov/epls/servlet/EPLSSearchMain/2>.
- b) HHS/OIG cumulative sanction report. The URL address is <http://exclusions.oig.hhs.gov/search.html>.
- c) NYS Medicaid Fraud Database. The URL address is <http://www.health.state.ny.us/nysdoh/medicaid/dqprvpg.htm>.

Education and Training

I. Expectations

Education and training are critical elements of the Compliance Plan (CP). Every employee and agent is expected to be familiar and knowledgeable about Agency's CP and have a solid working knowledge of his or her responsibilities under the plan. Compliance policies and standards will be communicated to all employees through required participation in training programs.

II. Training Topics - General

All personnel and members of the Board of Directors shall participate in training on the topics identified below:

- Government and private payer reimbursement principles;
- Government initiatives;
- History and background of Corporate Compliance;
- Legal principles regarding compliance and Board responsibilities related thereto;
- General prohibitions on paying or receiving remuneration to induce referrals and the importance of fair market value;
- Prohibitions against submitting a claim for services when documentation of the service does not exist to the extent required;
- Prohibitions against signing for the work of another employee;
- Prohibitions against alterations to medical records and appropriate methods of alteration;
- Prohibitions against rendering services without a signed physician's order or other prescription, if applicable;
- Proper documentation of services rendered; and
- Duty to report misconduct.

III. Training Topics - Targeted

In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics. Managers shall assist the CO in identifying areas that require specific training and are responsible for communication of the terms of this CP to all independent contractors doing business with Community Action.

IV. Orientation

As part of their orientation, each employee and contractor shall receive a written copy of the Compliance Plan, policies, and specific standards of conduct that affect their position.

V. Attendance

All education and training relating to the Compliance Plan will be verified by attendance and a signed acknowledgement of receipt of the Compliance Plan and standards.

Attendance at compliance training sessions is mandatory and is a condition of continued employment.

Effective Confidential Communication

I. Expectations

Open lines of communication between the Compliance Officer (CO) and every employee and agent subject to this Plan are essential to the success of our Compliance Program. Every employee has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

II. Reporting Procedure

If an employee, contractor, or agent witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan, he or she should contact the CO, his or her Supervisor, Program Director, or the Executive Director. Reports may be made in person or by calling a telephone extension of the CO, mailing information to 409 East State Street, Albion, NY or by submitting the report through the process on the Agency website located at www.caoginc.org.

Upon receipt of a question or concern, any supervisor, officer, or director shall document the issue at hand and report to the CO. Any questions or concerns relating to potential non-compliance by the CO should be reported immediately to the Executive Director.

The CO or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Code of Ethics or its application, the CO or designee shall record the facts of the call and the nature of the information sought and respond as appropriate. Community Action shall, as much as is possible, protect the anonymity of the employee or contractor who reports any complaint or question.

III. Protections

The identity of reporters will be safeguarded to the fullest extent possible and will be protected against retribution. Report of any suspected violation of this Plan by following the above shall not result in any retribution. Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under the Plan is acting against the Community Action's compliance policy. Discipline, up to and including termination of employment, will result if such reprisal is proven.

IV. Guidance

Any employee and agent may seek guidance with respect to the Compliance Plan or Code of Conduct at any time by following the reporting mechanisms outlined above.

Enforcement of Compliance Standards

I. Background Investigations

For all employees who have authority to make decisions that may involve compliance issues, Community Action will conduct a reasonable and prudent background investigation, including a reference check, as part of every employment application.

II. Disciplinary Action - General

Employees who fail to comply with Agency's compliance policy and standards, or who have engaged in conduct that has the potential of impairing the Agency's status as a reliable, honest, and trustworthy service provider, will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The CO shall maintain a record of all disciplinary actions involving the Compliance Plan and report at least quarterly to the Board of Directors regarding such actions.

III. Performance Evaluation - Supervisory

Community Action's Compliance Program requires that the promotion of, and adherence to, the elements of the Compliance Program be a factor in evaluating the performance of Agency employees and contractors. They will be periodically trained in new compliance policies and procedures. In addition, all managers and supervisors will:

- a. Discuss with all supervised employees the compliance policies and legal requirements applicable to their function.
- b. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.
- c. Disclose to all supervised personnel that Community Action will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

IV. Disciplinary Action - Supervisory

Managers and supervisors will be sanctioned for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided Community Action with the opportunity to correct them.

Auditing and Monitoring of Compliance Activities

I. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of Community Action's Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer (CO) and in consultation with the Compliance Committee (CC), is an integral component of our auditing and monitoring systems. This ongoing evaluation shall include the following:

- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
- Compliance audits of compliance policies and standards; and
- Review of documentation and billing relating to claims made to federal, state, and private payers for reimbursement, performed internally or by an external consultant as determined by CO and CC.

The audits and reviews will examine the Community Action's compliance with specific rules and policies through on-site program visits, staff interviews, general questionnaires (submitted to employees and contractors), and consumer record documentation reviews.

II. Plan Integrity

Additional steps to ensure the integrity of the CP will include:

- Annual review of all records of communications and reports by all employees or contractors kept in accordance with this Plan.
- The CO will be notified immediately in the event of any visits, audits, investigations, or surveys by any federal or state agency or authority, and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing Community Action and/or administering a federally or state-funded program or County-funded program with which Community Action participates.
- Establishment of a process detailing ongoing notification by the CO to all appropriate personnel of any changes in applicable laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

Detection and Response

I. Violation Detection

The Compliance Officer (CO), Executive Director, and the Compliance Committee (CC) shall determine whether there is any basis to suspect that a violation of the Compliance Plan (CP) has occurred.

If it is determined that a violation *may have* occurred, the CO shall conduct a more detailed investigation. The matter may also be referred to legal counsel. This investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged;
- A review of documents; and
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or oral response shall be fully documented.

II. Reporting

At the conclusion of an investigation involving a potential violation, the CO shall issue a report to the CO, Executive Director, and CC summarizing his or her findings, conclusions, and recommendations. If the situation involves legal counsel, he/she will render an opinion as to whether a violation of the law has occurred.

The report will be reviewed with legal counsel in attendance. Any additional action will be on the advice of counsel.

The CO shall report to the CC regarding each investigation conducted.

III. Rectification

If Community Action identifies that an overpayment was received from any third party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel. It is our policy to not retain any funds which are received as a result of overpayments. In instances where it appears an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

IV. Record Keeping

Regardless of whether a report is made to a governmental agency, the CO shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the Executive Director or legal counsel.

Whistleblower Provisions and Protections

I. Provisions

The False Claims Act provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act.

Community Action will not take any retaliatory action against an employee if the employee discloses information about Agency's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that Community Action is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of customer care.

II. Protections

The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action.

Community Action will protect qui tam relators with remedies that include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

If Community Action takes a retaliatory action against the qui tam relator (employee), the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.