

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

Corporate Compliance Plan **Federal & State Healthcare Programs**



Approved: May 25, 2023
By: CAPCO Board of Directors



Federal & State Healthcare Programs Corporate Compliance Program

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CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

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CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. COMPLIANCE POLICY

Purpose

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (also referred to as “CAPCO” or “Agency” or “the Agency”) is committed to providing services of the highest quality and to being in full compliance with all federal, state, and local laws and regulations. As part of that commitment, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** has adopted this Compliance Plan and the Standards of Conduct as the basis of its efforts in fostering an organizational culture that promotes responsible and honest conduct, transparency in all business transactions, and adherence to the laws and regulations of the government oversight agencies and funders.

For purposes of this Policy, the term “Affected Individuals” includes Employees (both Agency and Program), management, Board of Directors, contractors as applicable, and consumers/program participants as applicable (hereafter referred to as “Affected Individuals”).

I. Policy

It has been and continues to be the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) to comply with all applicable Federal, State, and local laws and regulations, and payer requirements. It is also the Agency’s policy to facilitate the prevention of improper or illegal activities, to provide mechanisms to detect any violations of laws and regulations and work to prevent, detect, and investigate issues related to fraud, waste, and abuse. To ensure this, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** has established this Compliance Plan and commits to maintaining an effective Compliance Program.

II. Commitment

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is, and will remain, committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold all Affected Individuals to these same standards.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to maintaining and measuring the effectiveness of our Compliance Program and Standards of Conduct through monitoring and auditing systems reasonably designed to detect noncompliance by Affected Individuals.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to the prevention of improper or illegal activities and to provide mechanisms to detect noncompliance, including but not limited to, any violations of laws and regulations, healthcare program requirements, the Standards of Conduct and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s** policies and procedures. The Agency is committed to the prompt investigation and resolution of reported or detected noncompliance.



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CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in Federal and State healthcare statutes, regulations, and healthcare program requirements.

III. Responsibility

All Affected Individuals shall acknowledge that it is their responsibility to report any instances of suspected or known noncompliance to their immediate supervisor, the CEO/Executive Director, or the Compliance Officer without fear of retaliation, retribution, or intimidation. Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination of employment, contract, assignment, or appointment. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

IV. Policies and Procedures and Standards of Conduct

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will communicate its compliance standards and policies through required training and communication initiatives and distribution of this Compliance Plan and the Standards of Conduct to all Affected Individuals.

V. Compliance Officer and Compliance Committee

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. has appointed a Compliance Officer who is responsible for the overall operation of the Compliance Program. A Compliance Committee works with the Compliance Officer to implement and maintain an effective Compliance Program.

VI. Discipline/Enforcement

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

VII. Agency Response

Detected noncompliance, discovered through any mechanism, such as compliance auditing procedures and/or confidential reporting of noncompliance, will be responded to in an expedient manner. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** is 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 and policies and procedures.



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VIII. Due Diligence

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will, at all times, exercise due diligence with regard to background and professional license investigations for all Affected Individuals.

IX. Non-Retaliation, Non-Intimidation, and Whistleblower Protections

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will not take any retaliatory action against an Affected Individual who, in good faith, reports actual or suspected noncompliance or illegal activities or for good faith participation in the Compliance Program.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will not take any retaliatory action against an employee if the employee discloses certain information about the 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 the Agency is in violation of a law that creates a substantial and specific danger to the public health and safety; or that constitute healthcare fraud under the law; or that assert that the employee, in good faith, believes constitutes improper quality of care.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s Compliance Program includes the following key elements.

Element 1: Policies and Procedures and Standards of Conduct

To support the operation of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s** Compliance Program, policies and procedures are established to provide direction to Affected Individuals and address the following components of the Compliance Plan:

- Conflict of Interest
- Reporting and investigation of noncompliance
- Non-retaliation and non-intimidation
- False Claims Act and Whistleblower protections
- Compliance Program education and training
- Auditing and monitoring
- Billing errors and overpayments
- Kickbacks and business courtesies
- Discipline for noncompliance or failure to report
- Responding to governmental investigations

All Affected Individuals are expected to be familiar with and knowledgeable about the Compliance Program Policies and Procedures. The Policies can be accessed at the Agency Main Office at 32 North Main Street, Cortland, NY 13045 or via the Agency website: www.capco.org.

The Standards of Conduct serves as a foundational document that describes the Agency's fundamental principles and values, and commitment to conduct its business in an ethical manner. The Standards of Conduct provides Affected Individuals with guidance on requirements for



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conduct related to their employment, contract, assignment or association with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**

When any person knows or reasonably suspects that the expectations in the Standards of Conduct and the Compliance Program have not been met, this must be reported to the immediate supervisor, a member of Management, the Compliance Officer, member of the Compliance Committee, or the CEO/Executive Director so that each situation may be appropriately dealt with. The Compliance Officer may be reached at (607) 753-6781 x. 1122. The CEO/Executive Director can be reached at (607) 753-6781 x. 1110. Reports may be made in person; by phone, fax, mail, or email; or anonymously through the Compliance Hotline.



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Element 2: Compliance Program Oversight

I. The Role of the Compliance Officer

The CEO/Executive Director and Board of Directors of the Agency designate **Kirsten Parker** as the Compliance Officer.

The Compliance Officer has primary responsibility for Compliance Program development, implementation, monitoring, and evaluation for effectiveness.

Reporting Relationship

The Compliance Officer has direct lines of communication to the CEO/Executive Director, the Board of Directors, the Compliance Committee, and the Agency's legal counsel.

Role and Responsibilities

The Compliance Officer's primary responsibilities include:

- Overseeing and monitoring the adoption, implementation, and maintenance of the Compliance Program;
- Developing and implementing Compliance Program policies and procedures and Standards of Conduct;
- Reviewing and revising, periodically, the Standards of Conduct, the Compliance Program, and policies and procedures as changes occur within **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**, and/or in the law, regulations, or governmental and third-party payers.
- Evaluating the effectiveness of the Compliance Program, policies and procedures, and Standards of Conduct.
- Developing, implementing, and monitoring the annual Compliance Work Plan.
- Reporting, no less frequently than quarterly, to the Board of Directors, CEO/Executive Director, and Compliance Committee on the progress of implementation of the Compliance Program.
- Assisting the CEO/Executive Director, Senior Leadership, Management, and the Compliance Committee in establishing methods to improve **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s quality of service and to reduce vulnerability to fraud, abuse, and waste.
- Developing, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the Compliance Program and seeks to ensure that all Affected Individuals, consistent with roles and any associated risk areas, are knowledgeable of, and comply with, pertinent Federal and State standards and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Standards of Conduct.
- Ensuring that excluded individuals and entities are not employed or retained by the Agency.



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- Directing **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** internal audits established to monitor effectiveness of compliance standards and the Compliance Program.
- Investigating and acting on matters related to compliance, including the flexibility to 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.
- Coordinating internal investigations and implementing corrective action(s).
- Developing policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.
- Providing guidance to Management, program personnel, and individual departments regarding policies and procedures and governmental laws, rules, and regulations.
- Maintaining a reporting system, including an anonymous means to report, and responding to concerns, complaints, and questions related to the Compliance Program.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Program.
- Ensuring that independent contractors and contractors (recipient service provision, vendors, billing services, etc.) are aware of the requirements of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s** Compliance Program.
- Acting as a resourceful leader regarding regulatory compliance issues. Actively seeking up-to-date material and releases regarding regulatory compliance issues.
- Continuing the momentum of the Compliance Program and the accomplishment of its objectives.

II. The Structure, Duties, and Role of the Compliance Committee

The Compliance Committee is appointed by the CEO/Executive Director and approved by the Board of Directors and to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Compliance Committee reports directly to the CEO/Executive Director and Board of Directors.

The Compliance Committee will meet on a regular basis, but not less than quarterly. Meeting minutes will be maintained by the Compliance Officer.

The Compliance Committee is responsible for the following:

- Analyzing the regulatory environment where **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** does business, including legal requirements with which it must comply.
- Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
- Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner.
- Ensuring that the Agency has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues and has effective policies and procedures for correcting and reporting such issues.



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- Working with relevant departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements.
- Coordinating with the Compliance Officer to ensure that the written policies and procedures and Standards of Conduct are current, accurate, and complete.
- Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures.
- Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
- Developing a process to solicit, evaluate, and respond to complaints and problems.
- Monitoring internal and external audits to identify issues related to non-compliance.
- Implementing corrective and preventative action plans and follow-up to determine effectiveness.
- Ensuring the development and implementation of an annual Compliance Work Plan.
- Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program.
- Ensuring that the Agency has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste, and abuse.
- Monitoring and evaluating the Agency's Compliance Program for effectiveness at least annually and making recommendations for necessary modifications to the Compliance Program as applicable.
- Developing and implementing a Compliance Committee Charter. The Charter will outline the Compliance Committee's duties and responsibilities, membership, designation of a chairperson and frequency of meetings. The Charter will be reviewed and updated annually.

III. Delegation of Substantial Discretionary Authority

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for the Agency is required to disclose any name changes and any involvement in non-compliant activities including healthcare-related crimes. In addition, the Agency performs reasonable inquiries into the background of such applicants, all prospective employees, the CEO/Executive Director and other senior administrators, Board members, interns, contractors, and vendors as applicable.



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The following resources may be queried when conducting screening:

- a) The System for Award Management (SAM) available on the SAM website. The URL address is: <https://www.sam.gov>
- b) HHS/OIG List of Excluded Individuals and Entities. The URL address is: <http://exclusions.oig.hhs.gov/>.
- c) Medicaid Exclusions | Office of the Medicaid Inspector General. The URL address is: <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
- d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/opsearches.htm>).



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Element 3: Education and Training

I. Expectations

Education and training are critical elements of the Compliance Program. All Affected Individuals are expected to be familiar with and knowledgeable about **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program and have a solid working knowledge of their responsibilities under the Compliance Program. Compliance Program Policies and Procedures and Standards of Conduct will be communicated to all Affected Individuals through required participation in training programs.

II. Training Topics – General

All Affected Individuals shall participate in training on the topics identified below:

- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Plan;
- Standards of Conduct and other related written guidance;
- Federal False Claims Act;
- New York False Claims Act;
- Whistleblower Protections;
- Risk areas and organizational experience;
- The role and responsibilities of the Compliance Officer and the Compliance Committee;
- Communication channels (name of Compliance Officer, reporting mechanisms, anonymous reporting mechanism);
- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") and how the Agency responds to such reports including the investigation process and corrective actions;
- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s disciplinary policy and standards;
- Prevention of fraud, waste, and abuse; and
- Non-retaliation and non-intimidation policy.

All Affected Individuals will complete the Compliance Program training no less frequently than annually.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will maintain an annual training plan. The training plan will, at a minimum, outline the subjects or topics for compliance training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.



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III. 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, such as documentation of services and coding and billing procedures. Managers shall assist the Compliance Officer in identifying areas that require specific training and education.

IV. Orientation

As part of their orientation, each Affected Individual shall receive a written copy of the Compliance Plan and Standards of Conduct and be provided access to Compliance Program Policies and Procedures.

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 of Conduct.

Attendance at compliance training sessions is mandatory and is a condition of continued employment / contract / appointment / assignment with the Agency.



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Element 4: Lines of Confidential Communication

I. Expectations

Open lines of communication between **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Management, the Compliance Officer, and each Affected Individual subject to this Compliance Plan are essential to the success of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program and commitment to comply with all applicable laws and regulations and the prevention of Medicaid or Medicare fraud, waste, and abuse.

All Affected Individuals must report compliance concerns. Failure to report is deemed misconduct and a violation of this requirement.

Every Affected Individual 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 Affected Individual witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan and/or Standards of Conduct, he or she should contact the Compliance Officer, immediate supervisor, a member of the Management Team, or a member of the Compliance Committee. Reports may be made in person; by mail, phone, or email; by calling a telephone line dedicated for the purpose of receiving such notification [Compliance Hotline]; or by mailing information to the attention of the Compliance Officer at 32 North Main Street, Cortland, NY 13045. The Compliance Officer may be reached by calling the CAPCO Main Office at (607) 753-6781 x. 1122. Affected Individuals may also anonymously report to the Compliance Officer by utilizing the Compliance Hotline.

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

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the Affected Individual was seeking information concerning the Standards of Conduct or its application, the Compliance Officer or designee shall record the facts of the inquiry and the nature of the information sought and respond as appropriate.



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III. Protections

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. shall, as much as is possible, protect the anonymity or identity of the Affected Individual who reports a compliance concern or raises a question about **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program and Standards of Conduct. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding.

IV. Policy of Non-Retaliation and Non-Intimidation

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will not take any retaliatory action against an Affected Individual who, in good faith, reports a compliance concern, as defined by this Plan or for good faith participation in the Compliance Program, including but not limited to:

- Reporting potential issues;
- Investigating issues;
- Self-evaluations;
- Audits;
- Remedial actions; and
- Reporting to appropriate officials as provided in sections 740 and 741 of the New York State Labor Law.

Any threat of retribution, retaliation, or intimidation against a person who acts in good faith pursuant to their responsibilities under the Compliance Plan is acting against **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Policy. Discipline, up to and including termination of employment, contract, appointment, or assignment, will result if such retribution, retaliation or intimidation is proven.

Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting a compliance concern or for good faith participation in the Compliance Program shall report the actions to the Compliance Officer who shall conduct an investigation into the allegation in accordance with Element 7 of this Compliance Plan (Response to Compliance Issues).

V. Guidance

Any Affected Individual may seek guidance about the Compliance Plan or Standards of Conduct at any time by following the reporting mechanisms outlined above.



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Element 5: Discipline and Enforcement of Compliance Standards

I. Disciplinary Action – General

Affected Individuals who fail to comply with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program and Standards of Conduct, or who, upon investigation, are found to have committed illegal or unethical acts or violations of applicable Federal and State laws and regulations, the Compliance Program, the Standards of Conduct, or the Agency's policies and procedures, will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with the Agency.

When the determination is made that a compliance violation occurred involving a contractor or vendor, the Compliance Officer will notify the CEO/Executive Director and work collaboratively to determine and execute the appropriate corrective action.

The Agency will apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension with or without pay; and (f) termination of employment, contract, assignment, or appointment. The Agency will consider intentional, reckless, and/or negligent behavior as being subject to more significant discipline.

The following actions will result in more significant disciplinary action, including but not limited to:

- Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
- Failure to comply with the Agency's policies governing the prevention, detection, or reporting of fraud and maltreatment and/or abuse;
- Falsification of records;
- Submitting or causing to submit a false claim;
- Failure to report a violation by a peer or subordinate;
- Failure to cooperate in an investigation; and
- Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation.

Any discipline will be appropriately documented in the Affected Individual's file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during an employee's evaluations.



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The Compliance Officer will maintain a written record of all disciplinary actions taken against Affected Individuals related to non-compliance and violations, including verbal warnings, and will reference these records when necessary to ensure consistency in application of disciplinary measures. The Compliance Officer will provide a report on disciplinary actions taken to the Compliance Committee and the Board of Directors.

II. Disciplinary Action – Supervisory

Managers and supervisors will be disciplined for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and procedures 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 the Agency with the opportunity to correct them.



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Element 6: Auditing and Monitoring

I. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the Compliance Committee, is an integral component of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s auditing and monitoring systems.

On an annual basis, the Compliance Officer, in conjunction with the CEO/Executive Director, Senior Management, and Compliance Committee, will develop an audit plan based on an organizational risk assessment.

This ongoing auditing and monitoring will evaluate at minimum, the following risk areas:

- Billings;
- Payments;
- Ordered services;
- Medical necessity;
- Quality of care;
- Governance;
- Mandatory reporting;
- Credentialing;
- Contractor, subcontractor, agent, or independent contract oversight;
- Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions;
- Review of documentation and billing relating to claims made to Federal, State, and third-party payers for reimbursement;
- Compliance training and education;
- Effectiveness of the Compliance Program: and
- Other risk areas that are or should reasonably be identified by the Agency through its organizational experience

The audits and reviews will examine the Agency's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), and record reviews.

Results of all auditing and monitoring activities will be reported to the Compliance Committee and Board of Directors.



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II. Compliance Plan Integrity

Additional steps to ensure the integrity of the Compliance Plan will include:

- The Compliance Officer 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 the Agency and/or administering a Federally or State-funded program or county-funded program with which the Agency participates.
- Establishment of a process detailing ongoing notification by the Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.



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Element 7: Response to Compliance Issues

I. Violation Detection

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. maintains a formal confidential and anonymous compliance reporting process to encourage the reporting of any compliance concerns. Affected Individuals must promptly report any compliance concerns to Compliance Officer, the immediate supervisor, a member of Management, or a member of the Compliance Committee. Service recipients, vendors, and any party conducting business with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** may report compliance concerns to the Compliance Officer through the confidential or anonymous reporting process.

As part of its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will ensure that all reports of compliance concerns are immediately and objectively investigated and resolved promptly. Such investigations may be conducted by the Compliance Officer, members of the Compliance Committee, other employees or external parties as indicated or recommended by the Compliance Officer, the CEO/Executive Director or legal counsel.

The Compliance Officer will take immediate measures to secure relevant evidence or documentation and will ensure the confidentiality of any information obtained from a report, interview or through an investigation, unless otherwise required by law.

Unless a potential conflict of interest exists, the Compliance Officer will inform the CEO/Executive Director of any pending investigations. The Compliance Officer or CEO/Executive Director will arrange to retain legal counsel, as deemed appropriate.

II. Reporting

The results of the investigation and remedial actions will be communicated confidentially to the CEO/Executive Director, members of the Board of Directors, and other employees based on a need-to-know basis. The Compliance Officer shall report to the Compliance Committee regarding each investigation conducted unless conducted under attorney privilege.

At the conclusion of an investigation involving legal counsel, they shall issue a report to the Compliance Officer, CEO/Executive Director, and Compliance Committee summarizing their findings, conclusions, and recommendations and 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.



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III. Rectification

If the Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation.

If the Agency 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 as necessary.

It is the Agency's policy to not retain any funds received from overpayments. Overpayments will be reported and refunded to Medicaid and Medicare in accordance with the appropriate self-disclosure protocols and any required time frames.

In instances where it appears that 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. Recordkeeping

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. The Compliance Officer will organize the information so that the Agency can determine if an infraction occurred. The Compliance Officer will securely maintain all notes of the interviews, all evidence and review of documents as part of the investigation file. This record will be considered confidential and not released without the approval of the CEO/Executive Director or legal counsel.



CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (CAPCO) Compliance Committee Charter

The Compliance Committee Charter addresses the Compliance Committee's purpose, authority and responsibilities, designation of a chairperson, composition, frequency of meetings, and the recordkeeping of meeting minutes.

Chair	Kirsten Parker Compliance Officer & Deputy Director	Effective Date: May 25, 2023
Sponsor	CEO/Executive Director Approval: _____ Date: _____	
Purpose	<ol style="list-style-type: none">1. To assist and coordinate with the Compliance Officer to ensure that CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is conducting its business in a legal, ethical, and responsible manner, consistent with its Compliance Program.2. The Compliance Committee shall have the authority to undertake the specific duties and responsibilities described below and the authority to undertake such other duties as directed by the CEO/Executive Director and/or President of the Board.	
Meetings and Procedures	<ol style="list-style-type: none">1. The Compliance Committee shall meet on a regular basis, not less frequently than quarterly.2. The Compliance Committee shall meet with the Agency's Management and staff at the discretion of the Compliance Officer.3. The Compliance Committee shall maintain written minutes or other records of its meetings and activities. Minutes of each meeting of the Compliance Committee shall be distributed to each member of the Committee and filed electronically. Minutes and other records of Committee activity will be maintained by the Compliance Officer.4. The Chair of the Compliance Committee shall report to the CEO/Executive Director and Board following meetings of the Compliance Committee, and as otherwise requested by the President of the Board.	
Membership	The Chairperson is <u>Kirsten Parker</u> . Committee members include: (names, titles) _____. _____. _____.	
Responsibilities	<ol style="list-style-type: none">1. The Compliance Committee works with the Compliance Officer to ensure that CORTLAND COUNTY COMMUNITY ACTION	

	<p>PROGRAM, INC. has, and maintains, an effective Compliance Program. The Compliance Committee is responsible for the following:</p> <ul style="list-style-type: none"> Analyzing the regulatory environment where CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. does business, including legal requirements with which it must comply. Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program. Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner. Ensuring that the Agency has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues and has effective policies and procedures for correcting and reporting such issues. Working with departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements. Coordinating with the Compliance Officer to ensure that the written policies and procedures, and Standards of Conduct are current, accurate, and complete. Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures. Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity. Developing a process to solicit, evaluate, and respond to complaints and problems. Monitoring internal and external audits to identify issues related to non-compliance. Implementing corrective and preventative action plans and follow-up to determine effectiveness. Ensuring the development and implementation of an annual Corporate Compliance Work Plan.
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	<ul style="list-style-type: none"> • Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program. • Ensuring that the Agency has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste, and abuse. • Monitoring and evaluating the Agency's Compliance Program for effectiveness and making recommendations for necessary modifications to the Compliance Program as applicable. <ol style="list-style-type: none"> 2. The Compliance Committee shall conduct an annual evaluation of the effectiveness of the Compliance Program. 3. The Compliance Committee shall review and reassess its Charter at least annually and submit any recommended changes to the CEO/Executive Director for consideration. 4. The Compliance Committee shall perform such other functions and have such other powers as may be necessary or convenient for efficient discharge of its duties.
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**Federal & State Healthcare Programs
Corporate Compliance Program**

Policies and Procedures (P&P)



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance*

Topic: *Role and Responsibilities of the Compliance Committee*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to the operation of an effective Compliance Program. Therefore, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** established the Compliance Committee to monitor results of the compliance functions and determine the Agency’s strategy for promoting compliance.

For purposes of this Policy, the term “Affected Individuals” includes designated members of the Compliance Committee, management, Board of Directors, Employees, consumers/program participants, and contractors as applicable.

Policy:

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to ensure that the Agency maintains an effective Compliance Program in compliance with regulatory standards. This Policy defines the roles and responsibilities of the Compliance Committee and their duty to help ensure that **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** has an effective Compliance Program.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. The Compliance Committee is appointed by the CEO/Executive Director and approved by the Board of Directors to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Compliance Committee will report directly to the CEO/Executive Director and Board of Directors.
2. The Compliance Committee will be comprised of Senior Leadership, at minimum.
3. The Compliance Committee will meet on a regular and routine basis, but at minimum quarterly. Meeting minutes will be recorded. The Compliance Officer will maintain the minutes of all meetings.
4. The Agency will develop and implement a Compliance Committee Charter. The Charter will outline the Compliance Committee’s duties and responsibilities, membership, designation of a chairperson, and frequency of meetings.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

5. The Compliance Committee will review and update the Compliance Committee Charter at least annually.
6. Affected Individuals will be introduced to the role and responsibilities of the Compliance Committee as part of the Compliance Program education and training.
7. The Compliance Committee is responsible for the following:
 - Analyzing the regulatory environment where **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** does business, including legal requirements with which it must comply.
 - Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
 - Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner.
 - Ensuring that the Agency has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues and has effective policies and procedures for correcting and reporting such issues.
 - Working with departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements of federally-funded healthcare programs.
 - Coordinating with the Compliance Officer to ensure that the written policies and procedures and Standards of Conduct are current, accurate, and complete.
 - Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures.
 - Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
 - Developing a process to solicit, evaluate, and respond to complaints and problems.
 - Monitoring internal and external audits to identify issues related to non-compliance.
 - Implementing corrective and preventative action plans and follow-up to determine effectiveness.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

- Ensuring the development and implementation of an annual Compliance Work Plan.
- Identifying funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program.
- Ensuring that the Agency has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste, and abuse.
- Monitoring and evaluating the Agency's Compliance Program for effectiveness at least annually and making recommendations for necessary modifications to the Compliance Program as applicable.
- Developing and implementing a Compliance Committee Charter. The Charter will outline the Compliance Committee's duties and responsibilities, membership, designation of a chairperson and frequency of meetings. The Charter will be reviewed and updated annually.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Compliance Education and Training*

Purpose:

The development and implementation of regular, effective education and training is an integral part of the Compliance Program. Compliance education is divided into two general components. First, all Affected Individuals must receive an introduction to the Compliance Program. Second, those parties whose work is linked to identified risk areas should receive specialized compliance education pertaining to their function and responsibilities.

For purposes of this Policy, the term “Affected Individuals” includes Agency employees, management, Agency Board of Directors, contractors as applicable, consumers/program participants and Personal Assistants.

Policy:

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) to ensure that all Affected Individuals receive formal training relating to the Agency’s Compliance Program. The Agency will ensure that all trainings are provided in a way that is accessible to all Affected Individuals and that they are in alignment with the required State and Federal laws, rules, and regulations.

It is the Policy of the Agency to ensure that Affected Individuals in identified risk areas, and members of the Board of Directors and Management, receive more detailed education related to their function and responsibilities.

This Policy applies to all Affected Individuals. Successful completion of the training sessions is mandatory and a condition of continued employment, contract, appointment, or assignment with the Agency.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. The Compliance Officer 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 education and trainings must include an explanation of the structure and operation of the Compliance Program. They will introduce the Compliance Officer and the roles and responsibilities of the Compliance Committee to Affected Individuals.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

3. Compliance education and training seminars will include, at a minimum, information on the following aspects of the Compliance Program:

- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Plan;
- Standards of Conduct and other related written guidance;
- Federal False Claims Act;
- New York False Claims Act;
- Whistleblower Protections;
- Risk areas and organizational experience;
- The role and responsibilities of the Compliance Officer and the Compliance Committee;
- Communication channels (name of Compliance Officer, reporting mechanisms, anonymous reporting mechanism);
- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy);
- How the Agency responds to reports of compliance concerns, including the investigation process and corrective actions;
- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s disciplinary policy and standards;
- Prevention of fraud, waste, and abuse; and
- Non-retaliation and non-intimidation policy.

Specialized areas for education will include, but not be limited to, the following risk areas:

- Improper or fraudulent billing for services;
- Preparation of inaccurate or incorrect cost reports;
- Misuse of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** funds;
- Payment or receipt of remuneration or gifts in return for referrals of service recipients or business contracts;
- Medicaid requirements specific to **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s services and programs;
- Coding and billing requirements and best practices, if applicable;
- Claim development and the submission process, if applicable;
- Government and private payor reimbursement principles; and
- Government initiatives related to the services provided by the Agency, if applicable.

4. Comprehensive education materials will be developed to facilitate the compliance sessions and ensure that a consistent message is delivered to all Affected Individuals. Education protocols and materials must be standardized, so as to evidence that everyone attending a seminar receives the same instruction.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

5. As part of their initial orientation, each Affected Individual, including the CEO/Executive Director and other senior administrators, and Board members shall receive a training session within the first 60 days of employment or association with the Agency. Each party will receive an introduction to **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program and objectives, and written copies of the Standards of Conduct and Compliance Plan and be provided access to Compliance Program policies and procedures. Each party will sign an acknowledgement form (attached to this Policy), or equivalent, that they are aware of and will abide by the Compliance Plan and Standards of Conduct.
6. All Affected Individuals will receive training and/or education at least once per year that includes a review of the existing Compliance Plan, the Standards of Conduct, and any applicable policies and procedures. The training will also focus on any changes in Federal or State laws and regulations, if applicable.
7. All education and training relating to the Compliance Program will be verified by attendance and a signed acknowledgement of receipt of training. The Compliance Officer will maintain records of attendance for all training sessions.
8. Compliance Program trainings must demonstrate knowledge of the (a) Compliance Plan; (b) applicable Federal laws and regulations; (d) relevant **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** policies/procedures; (e) operations of the Compliance Program; and (f) content of the Standards of Conduct.
9. The Compliance Officer is responsible for coordinating with Management to ensure that specialized compliance education occurs in identified risk areas.
10. The Compliance Officer will ensure that all contractors and vendors meeting the criteria below are provided with a copy of the Compliance Plan and the False Claims Act and Whistleblower Protections Policy upon entering into a contractual agreement with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** For purposes of this Procedure, contractor and vendor are defined as:
 - Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Agency, furnishes or otherwise authorizes the furnishing of Medicare, Medicaid, or other federally-funded healthcare items or services, or performs billing or coding functions; or
 - Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are directly related to healthcare provision, and/or are included in or are a necessary component of providing items or services reimbursed by Medicare, Medicaid, or other federally funded healthcare program; or
 - Any independent, contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Agency.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

11. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will ensure that the Compliance Officer has sufficient opportunities to receive training on compliance issues. Compliance training will be secured and made available to new Compliance Officers as part of the orientation to the role.
12. The Compliance Officer is responsible for submitting periodic reports to the Compliance Committee and Board of Directors on all education seminars related to the Compliance Program. This information will be trended and analyzed to evaluate and ensure that the Agency has an effective Compliance Program.
13. All education and/or training related to the Compliance Program will be incorporated into the Agency's training plan. The training plan shall, at a minimum, outline the subjects or topics for training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Acknowledgement Form – Compliance Training and Education

Date of Training: _____
Location: _____

Time of Training: _____
Instructor: _____

Contents

- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s** Compliance Plan
- Standards of Conduct
- Prevention of Fraud, Waste, and Abuse
- Federal False Claims Act
- NY False Claims Act
- Whistleblower Protections
- Non-retaliation and Non-intimidation Policy
- The Role of the Compliance Officer and the Compliance Committee
- Reporting and Investigation of Compliance Concerns
- Disciplinary Standards
- Communication Channels (including name of Compliance Officer and methods to report)

- ✓ I acknowledge that I have attended Compliance training on this date. I have been provided with the opportunity to ask any questions that I may have.
- ✓ I acknowledge that I have received and read a copy of the Compliance Plan and the Standards of Conduct.
- ✓ I understand that I must comply with the Compliance Program, the Standards of Conduct, all laws, regulations, policies and procedures, and guidance provided.
- ✓ I understand that I must report any instances of known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") to a member of Management or the Compliance Officer.
- ✓ I understand that **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** maintains a hotline for confidential or anonymous reporting of compliance concerns
- ✓ I understand that my failure to comply with the Compliance Program, the Standards of Conduct, laws, regulations, and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s** policies and procedures or to report possible violations may result in disciplinary action, up to and including termination of employment, contract, assignment or association with the Agency.

Print Name _____

Title _____

Signature _____

Date _____



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Compliance Training – Attendance

Date of Training: _____
Time of Training: Start: _____ End: _____
Location: _____
Instructor: _____

Contents

- **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s** Compliance Plan
- Standards of Conduct
- Prevention of Fraud, Waste, and Abuse
- False Claims Act
- NY False Claims Act
- Whistleblower Protections and Non-retaliation Policy
- The Role of the Compliance Officer and the Compliance Committee
- Reporting and Investigations of Compliance Concerns
- Disciplinary Standards
- Communication Channels (including name of Compliance Officer and methods to report)
- Questions and Answers

Attendance

Note: Each attendee/participant must also sign an acknowledgement of attendance.

Print Name

Title

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Federal & State Healthcare Programs

Corporate Compliance Program

Policies & Procedures

Policy and Procedure: *Corporate Compliance*

Topic: *Policy Development, Approval, and Maintenance*

Purpose:

The Policy and Procedure provides clear direction for the process of developing and maintaining policies and procedures for federal and State healthcare programs and establishes a process that promotes effective and timely policy development and review.

Policy:

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as ‘CAPCO’ or “Agency” or “the Agency”) to establish a standardized process for policy development, approval, revision, and implementation.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. Policies shall be developed and/or revised to meet legal and regulatory requirements and to comply with other **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** policies.
2. Policies for **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**’s federal and State healthcare programs will contain the required header information:
 - a) Title – Name of the policy.
 - b) Classification – Defines specific area addressed and access control to the policy.
 - c) Type – Defines the workflow/department responsibilities for creation and monitoring.
 - d) Policy Owner – Administers, oversees, and amends policy.
 - e) Approved – Date on which the policy was approved by the Board of Directors.
3. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** Policies will contain required sections to include as applicable:
 - a) Policy – Brief description of the policy.
 - b) Purpose – A brief description of why the Policy is being promulgated and/or what it seeks to accomplish.
 - c) Procedure – Detailed procedure to be followed to implement the policy appropriately.
 - d) Attachments – Additional forms associated with the policy.
 - e) References and Regulations – Regulatory reference numbers (external), other guidance documents and/or training modules.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

4. The Policy Owner is the department/program administrator or individual responsible for the policy implementation and oversight. The Policy Owner shall be responsible for recommending the timely development, review, revision, and implementation of new and existing policies relating to their respective areas of accountability.
5. All newly created or revised policies will be approved by the appropriate Policy Owner and/or appropriate administrator and submitted to the Compliance Officer for presentation to the Compliance Committee. The Compliance Officer, in collaboration with the Compliance Committee, will review new or revised policies and offer feedback to the Policy Owner and/or appropriate administrator.
6. The Compliance Officer will be responsible for the overall coordination and implementation of any new or revised policy. The CEO/Executive Director and other Senior Management will be consulted as needed throughout the process of developing or revising any policy and must review all policies prior to approval to ensure compliance with legal and regulatory requirements and other **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** policies.
7. After review and approval from the Compliance Committee, all newly created policies will be reviewed and approved by the CEO/Executive Director and Board of Directors. The CEO/Executive Director and Board of Directors shall approve all policies prior to implementation. The date of Board approval for each policy shall be included in the policy.
8. Approved Policies will be cataloged and distributed to a standard distribution list, which shall include the Board of Directors, the CEO/Executive Director, and all employees, and, if applicable, independent contractors and agents within 10 business days of final approval.
9. The Compliance Officer, or designee, shall develop a plan for informing and educating employees, and independent contractors, if applicable, of the Agency's new and revised policies.
10. The Agency will maintain an official organizational policy structure with the most current approved versions, with references to applicable procedures or related documents. The Compliance Officer, or designee, shall maintain an ongoing file of revised policies, substitute policies and current policies. Policies, as they are revised or replaced, shall not be discarded.
11. All policies will be reviewed annually by the Policy Owner or designated party to determine if there are any revisions that are appropriate or required. If there are necessary revisions to the policy, the updated policy will follow the workflow for approval.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Exclusion and Sanction Screening*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, all necessary steps will be taken by **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to ensure that it does not employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.

For purposes of this Policy, a “contractor” is defined as:

- Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Agency, furnishes or otherwise authorizes the furnishing of Medicare, Medicaid, or other federally-funded healthcare items or services, or performs billing or coding functions;
- Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are related to healthcare provision, and/or are included in or are a necessary component of providing items or services of Medicare, Medicaid, or other federally-funded healthcare programs; or
- Any independent contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Agency.

Policy:

1. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.
2. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** that employees including the CEO/Executive Director and senior leadership, Personal Assistants for consumer/program participants, interns, and Board members have an affirmative responsibility to notify the Compliance Officer promptly if charged with a criminal offense related to healthcare or proposed or found to be subject to exclusion from federal healthcare programs.
3. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to conduct exclusion (sanction) screening of all current and proposed employees relevant to federal or State healthcare programs, including the CEO/Executive Director and senior leadership, Personal Assistants for consumer/program participants, interns, and Board members.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Exclusion and Sanction Screening*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, all necessary steps will be taken by **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to ensure that it does not employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.

For purposes of this Policy, a “contractor” is defined as:

- Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Agency, furnishes or otherwise authorizes the furnishing of Medicare, Medicaid, or other federally-funded healthcare items or services, or performs billing or coding functions;
- Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are related to healthcare provision, and/or are included in or are a necessary component of providing items or services of Medicare, Medicaid, or other federally-funded healthcare programs; or
- Any independent contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Agency.

Policy:

1. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.
2. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** that employees including the CEO/Executive Director and senior leadership, Personal Assistants for consumer/program participants, interns, and Board members have an affirmative responsibility to notify the Compliance Officer promptly if charged with a criminal offense related to healthcare or proposed or found to be subject to exclusion from federal healthcare programs.
3. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to conduct exclusion (sanction) screening of all current and proposed employees relevant to federal or State healthcare programs, including the CEO/Executive Director and senior leadership, Personal Assistants for consumer/program participants, interns, and Board members.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

4. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to verify that applicable contractors, as defined by this Policy, who 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.
5. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to verify that any physician or other healthcare practitioner ordering, authorizing, or prescribing goods or services directly to the Agency under a federally-funded healthcare program, such as Medicare or Medicaid, has not been excluded from participation from federal healthcare programs.

Regulatory References:

Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977

Public Law 95-142

18 NYCRR Part 521

Department of Health and Human Services Office of Inspector General: Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs (5/8/2013)

Procedures:

Applicable to Employees, Interns, and Board Members:

1. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will conduct exclusion checks to verify that all employees relevant to federal or State healthcare programs including the CEO/Executive Director and senior leadership, Personal Assistants for consumer/program participants interns, and Board members have not been excluded from federal healthcare programs. An exclusion check is a search of the following sources to determine if the individual's name appears on any of the lists:
 - U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
 - **For New York Agencies only:** NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
 - **For Medicaid Managed Care Agencies (MMCO) only:** MMCOs will be responsible for utilizing any other list or database that is required within their contract(s).



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

2. An exclusion check will be performed on all applicants for employment as part of the pre-employment screening process relevant to federal or State healthcare programs. All names used by the applicant will be obtained and utilized as part of the exclusion screening process. If the exclusion check indicates that any individual has been excluded from federal healthcare programs, the applicant will not be offered employment.
3. An exclusion check will be performed for potential Board members and as part of the screening process. All names used by the potential Board member will be obtained and utilized when conducting the exclusion screening. If the exclusion check indicates that a potential Board member has been excluded from federal healthcare programs, the individual will not be considered for Board affiliation.
4. An exclusion check will be performed on all interns as part of the screening process relevant to federal or State healthcare programs. All names used by the intern will be obtained and utilized when conducting the exclusion screening. If the exclusion check indicates that the intern has been excluded from federal healthcare programs, the intern will not be offered an internship.
5. The Human Resource Department will maintain an updated list of employees, interns, and Board members in an approved format and will make the list available to the personnel responsible for exclusion screening of such parties, if applicable.
6. The Compliance Officer, working with the Human Resources Department, will ensure that exclusion screening is conducted quarterly thereafter on all Board members and employees and interns relevant to federal or State healthcare programs. All names used by the parties will be utilized when the exclusion screening is conducted.
7. Any potential matches identified in the ongoing exclusion screening process for employees, interns, and Board members will be reviewed and resolved by the Compliance Officer. The excluded party will be immediately relieved from duty and the Compliance Officer will consult with legal counsel as necessary in the event the Agency has been reimbursed for services from the excluded party.
8. The exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.
9. If any Board member or employee or intern relevant to federal or State healthcare programs is charged with a criminal offense related to healthcare or is proposed or found to be subject to exclusion from federal healthcare programs, they must be removed from direct responsibility or involvement in any federally-funded healthcare program while the matter is pending. If the matter results in conviction or exclusion, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will immediately terminate the Agency's relationship with the employee, intern, or Board member.



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10. In addition to exclusion screening, the credentials of medical/healthcare and other professionals employed by **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individuals that might impair their performance of duties on behalf of the Agency. The process is applicable to all employees for which license/certification is required for their duties. The verification will be conducted as part of the hiring process and at least annually thereafter.

Applicable to Contractors:

1. The Agency personnel responsible for negotiating or securing contracts shall conduct exclusion checks prior to entering an agreement with a contractor, as defined by this Policy. An exclusion check is a search of the following sources to determine if the individual's or entity's name appears on any of the lists:
 - U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
 - **For New York Agencies only:** NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
 - **For MMCOs only:** MMCOs will be responsible for utilizing any other list or database that is required within their contract(s).
2. If the exclusion check indicates that a contractor has been excluded from federal healthcare programs, the contract will not be executed until a determination is made by the Compliance Officer as to whether the contract pertains to activities subject to the prohibition on participation by excluded entities.
3. The Fiscal Department will maintain an up-to-date list of contractors in an approved format and will make the list available to the personnel responsible for exclusion screening of such parties.
4. The Compliance Officer will ensure that an exclusion check of contractors is conducted prior to entering into a business contract with the contractor and quarterly (as applicable) thereafter.
5. Any matches identified in the ongoing exclusion screening process for contractors will be reviewed and resolved by the Compliance Officer. If the exclusion check indicates that a contractor has been excluded from federal healthcare programs, the Compliance Officer will make a determination as to whether the contract pertains to activities subject to the prohibition on participation by excluded entities. The contract will be immediately terminated if the goods or services are subject to the prohibition on participation by excluded entities.



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6. The Compliance Officer will consult with legal counsel as necessary if the Agency has been reimbursed for goods or services from the excluded individual or entity.
7. The indicated exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.
8. The Compliance Officer will ensure that applicable contracts entered into by the Agency will contain a certification that the federal or state government does not exclude the contractor, its employees, or subcontractors.

Monitoring for Compliance with Policy:

1. The Compliance Officer will ensure the results of all exclusion checks are maintained for a period of at least six years.
2. The Compliance Officer is responsible for monitoring this Policy for compliance and reporting results quarterly to the Compliance Committee and the Board, along with any recommendations for remedial actions or improvements to the program.
3. An annual audit of employment applications, Board appointments, and contractors (as defined by this Policy) with which **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** enters into a contractual relationship will be conducted by the Compliance Officer to verify that this policy is enforced. A report of this audit will be made to the Compliance Committee and Board, along with any recommendations for remedial actions or improvement to the process as part of the annual compliance report.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Auditing and Monitoring*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) developed and implemented a Compliance Program in an effort to establish, in part, effective internal controls that promote adherence to applicable Federal and State laws and requirements. An important component of the Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified risk areas.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. recognizes the need for internal controls, but also realizes that resources are limited. Therefore, this policy focuses on the Agency’s resources to effectively and efficiently audit and monitor risk areas.

For purposes of this Policy, the term “Affected Individuals” includes Agency employees, management, Agency Board of Directors, and consumers/program participants and Personal Assistants.

Policy:

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to conduct ongoing auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, relevant clinical operations, and service provision. It is the responsibility of the Program’s senior management team, including the Compliance Officer, Fiscal Director, and CEO/Executive Director, to ensure that ongoing auditing and monitoring is properly executed, documented, and evidenced.

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to analyze and trend the results of all audits (both internal and external) on a regular basis to ensure that the Agency’s Compliance Program is effective.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. On an annual basis, the Compliance Officer, in conjunction with the CEO/Executive Director and Compliance Committee, will determine the scope and format of routine audits of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**’s operations as part of a risk assessment, including applicable regulations and quality measures. The Compliance Officer



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will include all scheduled audits on a work plan or audit plan that is shared with the Compliance Committee and the Board of Directors.

2. The Compliance Officer will recommend and facilitate auditing and monitoring of the identified risk areas related to compliance with laws and regulations, as well as the Agency's policies, procedures, and Standards of Conduct. (Risk areas may be identified through the regular course of business, external alerts, external audits or reviews, or internal reporting channels.)
3. The Compliance Officer will be responsible for oversight of the Agency's internal auditing system and is authorized to delegate auditing duties to other Agency personnel, accountants, consultants, and attorneys, as necessary, applicable, and appropriate.
4. The Compliance Officer will conduct and/or oversee compliance audits and reviews with assistance from Management staff and/or Quality Assurance/Program staff with the requisite skills to carry out the audit. Whenever feasible, the Compliance Officer will seek to have audits conducted by **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** employees who are not involved in the delivery of services subject to the audit.
5. The Compliance Officer will facilitate all audits of financial processes or systems with the Fiscal Director. The audits will serve to ensure that internal controls are in place so that:
 - Generally Accepted Accounting Principles (GAAP) are followed; and
 - Federal, State, and local laws, regulations, and requirements are met.
6. The Compliance Officer will facilitate all audits of operational and programmatic issues.
7. The ongoing auditing and monitoring will serve to evaluate, at minimum, the following risk areas:
 - Billings;
 - Payments;
 - Ordered services;
 - Medical necessity;
 - Quality of care;
 - Governance;
 - Mandatory reporting;
 - Credentialing;
 - Contractor, subcontractor, agent, or independent contract oversight;
 - Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions;
 - Review of documentation and billing relating to claims made to Federal, State, and third party payers for reimbursement;
 - Compliance training and education;
 - Effectiveness of the Compliance Program; and



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- Other risk areas that are or should reasonably be identified by the Agency through its organizational experience.
- 8. The audits and reviews will examine the Agency's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and relevant contractors), clinical record reviews to support claims for reimbursement, and documentation reviews.
- 9. The Compliance Officer will review and approve the sample size and sample criteria prior to each audit unless the detail is included in the annual audit plan or work plan.
- 10. All audit and review tools used will be standardized throughout the Agency and approved by the Compliance Officer.
- 11. A written report of all internal audit and review results will be forwarded to the Compliance Officer and respective department or division director within seven (7) business days from the completion of the review or audit. Within 10 business days from the receipt of the written report of findings, the department or division director will submit a written Plan of Corrective Action to the Compliance Officer for review. The department head or director is responsible for ensuring that corrective measures are implemented and monitored for effectiveness.
- 12. The Compliance Officer will determine the timeframe for a post-audit review. The objective of the post-audit review is to ensure that corrective actions were completed and effective in preventing any recurrences of the deficiencies.
- 13. The results of all internal auditing and monitoring activities, including records reviewed, audit results, and corrective actions, will be recorded and maintained by the Compliance Officer.
- 14. Should non-compliance be detected during routine internal monitoring and activities, the Compliance Officer will ensure a thorough investigation in accordance with the Reporting and Investigation of Compliance Concerns Policy.
- 15. Any correspondence from any regulatory agency charged with administering a federally- or state-funded program received by any department of the Agency will be copied and promptly forwarded to the Compliance Officer for review and subsequent discussion by the Compliance Committee.
- 16. Program personnel will immediately notify the Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority. Results (whether oral or written) of any visits, audits, investigations, or surveys will be forwarded to the Compliance Officer promptly upon receipt by Agency personnel.
- 17. The Compliance Officer will be responsible for reporting to the Compliance Committee on the general status of all audits and reviews, the outcome of compliance auditing and monitoring, and the corrective actions taken. The reporting will occur at the first regularly scheduled Compliance meeting after the conclusion of the audit or review.



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18. The Compliance Officer will be responsible for reporting the results of auditing and monitoring activities and corrective actions at least annually to the Board of Directors. The report will also include monitoring of trends, an assessment of any compliance risks to the Agency, and an evaluation of the effectiveness of the Agency's Compliance Program.
19. On an annual basis, the Compliance Officer, in collaboration with the Compliance Committee, will conduct a review to monitor the effectiveness of the Compliance Program, Compliance Program Policies and Procedures, and the Standards of Conduct to determine:
 - a) Whether such written policies, procedures, and Standards of Conduct have been implemented;
 - b) Whether Affected Individuals are following the policies, procedures, and Standards of Conduct;
 - c) Whether such policies, procedures, and Standards of Conduct are effective; and
 - d) Whether any updates are required.

The Compliance Officer will provide a report of this review to the Compliance Committee and the Board of Directors.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: **Billing Errors, Overpayments, and Self-Disclosure**

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to adopting and implementing an effective Compliance Program that includes ensuring the ability to detect, correct, and resolve payment and billing errors as quickly and as efficiently as possible.

For purposes of this Policy, the term “Affected Individuals” includes Agency employees, management, and Agency Board of Directors.

Policy:

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** that any overpayments or inaccurate billing of claims be detected, reported, and returned in a timely manner following all rules, regulations, and laws.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to ensuring that in the event that the Agency has received an overpayment under the Medicaid Assistance Program (Medicaid), Medicare, or another third-party payer, the Agency shall report and return the overpayment, notify the appropriate payer, and comply with all Federal and State laws, regulations, guidelines, and policies.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521
Affordable Care Act of 2010 §6402
42 USC §1302a-7k(d)

Procedures:

I. Identification of Billing Errors and Overpayments

1. The Compliance Officer must be promptly notified of all potential or actual billing errors and suspected overpayments. Examples of billing errors or reasons for overpayment may include, but are not limited to, the following:
 - Coding errors;
 - Errors in rate or unit;
 - Keying or inputting errors;
 - Provision of unauthorized services;
 - Services are not medically necessary, or necessity is not documented in the record;
 - Absence of one or more required elements of documentation;



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- Service was not rendered;
 - Falsification of service or billing documents;
 - Duplicate payments;
 - Fraudulent behavior by Agency employees, Program consumers/participants, Personal Assistants, or others;
 - Discovery of an employee, Personal Assistant, or contractor on the Federal or State exclusion lists; and
 - Damaged, lost, or destroyed records.
2. The Compliance Officer will notify the CEO/Executive Director and the Fiscal Director of potential billing issues and overpayments. The preliminary circumstances will be reviewed to determine if a suspension of billing is to be initiated.
 3. The Compliance Officer or designee will investigate the issue; review any underlying facts; quantify and identify the amount of overpayment; ensure that any errors are corrected; and ensure that any refunds are made to the appropriate governmental agency or third-party payer. The investigation will be conducted in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure. The Compliance Officer may engage outside legal counsel, auditors, or other consultants as necessary to help determine whether an overpayment has occurred and/or to quantify the overpayment.
 4. An overpayment is deemed “identified” when it is determined or should have been determined through the exercise of reasonable diligence, that an overpayment was received, and the amount of the overpayment has been quantified.
 5. The Compliance Officer is responsible for ensuring that the Agency properly discloses all overpayments to the appropriate payer and makes any reports and refunds that are necessary within the required timeframe for the payer.
 6. Medicaid and Medicare overpayments must be reported and returned:
 - a. no later than 60 days after the date the overpayment was identified; or
 - b. by the date that any corresponding cost report is due, if applicable.
 7. Medicaid overpayments must be reported and returned in accordance with the Office of Medicaid Inspector General’s (OMIG) Self-Disclosure Protocol. The Protocol is available on OMIG’s website at <https://omig.ny.gov/>. (For further information, refer to the Medicaid Self-Disclosure section below.)
 8. Medicare overpayments are reported and refunded to the Medicare Administrative Contractor (MAC) or through the Office of Inspector General’s Voluntary Self Disclosure program.
 9. Overpayments to other third-party payers will be made in accordance with the contractual agreement.
 10. Any overpayments retained by the Agency after the deadline for reporting and returning the overpayment may be subject to a monetary penalty.



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11. The Compliance Officer must approve the overpayment and self-disclosure procedures and/or any revisions to procedures or forms before implementation.
12. Failure to report a potential reimbursement and billing issue or suspected overpayment will result in disciplinary action, up to and including termination of employment or contract.
13. The Fiscal Director or designee will maintain a file for each overpayment and self-disclosure. All interview notes, evidence, claims data, and written communication to and from the government agency or third-party payer will be maintained in the file in a secure location with Compliance Officer sign-off.
14. The Fiscal Director or designee will maintain a log of all overpayments that have been disclosed to governmental authorities and third-party payers. The Compliance Officer must review and sign-off on the log.
15. The following information will be recorded on the Overpayment and Disclosure Log (attached to this Policy):
 - The date that the overpayment was identified/quantified;
 - The date that the overpayment was disclosed;
 - The date that the overpayment was refunded;
 - The cause of the overpayment;
 - The department, program, or service;
 - The amount of the overpayment; and
 - The corrective action(s) to prevent the overpayment from recurring.
16. A report of overpayments, the results of investigations, and remedial actions will be reported to the Compliance Committee on a quarterly basis, and to the Board of Directors at least annually.

II. Medicaid Self-Disclosure

1. The Agency will participate in the OMIG's self-disclosure program under the following eligible conditions as required:
 - a. The Agency is not currently under audit, investigation, or review by the Medicaid Inspector General, unless the overpayment and the related conduct being disclosed does not relate to the OMIG audit, investigation, or review;
 - b. The Agency is disclosing an overpayment and related conduct that at the time is not being determined, calculated, researched, or identified by OMIG;
 - c. The overpayment and related conduct will be reported by the deadline previously specified, i.e., within 60 days of identification and the overpayment is quantified, or the date any corresponding cost report is due; and
 - d. The Agency is not a party to any criminal investigation being conducted by the deputy attorney general for the Medicaid Fraud Control Unit or any agency of the US government or any political subdivision thereof.



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2. The Agency will pay the overpayment amount determined by OMIG within 15 days of OMIG notifying the Agency of the amount due, unless the OMIG permits the Agency to repay the overpayment and interest due in installments.
3. The Agency will enter into a self-disclosure compliance agreement with the Medicaid Inspector General that will be executed within 15 days of receiving said agreement from the Medicaid Inspector General or other time frame permitted by OMIG.
4. Any false material information or omitted material information when submitting a self-disclosure, any attempts to evade an overpayment due, or any failure to comply with the terms of a self-disclosure and compliance agreement will not be tolerated and will be subject to disciplinary action up to and including termination.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Overpayment and Disclosure Log

SAMPLE

Date Overpayment Identified/ Quantified	Date Overpayment Disclosed	Date Overpayment Refunded	Cause of Overpayment	Amount of Overpayment	Department/ Program/ Service	Corrective Action(s)



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance*

Topic: *False Claims Act and Whistleblower Protections*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to prompt, complete, and accurate billing of all services provided to service recipients. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** and its employees and contractors shall not make or submit any false or misleading entries on any claim forms. No employee or contractor shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager, that results in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

This policy applies to all Board members, all employees including CEO/Executive Director and senior leadership, and contractors.

For purpose of this Policy, a contractor is defined as:

- Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Agency, furnishes or otherwise authorizes the furnishing of Medicare and/or Medicaid healthcare items or services, or performs billing or coding functions;
- Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are directly related to healthcare provision, and/or are included in or are a necessary component of providing items or services reimbursed by Medicare, Medicaid, or another federally-funded healthcare program; or
- Any independent, contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Agency.

Policy:

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to detect and prevent fraud, waste, and abuse in Federal and State healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Administrative Remedies For False Claims (31 USC Chapter 38 §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194), and other New York State laws concerning false statements or claims and employee protections against retaliation for reporting. This policy also sets forth the procedures that **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** has put into place to prevent any violations of Federal or New York State laws regarding fraud, waste, or abuse in its healthcare programs. (Refer to the appendix entitled “Overview of Relevant Laws” for further information.)

Regulatory Reference:

Social Service Law 363-D

18 NYCRR Part 521

(Also refer to Overview of Relevant Laws, below)

Procedures:

1. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will provide training and/or education in this policy and procedure to all Board members, all employees including CEO/Executive Director and senior leadership, and contractors, as defined by this Policy.
2. Training and/or education in this Policy will be provided to all employees as part of the new employee orientation.
3. Training and/or education in this Policy will be provided to all Board members and to new Board members as part of Board orientation.
4. The Compliance Officer will ensure that all Board members, all employees including CEO/Executive Director and senior leadership, and contractors receive training and/or education related to the contents of this Policy and the False Claims Act. The Compliance Officer will ensure that records are maintained to document the receipt of training.
5. The Compliance Officer will ensure that this Policy is attached to any contract with a contractor as defined by this Policy.
6. The prevention of fraud, waste and abuse, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** requires compliance with the following requirements related to the provision of service(s) and claims for reimbursement:
 - a. All service documentation, records, and reports are prepared timely, accurately, and honestly;
 - b. All documentation supporting claims for service is complete and maintained in accordance with regulatory requirements and the Agency's policies;
 - c. All claims submitted to any government or private healthcare program are accurate and comply with all Federal and State laws and regulations and payer requirements;
 - d. Claims are only submitted for medically necessary & care plan approved services provided by eligible providers;
 - e. All claims are properly documented and accurately coded; and
 - f. Billing errors are promptly identified, and any payments received in error are promptly returned to the payer.
7. Any employee or contractor who has any reason to believe that anyone is engaging in false billing practices, false documentation of services, and other non-compliance related to service provision and billing is expected to report the practice to the Compliance Officer in accordance with the Reporting and Investigation of Compliance Concerns Policy.

8. Any form of retribution, intimidation, and/or retaliation against any party who reports, in good faith, a perceived problem or concern regarding the provision or billing of services is strictly prohibited.
9. Any employee or contractor who commits or condones any form of retribution, intimidation, or retaliation will be subject to discipline up to, and including, termination of employment or contract.
10. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will perform billing activities in a manner consistent with the regulations and requirements of third-party payers, including Medicaid, Medicare, and other Federal healthcare programs.
11. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will conduct regular auditing and monitoring procedures as part of its efforts to ensure compliance with applicable regulations.
12. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will report and refund all overpayments to Medicaid and Medicare within 60 days of identification of the overpayment in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Plan. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

Overview of Relevant Laws

The False Claims Act (31 USC Chapter 37, §§ 3729-3733)

The False Claims Act 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 Federal Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of approximately \$12,000 to \$25,000¹ 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.

Examples include, but are not limited to, the following:

- Knowingly making false statements;
- Falsifying records;
- Submitting claims for services never performed or items never furnished;
- Double-billing for items or services;
- Upcoding;
- Using false records or statements to avoid paying the Government;
- Falsifying time records used to bill Medicaid; or
- Otherwise causing a false claim to be submitted.

Whistleblower or “Qui Tam” Protections

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

The United States Government, or an individual citizen acting on behalf of the United States Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the United States Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

More information can be found at [31 USC 3730: Civil actions for false claims \(house.gov\)](https://www.house.gov/committees/healthandhumanresources/31USC3730/Civil%20actions%20for%20false%20claims%20(house.gov))

¹ The penalties are updated regularly; the provider should refer to the Federal False Claims Act for current amounts.

Employee Protections

The False Claims Act prohibits discrimination by **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** 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 all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorney fees.

More information can be found at [31 USC 3729: False claims \(house.gov\)](#)

Administrative Remedies for False Claims (31 USC Chapter 38, §§3801-3812)

The Federal False Claims Act allows for administrative recoveries by Federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information, or omits material information. The Federal agency receiving the claim may impose a monetary penalty of up to \$5,500 per claim and damages of twice the amount of the original claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid.

More information can be found at [31 USC Chapter 38 - Administrative Remedies for False Claims and Statements](#).

New York State Laws

A. Civil and Administrative Laws

New York State False Claims Act (State Finance Law §§187-194)

The New York State False Claims Act closely tracks the Federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any State or local government, including healthcare programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000² per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may be responsible for the government's legal fees.

The New York State Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit.

The New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the

² The penalties are updated regularly; the provider should refer to the Federal False Claims Act for current amounts.

employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under FIS/Financial Services Law.

Social Service Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment, or other fraudulent scheme or device. The State or the local Social Services district may recover up to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within five years, a penalty up to \$7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Social Service Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's and the person's family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

B. Criminal Laws

Social Service Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Social Service Law § 366-b, Penalties for Fraudulent Practices

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which they are legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Penal Law Article 155, Larceny

The crime of larceny applies to a person who, with intent to deprive another of property, obtains, takes, or withholds the property by means of a trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This law has been applied to Medicaid fraud cases.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

Penal Law Article 175, Written False Statements

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an organization's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class E felony.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

Penal Law Article 177, Health Care Fraud

This Article establishes the crime of Health Care Fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), they knowingly provide false information or omits material information for the purpose of requesting payment for a healthcare item or service and, as a result of the false information or omission, receives such a payment in an amount to which they are not entitled. Prosecution under Health Care Fraud is determined by the amount of payment inappropriately received.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

New York Labor Law §740

An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official.

This law offers protection to an employee who:

- Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy, or practice of the employer that is in violation of law, rule, or regulation that presents a substantial and specific danger to the public health or safety;
- Provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such violation of a law, rule, or regulation by the employer; or
- Objects to, or refuses to participate in, any such activity, policy, or practice in violation of a law, rule, or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, with certain exceptions. The law allows employees who are the subject of a retaliatory action to bring a suit in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under LAB/Labor.

New York Labor Law §741

Under this law, a healthcare employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care or improper quality of workplace safety.

This law offers protection to an employee who:

- Discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or
- Objects to, or refuses to participate in any activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The employee's disclosure is protected under this law 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. Certain exceptions apply. If the employer takes a retaliatory action against the 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. If the employer is a healthcare provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under LAB/Labor.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance*

Topic: *Reporting and Investigation of Compliance Concerns*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) recognizes that a critical aspect of its 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, the Agency’s ethical and business policies, and fraud, waste, and abuse prevention.

To promote this culture, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** has established processes to encourage effective communication and the reporting of compliance questions, issues, concerns, or events that will result in a thorough investigation and appropriate remedial actions.

For purposes of this Policy, the term “Affected Individuals” includes Employees (both Agency and Program), management, Board of Directors, contractors as applicable, and consumers/program participants as applicable.

Policy:

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to maintain a formal confidential and anonymous compliance reporting process to encourage the reporting of any known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**’s policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as “compliance concerns” for purposes of this Policy).

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to fully and promptly investigate all reports of any compliance concerns and take appropriate remedial and/or disciplinary action upon completion of the investigation.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521



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Procedures:

Reporting Process:

1. All Affected Individuals have an affirmative duty and responsibility to promptly report any compliance concerns.
2. An “open-door policy” will be maintained at all levels of Management to encourage the reporting of problems and compliance concerns through normal business channels and appropriate levels of the Agency for timely and effective resolution. The Agency recognizes there may be situations where such reporting is impractical or inappropriate. In those instances, direct access to various levels of Management may be more appropriate.
3. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** encourages all Affected Individuals, service recipients, vendors, and any party conducting business with it to promptly communicate questions, issues, or compliance concerns through any one of the following means:
 - Direct written or oral communication by fax, mail, email, telephone, or personal contact to the immediate supervisor, a member of Management, the CEO/Executive Director, a member of the Compliance Committee, or the Compliance Officer.
 - Confidentially or anonymously to the Compliance Officer through the Compliance Hotline. If the reporter elects to make the report anonymously to the Compliance Officer, no attempt will be made to trace the source of the report or identify the person making the report.
4. If the compliance concern is about the Compliance Officer, the CEO/Executive Director is to be notified.
5. If the Compliance Officer receives a concern related to the CEO/Executive Director, the Compliance Officer shall report such information to the President of the Board of Directors.
6. If a Board member has knowledge of a compliance concern as defined by this Policy, the Compliance Officer and the CEO/Executive Director are to be notified. If there is a concern about the CEO/Executive Director, the Compliance Officer and the President of the Board of Directors are to be notified.
7. Employees have the same obligations for reporting suspected compliance concerns committed by the Agency’s vendors or contractors.



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8. Affected Individuals cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be considered in determining the appropriate course of action.
9. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to or under investigation by Federal, State, or local law enforcement, or should the disclosure be required during a legal proceeding. Those staff assigned to complete any investigation of a compliance concern shall treat the investigation as entirely confidential and shall reveal no details or discuss the content or status of the investigation with Agency staff or any other party except as may be directed by the Compliance Officer or legal counsel. Failure of staff to respect the confidentiality of any investigation of a compliance concern may be grounds for disciplinary action up to and including termination of employment.
10. The Compliance Officer will ensure that all reports of compliance concerns as defined by this Policy are recorded on the Compliance Concern Report Form (attached to this Policy) and tracked on the Compliance Concern and Investigation Log (attached to this Policy).
11. Any member of Management who receives a report of a compliance concern will immediately notify the Compliance Officer and complete a Compliance Concern Report Form. The completed Form will be promptly forwarded to the Compliance Officer.
12. Knowledge of a violation or potential violation of this Policy must be reported directly to the Compliance Officer or the Compliance Hotline.
13. Affected Individuals who report issues or concerns that are unrelated to the Compliance Program shall be redirected to the appropriate department or party. In instances where the Affected Individual seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or party while maintaining the request for confidentiality/anonymity.
14. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** strictly prohibits Affected Individuals from engaging in any act, conduct, or behavior that results in, or is intended to result in, retribution, retaliation or intimidation (hereafter, collectively referred to as “retaliation”) against any party for reporting compliance concerns as defined by this Policy.
15. If an Affected Individual believes in good faith that they have been retaliated against for reporting a compliance concern or for participating in any investigation of such a report, the retaliation should be immediately reported to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates, specific events, the names of any witnesses, and the location or name of any document that supports the alleged retaliation.



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16. The Compliance Officer will ensure that the means for reporting actual or suspected compliance concerns to the Compliance Officer are communicated to all Affected Individuals and service recipients. The Compliance Officer's contact information and Compliance Hotline will be published on the Agency's website and visibly posted in a manner consistent with employee notification in locations frequented by Agency employees.
17. The Compliance Officer's contact information and the Compliance Hotline shall be provided to all Medicaid recipients of service.

Investigation and Resolution:

1. It is the responsibility of the Compliance Officer to conduct or oversee the conduction of all internal investigations involving compliance concerns and shall have the authority to engage legal counsel or other consultants, as needed. The Compliance Officer, in conjunction with the CEO/Executive Director and legal counsel (as applicable), will consider whether the investigation should be conducted under attorney privilege.
2. Before conducting an investigation of any compliance concern as defined by this Policy, the Compliance Officer shall ensure a full understanding of the relevant laws, regulations, and government issuances. If a reported violation is related to improper billing, the Compliance Officer will consider the need for an audit of billing practices and determine the scope of interviews.
3. If deemed appropriate, the Compliance Officer will recommend the cessation of internal activities that may be the cause of, or contribute to, the alleged non-compliance.
4. The Compliance Officer will determine the scope of the reported compliance concern and make a determination regarding the course of action, including the investigation process and notifications to be made.
5. Upon report notice or discovery of an alleged compliance concern, the Compliance Officer 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 techniques. The Compliance Officer 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 with as little visibility as possible while gathering pertinent facts relating to the issue.



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6. If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible noncompliance with any criminal, civil, or administrative law to warrant further investigation, the issue may be turned over to legal counsel. The Compliance Officer or CEO/Executive Director will immediately make arrangements to retain legal counsel if deemed necessary and no further internal discussion or investigative activity shall take place regarding the report except as directed by legal counsel. If legal counsel is retained, it will be determined whether legal counsel or the Compliance Officer will be leading the investigation.
7. Documents produced during the investigation by or under 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."
8. For investigations that do not involve legal counsel, the Compliance Officer will determine which personnel possess the requisite skills to examine the particular issue(s) and will assemble a team of investigators, as needed. The Compliance Officer shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation. The Compliance Officer will also decide whether the Agency has sufficient internal resources to conduct the investigation or whether external resources are necessary. If it is determined that additional resources are needed, the Compliance Officer will work with the CEO/Executive Director to secure such resources.
9. The Compliance Officer will be responsible for the investigation of and follow-up on any reported retaliation against a party for reporting a compliance concern or participating in the investigation of a compliance concern. The Compliance Officer will report the results of an investigation into suspected retaliation to the CEO/Executive Director, the Compliance Committee, and the Board of Directors.
10. If at any time, during an investigation, it is determined that the situation warrants the retention of legal counsel, the Compliance Officer will immediately suspend the investigation and follow the process in Procedure #6 (Investigations and Resolution) above.
11. The Compliance Officer, in consultation with the Compliance Committee and CEO/Executive Director and, where appropriate, the Board, may undertake measures during an investigation of a compliance concern to protect the integrity of the investigation, prevent the destruction of documents or other evidence relevant to the investigation, and respect the due process rights of involved parties. Measures may include, but are not limited to, reassignment or placement on administrative leave until the investigation is complete.
12. The Compliance Officer will track the investigation, responsible parties, and any due dates. The resolution of the investigation will be recorded on the Compliance Concern and Investigation Log (attached to this Policy).



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13. The Compliance Officer should ensure that the following objectives are accomplished for each investigation:
 - The complainant or reporter, if known, is fully debriefed;
 - Appropriate internal parties are notified;
 - The cause of problem, desired outcome, affected parties, applicable guidelines, and possible regulatory or financial impact are identified;
 - A complete list of findings and recommendations are provided;
 - The necessary corrective action measures (e.g., policy changes, operational changes, system changes, personnel changes, discipline, training/education) are identified; and
 - The investigation is documented.
14. 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 CEO/Executive Director, and/or the 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.
15. Upon conclusion of the investigation, the Compliance Officer will organize the information in a manner that enables the Agency to determine if an infraction did, in fact, occur. The Compliance Officer will maintain all notes of the interviews, all evidence and documents as part of the investigation file. The investigation file will be securely maintained by the Compliance Officer.
16. If the Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The Compliance Officer will receive and maintain copies of any reports submitted to governmental entities.
17. The Compliance Officer, in consultation with legal counsel, the CEO/Executive Director, and the Compliance Committee, will evaluate any confirmed violation to determine if a voluntary self-disclosure of the violation is appropriate. In the event that voluntary disclosure is appropriate or required, the Compliance Officer may consult with legal counsel on the notification of appropriate government officials, private payors, or other entities. Notification shall be made within a reasonable time period from date of discovery and may include restitution of monies paid by the applicable Federal or State agency, payer, or other entity. The Compliance Officer will ensure that all overpayments are reported and refunded to the appropriate payer within 60 days of the identification of the overpayment and in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy and Procedure.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

18. The Compliance Officer will be responsible for reporting the results of all investigations to the CEO/Executive Director, Compliance Committee, and the Board.
19. The Compliance Officer or appropriate member of Management will inform the reporter, if known, of the conclusion of the investigation and the outcome, if appropriate.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Compliance Concern Report Form

Today's date (date report filed): _____ / _____ / _____

Your name: _____ Title/Position: _____

Department/Program _____

Mode of Contact:

- | | | |
|--|--|---|
| <input type="checkbox"/> Report to Supervisor | <input type="checkbox"/> Hotline | <input type="checkbox"/> Email |
| <input type="checkbox"/> Compliance Officer (Direct contact) | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Agency phoneline |
| <input type="checkbox"/> Letter or Note | <input type="checkbox"/> Staff Meeting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Letter to Board or CEO/Executive Director | <input type="checkbox"/> Compliance Training | |

Source of Report:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Employee, Independent Contractor | <input type="checkbox"/> Vendor/Subcontractor | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Service Recipient/Family Member | <input type="checkbox"/> Other Provider | <input type="checkbox"/> Other _____ |

Contact Confidentiality Status:

- ☐ Anonymous ☐ Confidential (Identified self) ☐ Name _____
Phone _____

Type of Report:

- ☐ Suspected Violation/Misconduct ☐ Regulatory Inquiry ☐ Agency P&P Inquiry ☐ Ethical Business Practice

Is this a question about the Compliance Program? Yes _____ No _____ If yes, indicate question here:

Is this a suspected violation of the Compliance Program? Yes _____ No _____

If yes, answer the questions below: **(Attach additional sheets if necessary.)**

Please describe in as much detail as possible, the violation: *(Please be specific where the violation may have occurred)*

When did this occur? _____ / _____ / _____ Were you directly involved? _____

If yes, describe what you did: _____

Who else was directly involved? *(Names and positions, if known):*

1. _____
2. _____
3. _____



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Is there any documentation or other evidence of the alleged violation? *Please describe/list or attach:*

Has the reporter discussed this issue with anyone else within the Agency? *Please list by name and position:*

1. _____
2. _____
3. _____

Has the reporter discussed this with others outside the Agency? *Please identify by name and relationship:*

Completed by: _____ Title: _____
Signature: _____ Date: _____

Forward completed form to Compliance Officer

For Use by Compliance Officer:

Follow Up:

Reported to Compliance Officer: _____ By: _____ Date: _____ Time: _____
Reported to CEO/Executive Director: _____ Date: _____
Reported to Compliance Committee: _____ Date: _____
Reported to Board: _____ Date: _____

Actions Taken:

- ☐ Immediate Response Provided
- ☐ Researched regulations
- ☐ Researched Agency P&P
- ☐ Responded to reporter; date _____
- ☐ Internal investigation initiated; assigned to: _____
- ☐ External investigation; Entity _____ Date _____
- ☐ Referred to legal counsel _____ Date: _____

Summary of Action Taken:

Final Disposition by Compliance Officer: _____

Classification: _____

Compliance Report and Investigation Log Number: _____

Completed by:

Compliance Officer Name

Signature

Date



CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Compliance Concern and Investigation Log

SAMPLE

Number	Date Received	Source	Type	Program/Department	Summary	Date Investigation Completed	Disposition/Outcome	Date of Committee Review

Type of Report:

Question
Documentation Issue
Billing Issue
Violation of Standards of Conduct
Missing Funds/Misuse of Funds
Confidentiality/HIPAA
Human Resource Issue
Alleged Retaliation
Violation of Policy & Procedure
Other

Source:

Employee, Contractor (Direct to Compliance Officer)
Supervisor
Contractor, Vendor
Hotline
Other Provider
Service Recipient/Family
Anonymous letter
Other



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Response to Governmental Investigations*

Purpose:

Federal and State law enforcement and regulatory agencies routinely conduct interviews to gather information during audits, inquiries, and investigations. It is important that **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) responds to any official requests for information consistently and appropriately. Therefore, this Policy is established to provide guidance on how to handle any unannounced visits by government representatives. This Policy does not address visits by regulatory agencies to perform program certification or quality assurance functions.

Policy:

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to appropriately respond and not interfere with any lawful audit, inquiry, or investigation by a government agency.

Regulatory Reference:

N/A

Procedures:

1. Announcement of an impending visit by any government investigator or auditor should be immediately reported to the CEO/Executive Director, who is responsible for notifying the Compliance Officer and if necessary, legal counsel.
2. Employees will remain courteous and professional when dealing with investigators or agents.
3. Procedures for handling the receipt of a search warrant or subpoena are covered by separate policies. Please refer to specific policies.

Visits to any of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s facilities:

1. If an individual arrives at any Agency facility and identifies themselves as a government auditor, investigator, or other representative, the individual (agent) will be treated with respect and courtesy. Request the reason for the visit. (Do not attempt to photocopy credentials, as this is a violation of Federal law).
2. The agent will be asked to wait in an unused office or a location where business is not conducted.



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3. Immediately contact the CEO/Executive Director, who will contact the Compliance Officer and if necessary, legal counsel. The CEO/Executive Director will identify one employee to be responsible for responding to the agent's questions.
4. Await direction from the CEO/Executive Director or legal counsel. Do not submit to questioning or an interview. Do not provide documents or other information at this point.
5. Refer to policy on Search Warrants, if applicable.
6. Other than providing information to direct the agents to information requested in the search warrant, do not submit to any form of questioning or interviewing.

Visits to any location outside CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (e.g., personal residence):

Note: Employees and Board members are free to speak to government investigators or auditors; however, they are not required to submit to questioning. The following is provided as general information regarding off-site visits:

1. Individuals have the right to decline an interview or to postpone an interview until they have had an opportunity to seek legal counsel or other advice.
2. Employees and Board members who agree to be interviewed should always be truthful. If the party does not know the answer to a question, they should say so.
3. Employees and Board members should report any off-site visits by government agents, investigators, or auditors to the CEO/Executive Director. The CEO/Executive Director will notify the Compliance Officer and if necessary, legal counsel.
4. Refer to policy on Search Warrants, if applicable.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Search Warrants*

Purpose:

A search warrant permits agents to immediately seize documents and other types of information. The execution of a search warrant can be seriously disruptive and frightening for many employees. Furthermore, if not handled properly, an organization subject to a search warrant may compound its problems. Therefore, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) has established this policy to advise all employees how to appropriately respond to an official search warrant.

Policy:

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to respond professionally and cooperate with the lawful execution of a search warrant.

Regulatory Reference:

N/A

Procedure:

1. Employees are expected to remain courteous and professional when dealing with agents executing a search warrant. Employees will not interfere with the lawful execution of a search warrant.
2. The senior staff member present is responsible for contacting the CEO/Executive Director/designee, who will contact the Compliance Officer and if necessary legal counsel and carry out the response procedures.
3. The responsible senior staff member will:
 - a) Obtain and record the name of the lead agent and the agency they represent. *Do not attempt to photocopy the credentials of an agent – it is a violation of Federal law.*
 - b) Request to view and photocopy the search warrant document. Agents are not required to provide a copy, but often will comply with a request for a copy. If a copy will not be provided, review the warrant and take notes on the scope and details of the search warrant.



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- c) Immediately contact the CEO/Executive Director/designee and provide them with details of the search warrant. The CEO/Executive Director/designee will contact the Compliance Officer and if necessary legal counsel and provide details of the search warrant. The CEO/Executive Director/designee will identify one employee to be responsible for responding to the agent's questions.
4. The agent is limited by the scope of the warrant to where they can search and what they can seize. If the agent requests access to areas or documents that are not within the scope of the search warrant, do not consent to an expanded search.
5. Request an "inventory list" of the documents and items seized by the agents. Ensure that it is detailed enough to properly identify the documents and items taken by the agents. Maintain a separate record for each of the areas searched, listing the documents/items seized from the area.
6. Other than providing information to direct the agents to information requested, do not submit to any form of questioning or interviewing.
7. Always remain present while the agents are conducting the search.

Senior Management Responsibilities

The CEO/Executive Director/designee will carefully examine the search warrant (with legal counsel, if necessary and possible) to:

- Determine the specific areas or locations that it covers.
- Ensure that it is being executed during the hours indicated on the document (most warrants should limit the hours they can be executed, e.g., "daylight hours").
- Ensure that it has not expired (all warrants should have an expiration date).
- Ensure that it is signed by a Judge (all warrants should be signed by a Judge).
- Speak to employees and advise them to cooperate in the search by facilitating the search team's ability to locate records or items that they are entitled to seize or by opening containers that they are entitled to search.
- Relieve all non-essential personnel from duty until the search is complete.
- Avoid any substantive conversation with the agent. If legal counsel is available by phone or at the scene, refer all questions to counsel.



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- Advise employees that they have the right to speak to law enforcement, or to refuse to speak to law enforcement (a search warrant does not compel speech), or to consult with an attorney before speaking to law enforcement. If you yourself decide that you want to speak to law enforcement, it is best to defer that conversation until you have had a chance to consult with legal counsel and legal counsel has had an opportunity to arrange the terms of the interview. If employees decide to speak to law enforcement, you should advise them to answer questions completely, accurately, and truthfully.
- Politely object if there is any overt flaw in the search warrant (as described above) or if the agents are searching anything deemed to be outside the scope of the warrant. Do not interfere should agents proceed and search. Note the fact for legal counsel to support a future protest.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Subpoenas*

Purpose:

A subpoena is an official demand for testimony or the disclosure of documents or other information. They may originate from law enforcement or administrative agencies. Every subpoena requires a careful legal review prior to response. In view of this and the serious legal implications of the receipt of a subpoena, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) has established standing policies and procedures to ensure that legal counsel reviews any subpoena immediately and coordinates the Agency’s response.

Policy:

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to comply with any lawful subpoena. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.

This Policy refers only to subpoenas related to **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** business matters.

Procedures:

1. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.
2. If a subpoena related to Agency business is received, either in person or via the mail, it must be delivered immediately to the CEO/Executive Director.
3. If delivered in person, the senior staff on duty must be provided with any information obtained during the service of the subpoena (e.g., the name, title, and telephone number of the serving agent/investigator, information provided by the agent/investigator).
4. Employees will only provide the agent/investigator with direction or information so they may deliver the subpoena to the appropriate or requested individual. Do not volunteer information to an agent/investigator or submit to any form of questioning or interviewing.
5. The CEO/Executive Director shall be immediately notified of the receipt or delivery of a subpoena. The CEO/Executive Director will promptly notify the Compliance Officer and determine who is most qualified and available to assist legal counsel in responding to the subpoena.
6. The CEO/Executive Director and Compliance Officer will await direction from legal counsel, if necessary, and then proceed under such direction.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Whistleblower Protections and Non-Retaliation*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to promoting an environment where concerns regarding known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as “compliance concerns” for purposes of this Policy) are reported and addressed without fear of retaliation, intimidation, retribution or harassment for good faith reporting of such concerns. To reinforce this commitment, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** maintains a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program, including but not limited to reporting potential issues and compliance concerns, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in the Labor Law.

For purposes of this Policy, the “Affected Individuals” includes Agency employees, management, Agency Board of Directors, consumers/service recipient or designee, Personal Assistants, and relevant contractors.

Policy:

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to strictly prohibit any form of retaliation or intimidation against Affected Individuals or entities, for reporting compliance concerns.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. strictly prohibits Affected Individuals from engaging in any act, conduct, or behavior that results in, or is intended to result in, retribution, intimidation or retaliation against any individual or entity for reporting compliance concerns to the Agency or government agency.

No **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** supervisor, manager, employee or consumer/program participant or designee is permitted to discharge, demote, suspend, threaten, harass, or in any other manner discriminate against an employee, vendor, contractor, or other individual or organization (all such activity collectively referred to as “retaliation”) who in good faith participates in the Compliance Program, including but not limited to reporting potential compliance concerns, investigating or participating in an investigation, self-evaluations, audits, and reporting to the appropriate officials.



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Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521
New York Labor Law §740 and §741 (refer to Procedures)

Procedures:

1. If an Affected Individual, vendor, or service recipient believes in good faith that they have been retaliated against for reporting a compliance concern or for participating in any investigation of such a report, the retaliation should be immediately reported to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates, specific events, the names of any witnesses, and the location or name of any document that supports the alleged retaliation.
2. Knowledge of a violation or potential violation of this Policy must be reported directly to the Compliance Officer or the Compliance Hotline.
3. Any employee who believes they are subjected to retaliation, intimidation, harassment, discrimination, or an adverse employment consequence must immediately report the actions to the Compliance Officer or Human Resource Director.
4. The Compliance Officer will implement this Policy and take appropriate actions in response to the whistleblower's complaint of retaliation based on the nature of the report. Legal counsel will be consulted, if appropriate.
5. The Compliance Officer will investigate all reports of retaliation in accordance with the Reporting and Investigation of Compliance Concerns Policy and report results to the Director of Human Resources and the CEO/Executive Director.
6. The CEO/Executive Director or designee will investigate any report that the Compliance Officer is engaging in intimidation or retaliation.
7. The Compliance Officer will provide information on each report of retaliation and any actions taken to the Compliance Committee and the Board of Directors.
8. The right of the reporter to protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.



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9. Any Affected Individual who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
10. The Compliance Officer will ensure this Policy is disseminated to all Affected Individuals and that these individuals have received relevant training in accordance with the Agency's training plan.

Further Information Regarding Employee Protections

New York Labor Law §740

An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official.

This law offers protection to an employee who:

- Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy, or practice of the employer that is in violation of law, rule, or regulation that presents a substantial and specific danger to the public health or safety;
- Provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such violation of a law, rule, or regulation by the employer; or
- Objects to, or refuses to participate in, any such activity, policy, or practice in violation of a law, rule, or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, with certain exceptions. The law allows employees who are the subject of a retaliatory action to bring a suit in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO%20:> under LAB-Labor.

New York Labor Law §741

Under this law, a healthcare employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care or improper quality of workplace safety.



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This law offers protection to an employee who:

- Discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or
- Objects to or refuses to participate in any activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The employee's disclosure is protected under this law 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. Certain exceptions apply. If the employer takes a retaliatory action against the 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. If the employer is a healthcare provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

More information can be found at: <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO%20:> under LAB-Labor.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.



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Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Conflict of Interest*

Purpose:

All employees and Board members of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy is established to ensure that services and business activities are conducted in an objective manner and are not motivated by a desire for personal or financial gain. The Board of Directors is responsible for the implementation of the Conflict of Interest Policy.

Policy:

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to ensure that decisions about **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**’s operations are made to benefit the Agency when contemplating a transaction or arrangement that could benefit an officer, director, or employee.

1. Employees, officers, and Board members are required to disclose any actual or potential conflict of interest and seek guidance on how to handle the situation.
 - *Conflict of Interest:* Any situation in which financial or other personal considerations may compromise or appear to compromise (1) an employee’s or Board member’s business judgment; (2) delivery of services; or (3) ability for an employee to do his or her job. An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that employee, Board member, or for an immediate family member as a result of business dealings. For the purpose of this Policy, an immediate family member is any person who is related by blood or marriage, or whose relationship with the employee or Board member is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:
 - The person’s spouse;
 - Natural or adoptive parent, child, or sibling;
 - Stepparent, stepchild, stepbrother, or stepsister;
 - Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
 - Grandparent or grandchild; and
 - Spouse of a grandparent or grandchild.



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2. Business dealings with outside entities should not result in unusual gain for those entities, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**, a Board member, or an employee. Unusual gain refers to gifts, bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit the employer, the employee, or both or that would reasonably be determined to influence the employer, employee, or both.
3. The materials, products, designs, plans, ideas, and data are the property of the Agency and should never be given to an outside firm or individual without appropriate prior authorization from the CEO/Executive Director. Any improper transfer of material or disclosure of information, even though it is not apparent that an employee has personally gained by such action, is prohibited.
4. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will not enter into a related party transaction unless the Board affirmatively determines that the transaction is fair, reasonable, and in the best interest of the Agency. A related party transaction means any transaction, agreement, or arrangement in which a related party has a financial interest. A related party is defined as: (i) any director, officer, or key employee (e.g., members of senior leadership) of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** or its related entities; (ii) any relative of any director, officer, or key employee of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** or its related entities; or (iii) an entity in which any individual described in (i) or (ii) has a 35% or greater ownership or beneficial interest, or in the case of a partnership or professional corporation, a direct ownership interest in excess of 5%.

Regulatory References:

Not-For-Profit Corporation Law § 715

Procedures:

1. Each employee will be provided with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Conflict of Interest Policy as part of the new hire orientation process. Each employee shall sign a statement that affirms that the employee:
 - Has received a copy of the Conflict of Interest Policy,
 - Has read and understands the Policy, and
 - Has agreed to comply with the Policy.
2. Each Board member, officer, key employee, and member of a committee with Governing Board-delegated powers will be provided with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Conflict of Interest Policy and shall sign a statement at the time of hire, assignment, and/or Board approval that affirms that such person:
 - Has received a copy of the Conflict of Interest Policy,
 - Has read and understands the Policy, and
 - Has agreed to comply with the Policy.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

3. Employees must disclose any potential conflicts of interest upon hire and when a potential conflict arises. The Employee completes the Conflict of Interest Disclosure Statement form (attached to this Policy) to record an actual or potential conflict of interest upon hire and when a potential conflict arises. Completed forms are to be forwarded to and retained by the Compliance Officer.
4. Key employees (members of senior leadership), the CEO/Executive Director, officers, and Board members must complete a Conflict of Interest Disclosure Statement upon hire or prior to being seated (voted on for approval) and annually thereafter in order to report any actual or potential conflict of interest. Such annual statement shall not exempt any key employee, officer, or Board member from disclosing a potential conflict of interest pursuant to Procedure #11 below.
5. An employee or Board member with questions or concerns about a potential conflict of interest will promptly address the issue with appropriate Management staff and/or the Compliance Officer. Management staff will consult with the Compliance Officer before responding to a concern or question about a potential conflict of interest.
6. Board Members, Officers, the CEO/Executive Director, and Management personnel are expected to avoid actions that could be perceived or interpreted as being in conflict with the best interest of the Agency.
7. Actual or potential conflicts of interest must be disclosed to appropriate management personnel and the Compliance Officer. Employees who may be involved in any **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s business transaction in which there is an actual or potential conflict of interest will promptly notify their immediate supervisor and Compliance Officer; the Compliance Officer will promptly notify the CEO/Executive Director.
8. The completed Conflict of Interest Disclosure Statements are reviewed by the Compliance Officer and CEO/Executive Director and, if necessary, appropriate actions and adjustments are made to avoid possible conflicts of interest. The Compliance Officer will report significant concerns regarding the Conflict of Interest Disclosure Statements to the Compliance Committee and the President of the Board.
9. The Compliance Officer will maintain a written record of any report of potential conflict of interest and of any adjustments made to avoid potential conflicts of interest.
10. The President of the Board, after receiving information about a potential conflict of interest, will take such action as is necessary to ensure that the transaction is completed in the best interest of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** without the substantive involvement or influence of the person with the potential conflict of interest.



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11. Key employees, officers, and Board members who have a direct or indirect interest in a related party transaction must disclose, in good faith, such interest to the Board or Committee considering the transaction and the material facts concerning such interest.
12. Key employees, officers, and Board members who have a direct or indirect interest in a related party transaction may not be present or otherwise participate in any Board or Committee deliberations or voting concerning the transaction; however, such individuals may present information concerning a related party transaction prior to the commencement of deliberations or voting.
13. Prior to entering into a related party transaction, the Board or Committee must consider alternatives, to the extent available, that would not be a related party transaction.
14. The Board or Committee must approve the related party transaction by not less than a majority vote of those present at the meeting.
15. The Board or Committee must contemporaneously document, in writing, the basis for its approval of the related party transaction, including its consideration of alternatives to the related party transaction.
16. Board members with conflicts will absent themselves from the discussion/deliberation and vote on the item/circumstance that the Board member has identified as a conflict. The meeting minutes shall indicate when the member left the room, that the discussion and vote, if any, occurred, and then that the member was invited to return to the meeting. If any member with a conflict does not excuse themselves from the meeting, the President of the Board shall ask the member to leave the room. The existence and resolution of the conflict, if any, must be documented.
17. Board members are strictly prohibited from any attempt to influence the discussion, deliberations, or vote on any subject that relates to the member's conflict.
18. Employees must seek guidance and approval from appropriate Management personnel prior to pursuing any business or personal activity that may constitute a conflict of interest.
19. Outside employment may not interfere with the employee's ability to perform their job with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** In addition, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** employees may not compete against **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**, work for its competitors, or have any ownership interest in a competitor.
20. The Compliance Officer shall document the existence and resolution of any conflict in the Agency's records, including putting in the minutes of any meeting at which a conflict was discussed and voted upon.
21. The Compliance Officer will investigate any violations of this Policy.



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Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

Conflict of Interest Disclosure Statement

The Conflict of Interest Policy includes a provision that sets forth standards of conduct expected and requiring Board members, Management, and employees to disclose all interests that could result in an actual or potential conflict of interest.

In accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s (sometimes referred to as "Agency" or "the Agency") Conflict of Interest Policy, a conflict of interest is defined as any situation in which financial or other personal considerations may compromise or appear to compromise (1) an employee's or Board member's business judgment; (2) delivery of services; or (3) ability for an employee to do their job. An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that employee, Board member, or for an immediate family member as a result of business dealings.

Please complete and return this Conflict of Interest Disclosure Statement. Please be assured that the disclosure requirements are intended to provide the Board and Management with a systematic and ongoing method of disclosing and ethically resolving potential conflicts of interest. Although it is impossible to list every circumstance giving rise to a possible conflict of interest, the following will serve as a guide to the types of activities that might cause conflicts and that should be fully reported:

A. Outside Interests

- a. To hold, directly or indirectly, a position or a financial interest in any outside concern from which the individual has reason to believe the Agency secures goods or services (including the services of buying or selling stocks, bonds, or other securities), or that provides services that compete with the Agency.
- b. To compete, directly or indirectly, with the Agency in the purchase or sale of property or property rights, interests, or services.

B. Outside Activities

To render directive, managerial, or consultative services to any outside concern that does business with the Agency, or competes with the services of the Agency, or to render other services in competition with the Agency.

C. Inside Information

To disclose or use information relating to the Agency's business for the personal profit or advantage of the individual or their immediate family.

D. Gifts, Gratuities, and Entertainment

To accept gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of, the Agency – under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of their duties.

- ✓ I have been provided with a copy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Conflict of Interest Policy.
- ✓ I hereby state that I, or members of my immediate family, have the following affiliations or interest and have taken part in the following transactions that, when considered in conjunction with the position with or relation to the Agency, might possibly constitute a conflict of interest. (Check "None" where applicable)

1. Outside Interests

Identify any interests, other than investments, of yourself or your immediate family, as described in paragraph A (Outside Interests) above.

() None

2. Investments

List and describe, with respect to yourself or your immediate family, all investments that might be within the category of "financial interest", as described in paragraph A (Outside Interests) above.

() None

3. Outside Activities

Identify any outside activities, of yourself or your immediate family, as described in paragraph B (Outside Activities) above.

() None

4. Other

List any other activities in which you or your immediate family are engaged that may be regarded as constituting a conflict of interest, giving particular attention to paragraphs B (Outside Activities) and C (Inside Information) above.

() None

5. I hereby certify that neither I nor any member of my immediate family have accepted gifts, gratuities, or entertainment that might influence my judgment or actions concerning the business of the Agency, except as listed below:

() None

6. The following circumstances may possibly violate the Standards of Conduct:

() None

7. List any family members employed by **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** or serving as a member of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Board of Directors.

Name

Relationship

By signing below, I affirm that:

1. I have received and read a copy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Conflict of Interest Policy;
2. I agree to comply with the Policy;
3. I have no actual or potential conflicts as defined by the Policy or if I do, I have previously disclosed them as required by the Policy or am disclosing them on this form; and
4. I hereby agree to report to Management or the Compliance Officer any future situation that may result in a conflict of interest.

Name (Printed or typed)

Title

Signature

Date

Reviewed by:

Name (Printed or typed)

Title

Signature

Date



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Standards of Conduct*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and its Standards of Conduct. To support this commitment, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will maintain and update as appropriate written Standards of Conduct to provide guidance on employee and organizational responsibilities related to compliance. The Standards of Conduct document serves as a foundational document that describes the Agency’s fundamental principles, values, and commitment to conduct its business in an ethical manner.

For purposes of this Policy, the term “Affected Individuals” includes Employees (both Agency and Program), management, Board of Directors, contractors as applicable, and consumers/program participants as applicable.

Policy:

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to develop, maintain, and update as appropriate written Standards of Conduct to provide Affected Individuals with guidance on requirements for conduct related to employment, contract, association, or appointment by **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. The Compliance Officer is responsible for the development and periodic update of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**’s Standards of Conduct.
2. The Standards of Conduct will be reviewed at least annually as part of the review of the Compliance Plan and Compliance Program Policies and Procedures.
3. The Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Standards of Conduct.
4. The Standards of Conduct will be written at a basic reading level, avoiding complex language and legal terminology.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

5. The Standards of Conduct will communicate the expectation that all Affected Individuals will act in accordance with the Standards of Conduct, that they must refuse to participate in unethical or illegal conduct, and that they must report any unethical or illegal conduct to the Compliance Officer.
6. The Standards of Conduct will address specific areas of potential fraud or similar wrongdoing (e.g., claims development, submission processes, and coding).
7. The Standards of Conduct will address critical areas such as compliance with laws and regulations, key human resource practices, conflicts of interest, proprietary rights, confidentiality, recordkeeping, service provision, reimbursement practices, fair dealing, gifts and kickbacks, the Agency's risk areas, and its measures to prevent fraud, waste, and abuse.
8. The Standards of Conduct will communicate the responsibility of Affected Individuals to report suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy) directly to the Compliance Officer or other management personnel.
9. The Agency's confidential reporting and non-retaliation/non-intimidation policies will be referenced and included as part of the Standards of Conduct for the purpose of encouraging communication and the reporting of potential non-compliance.
10. The Standards of Conduct will provide written guidance on how Affected Individuals may report actual or suspected compliance concerns without fear of retribution, retaliation, or intimidation to the Compliance Officer through a confidential and/or anonymous mechanism that bypasses Management.
11. The Standards of Conduct will include a description of disciplinary mechanisms utilized by the Agency and the procedures for addressing disciplinary actions.
12. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Standards of Conduct and Compliance Plan will be provided to all Affected Individuals as defined by this Policy.
13. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Standards of Conduct and Compliance Plan will be posted on its website.
14. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, are provided with a copy of the Compliance Plan and Standards of Conduct as part of their orientation to the Agency.



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15. The Compliance Officer will ensure that each Board member is provided with a copy of the Compliance Plan and Standards of Conduct at the time of Board orientation.
16. All Affected Individuals will sign and date an Acknowledgement Form (attached to this Policy) that acknowledges: (a) receiving a copy of the Compliance Plan and Standards of Conduct, (b) reading and understanding the contents, and (c) agreeing to abide by the provisions of the documents.
17. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, receive training annually related to the contents of the Standards of Conduct to help them understand how it applies to everyday situations. The Compliance Officer will ensure that records are maintained to document the receipt of training.
18. The Compliance Officer will include in their report to the Compliance Committee and Board of Directors the status of training, along with any recommendations for updating or improving the contents of the Standards of Conduct and/or training.
19. The Compliance Officer is responsible for investigations of possible violations of the Standards of Conduct and Compliance Program and ensuring that appropriate disciplinary action has been taken when necessary.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



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**CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.
Acknowledgement Form –
Compliance Plan and Standards of Conduct**

- ☐ I acknowledge that I have received and read, and that I understand, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Plan and Standards of Conduct.
- ☐ I understand that I must comply with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Plan, the Standards of Conduct, and all laws, regulations, policies, procedures, and other guidance applicable to the responsibilities of my position.
- ☐ I understand that my failure to report any suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") may result in disciplinary action, up to and including termination of employment, contract, assignment or engagement with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC..**

By placing a checkmark in the boxes above, I acknowledge that I have read and understand each statement.

Signature _____

Print Name _____

Title _____

Date _____



CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

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CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

Standards of Conduct

Mission and Values

Our Mission

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is dedicated to providing and advocating for community-wide actions and programs that increase individuals' dignity and self-reliance and improve community conditions, engaging all sectors of the community in Cortland County's fight against poverty.

We Value

- The voices and experiences of the people we serve, and their full participation in our community.
- Respect for ourselves and all those we come in contact with in our work.
- Accountability for our resources and results to our participants and our community.
- Cooperation and partnership within CAPCO and with the individuals and organizations that support our mission.
- A commitment to understanding our own and others' strengths, and using these strengths to support our program, management and governance activities.

Intent

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s (sometimes referred to as “CAPCO.” or “Agency” or “the Agency”) Standards of Conduct (the Standards) apply to all Affected Individuals. The term “Affected Individuals” includes all employees (both Agency and Program), management, Board of Directors, contractors as applicable, and consumers/program participants as applicable (hereafter referred to as “Affected Individuals”).

The Standards of Conduct were approved by CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s Board of Directors. This document is a formal statement of the Agency’s commitment to the standards and rules of ethical conduct.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to compliance with all applicable Federal and State laws and the prevention of unethical, improper, or unlawful behavior or acts in the delivery and billing of services, and prevention and detection of fraud, waste and abuse. CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed



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to stopping such behavior as soon as possible after discovery, and to discipline those persons involved in such behavior or acts, including those who fail to report a violation.

All Affected Individuals, as defined above, must comply with the Standards of Conduct, immediately report any alleged violations of wrongdoing, and assist Management and the Compliance Officer in investigating allegations of wrongdoing.

While the standards addressed in this document are intended to guide Affected Individuals in their daily responsibilities, they do not replace any CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. policies and procedures. There may be instances not addressed by the Standards of Conduct or existing policies and procedures, or there may be activities that seem to conflict with the Standards. Affected Individuals must seek direction from their supervisor, other Management staff, or the Compliance Officer in these instances.

Ethics

It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to comply with all laws and regulations applicable to its business and to conduct business with the highest degree of integrity. To accomplish this, all Affected Individuals must obey the laws and regulations that govern their work and always act in the best interest of those who receive services and their families (collectively referred to as service recipients) and the Agency.

Guidelines for Affected Individuals: Ethics

- You are expected to keep Management staff informed of what you are doing; to document or record all services or transactions accurately; and to be honest and forthcoming with the Agency, regulatory agencies, and internal and external auditors.
- You are expected to comply with the Agency's policies and procedures, accounting rules, and internal controls.
- You are expected to function with honesty in your work with CAPCO and for service recipients/consumers, other providers, suppliers, and all others with whom the Agency does business.

Conflict of Interest

For purposes of this section on conflict of interest, an immediate family member is any person who is related by blood or marriage, or whose relationship with the Affected Individual is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:

- The person's spouse;
- Natural or adoptive parent, child, or sibling;
- Stepparent, stepchild, stepbrother, or stepsister;
- Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
- Grandparent or grandchild; and



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- Spouse of a grandparent or grandchild.

Affected Individuals may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of the Agency. You must not allow any outside financial interest or competing personal interest to influence your decisions or actions taken on behalf of the Agency. This means that you or your immediate family should not personally benefit from doing business with the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC., should not have independent relationships with those who deal with the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC., should not use CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. property for personal benefit, and should not compete with the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

You must avoid any situation where a conflict of interest exists or might appear between your personal interests or those of your family and the interest of the Agency. The appearance of a conflict of interest may be as serious as an actual conflict of interest.

Affected Individuals must disclose any circumstances where the employee or their 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 the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.; (ii) provides to, or receives from, the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. any referrals of service recipients; or (iii) competes with the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC..

If you have a potential conflict, you must make full disclosure to the Compliance Officer, members of Management and the Board, as appropriate. You will be provided with actions that may be necessary to address or prevent conflict of interest.

Guidelines for Affected Individuals: Conflict of Interest

It is a conflict of interest for you to personally take for yourself opportunities that are discovered through the use of the Agency's property, information, or your position with the Agency; to use the Agency's property or information for personal gain; or to compete with the Agency.

There are many types of situations where potential conflicts may arise. You must promptly report any actual or potential conflict of interest to your immediate supervisor or directly to the Compliance Officer.

Outside Activities and Employment

- You may not conduct outside activities during work time. Such activities interfere with your regular duties and negatively impact the quality of your work.
- You are a representative of the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. in your everyday life and must represent the Agency positively in the community.



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- Outside employment must not conflict in any way with your responsibilities to the Agency or its service recipients. You may not compete against CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC., work for its competitors, or have any ownership interest in a competitor.
- Employees should refer to the Agency's Personnel Policies & Procedures regarding Outside Employment for specific policy language and expectations.

Use of CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Funds and Resources

- The CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s assets are to only be used for the benefit of the Agency and its service recipients. Assets include not only funds, equipment, inventory, and office supplies, but also concepts, business plans and strategies, information about service recipients, financial information, computer property rights, and other business information about the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.
- You may not use CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. assets for personal gain or give them to any other persons or entities, except in the ordinary course of business as part of an approved transaction.
- Property and resources of the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. should only be used for the benefit of the Agency or its service recipients.

Maintenance of Records

Employees and independent contractors must record and report all information related to **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** and its operations, its service recipients, and financial information fully, accurately, and honestly. Records include, but are not limited to, records of the service recipients, documentation of services, accounting books or records, financial statements, timesheets or records, expense reports, vouchers, bills, payroll, claims, payment records, correspondence, and any other method of communication. Employees and independent contractors must not omit or conceal any relevant information.

Guidelines for Employees and Independent Contractors: Recordkeeping

Many of the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. forms are legal documents used to prove that a service was provided, to bill for a service, to record a job task, or to record specific happenings. You must document accurately and honestly, and only for those services that you provided or those events in which you were involved.

Employees and independent contractors are expected to maintain complete, accurate, and contemporaneous (timely) records as required by the Agency. 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 Agency services. Records must reflect the actual service provided.



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Falsification of Records

- You must not make any false entries in any of the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s records or in any public record for any reason.
- You may not alter any permanent entries in the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s records. 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.
- You may not sign the name of another person to any document.
- Signature stamps may not be used.
- You may not create or participate in the creation of any records that are intended to mislead or to conceal anything that is improper.
- Backdating and predating documents is unacceptable.

Expense Records

- You must always charge expenses accurately and to the appropriate cost center or account, regardless of the financial status of the program, project, contract, or the budget status of a particular account or line item.

Retention of Records

- The retention, disposal, or destruction of records of or pertaining to the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. must always comply with legal and regulatory requirements and Agency policy.
- You may not destroy records pertaining to any legal action or government investigations or audit without written approval of the Compliance Officer.

Protection of Confidential Information

During your employment, contract, or association with the **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**, you may acquire confidential information about the Agency, its staff, and service recipients which must be handled in strict confidence and not discussed with outsiders. The protection of confidential business, employee, and service recipient information is very important. Violations may result in fines and penalties, legal action, or criminal charges.



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The CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. has developed policies and procedures to assure that the confidentiality of Agency information and information about service recipients is protected and released only with the appropriate authorization or for lawful reasons. All Affected Individuals are required to comply with the Agency's Confidentiality/Privacy Policy. If you have any questions concerning confidential information, contact your immediate supervisor or the Compliance Officer.

Guidelines for Affected Individuals: Confidentiality

You must treat all Agency records and information as confidential.

You may not release confidential information without the proper authorization. Confidential information includes not only information about service recipients and their families, but also non-public information about the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. that may be of use to the Agency's competitors or harmful to the Agency or its service recipients if released.

You must protect the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s information and avoid discussing or disclosing the Agency's information, purposefully or inadvertently (through casual conversation), to any unauthorized person inside or outside the Agency. Furthermore, staff may not share confidential information about the Agency with anyone, except where required for a legitimate business purpose. Ask your supervisor if you are not sure whether certain information is confidential.

The CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s information may not be removed from the Agency's property without permission from a supervisor or administrator with proper authority over the information.

Termination of Employment or Contract

- You may not use any confidential information gained from your employment or contract with the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. for your benefit or another Agency's benefit. You may not take copies of any reports, documents, or any other property belonging to the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.
- Upon termination of employment or contract with the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC., you must return all the Agency's property including, but not limited to, copies of documents, notes, and other records containing confidential information; computer disks; your ID and keys; and credit cards.



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Information Security

Guidelines for Affected Individuals: Information Security and Technology

- You are responsible for properly using information stored and produced by all the **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s computer systems.
- Computers, internet access, email, or other office communication systems are intended for business-related purposes only and not for uses that may be disruptive, offensive, harassing, or harmful to others.
- Do not share your system username or password with another person or allow another to access the computer with your password or log-on information.
- All Affected Individuals are required to comply with CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s policies and procedures regarding technology and electronic media usage. If you have any questions concerning information security, contact your immediate supervisor or Compliance Officer.

Fair Dealing

Business Dealings and Referrals

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will not be inappropriately influenced with goods or services from any business in which Affected Individuals and their immediate family members have a substantial interest.

Conducting business with providers, contractors, suppliers, service recipients, and competitors may pose ethical, and sometimes legal, problems. Affected Individuals are expected to deal fairly with providers, contractors, service recipients and competitors.

As defined in the Conflict of Interest Policy, and for purposes of these Standards of Conduct, an immediate family member is any person who is related by blood or marriage, or whose relationship with the Affected Individual is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:

- The person's spouse;
- Natural or adoptive parent, child, or sibling;
- Stepparent, stepchild, stepbrother, or stepsister;
- Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
- Grandparent or grandchild; and
- Spouse of a grandparent or grandchild.



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Guidelines for Affected Individuals: Fair Dealing

The Standards of Conduct and the following guidelines are intended to help you make appropriate, responsible, and correct decisions in these and all matters:

Kickbacks and Rebate

- Kickbacks and rebates in cash, credit, or other forms are prohibited. They are not only unethical, but also in many cases illegal.

Gifts and Gratuities and Entertainment

- Affected Individuals may not, without permission of the Compliance Officer, accept, solicit, or offer anything of value from anyone doing business with the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.
- Under no circumstances may an employee or immediate family member of an employee accept a cash gift or gratuity from a service recipient, a family member or friend of a service recipient, or a vendor or potential vendor. Any Affected Individual who gives or accepts such a cash gift or gratuity will be subject to disciplinary action, including termination of contract, assignment or engagement with CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.
- You may not solicit money, gifts, gratuity, or any other personal benefits or favors of any kind from providers, contractors, accounts, or service recipients and their families.
- You must not offer or accept entertainment that is not a reasonable addition to a business relationship but is primarily intended to gain favor or to influence a business decision.

Agreements with Contractors and Vendors

The CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. must ensure that any agreements with contractors and vendors clearly and accurately describe the services to be performed or items to be purchased. Performance standards and the applicable compensation, if any, must be reasonable in amount, not be excessive in terms of industry practice, and must equal the value of the service(s) rendered or items purchased.

Improper Use of Funds or Assets

Use of the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s funds or assets for any improper purpose is strictly prohibited. If you are aware of or have reason to believe that funds or assets are being improperly used, you must report this immediately to your supervisor or the Compliance Officer.



CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

Corporate Compliance Plan **Federal & State Healthcare Programs**

You may only approve payments or receipts on behalf of the Agency that are described in documents supporting the transaction. “Slush funds” or similar off-book accounts, where there is no accounting for receipts or expenditures on the Agency’s books, are strictly prohibited.

Federal and State Programs

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to complying with the laws and regulations that govern the Federal and State programs that it administers. The Compliance Program, these Standards of Conduct, and policies and procedures are developed to provide guidance in your day-to-day work and activities you perform on behalf of the Agency. You must abide by the policies and procedures and the Standards set by the Agency.

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s programs and services are largely funded by Federal and State healthcare programs, including Medicaid and Medicare. CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to full compliance with all Federal and State healthcare program requirements. The Agency must also comply with laws and regulations designed to combat fraud, waste, and abuse and the submission of inaccurate or false claims.

The Agency has put in place procedures and practices to ensure that:

- All service documentation, records, and reports are prepared timely, accurately, and honestly;
- All documentation supporting claims for service is complete and maintained in accordance with regulatory requirements and the Agency’s policies;
- All claims submitted to any government or private healthcare program are accurate and comply with all Federal and State laws and regulations and payer requirements;
- Claims are only submitted for medically necessary services provided by eligible providers;
- All claims are properly documented and accurately coded; and
- Billing errors are promptly identified and any payments received in error are promptly returned to the payer.

Employees and independent contractors responsible for the documentation, charging, coding, billing, and accounting of services must comply with all applicable State and Federal regulations and the Agency’s policies and procedures.

It is against the law and CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s policies to submit a false claim knowingly or carelessly. Submitting a false claim includes using false records, using the wrong code, double billing, or billing or causing to be billed services that are not provided or fully documented, and billing for services that are not medically necessary.

All Affected Individuals have a responsibility to notify the Compliance Officer promptly if they are charged with a criminal offense related to healthcare or are proposed or found to be subject to exclusion from Federal or State healthcare programs.



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Corporate Compliance Plan **Federal & State Healthcare Programs**

Governmental Investigations

There may be times that the **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** is asked to cooperate with an investigation by a Federal or State governmental agency, or to respond to a request for information. A request may be formally addressed to the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) or to an individual employed by or associated with the Agency. All Affected Individuals must report any requests for information or cooperation with an investigation to the Chief Executive and Compliance Officer immediately.

Employment Environment

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. is committed to creating a safe and professional workplace where employees and others are treated with respect and without regard to their race, sex, age, religion, national origin, color, marital status, disability, or other protected characteristics. Business integrity, teamwork, trust, and respect are the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s most important values. Unlawful discrimination or harassment of any sort violates these values. All Affected Individuals must exhibit and promote respect, integrity, trust, and teamwork in the workplace and must comply with the Agency’s policies prohibiting discrimination and harassment in all facets of the Agency’s work.

All Affected Individuals are required to support the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s commitment to a safe and professional work environment and to demonstrate appropriate behavior in the workplace.

All Affected Individuals are prohibited from joking about another person’s race, sex, age, religion, national origin, color, marital status, disability, or other protected characteristics.

All employees are prohibited from considering someone’s race, color, religion, sex, 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.

Sexual harassment of any kind is prohibited. Sexual harassment includes any form of unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual or sex-based nature.

Affected Individuals are responsible for understanding the CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s policy prohibiting discrimination and sexual harassment, including policy expectations and requirements of the Agency’s Personnel Policies & Procedures. You should consult with an appropriate supervisor, administrator, or Human Resources if you have questions about your right to a workplace free from unlawful harassment or discrimination or if you have questions about your duty to avoid discrimination.



CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.

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Seeking Guidance and Reporting Violations

All Affected Individuals must report any suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") to their immediate supervisor, member of Management, Compliance Committee member or the Compliance Officer. A Compliance Hotline is also available for confidential or anonymous reporting of such issues.

When actual or suspected noncompliance is reported to any Affected Individual, it must be promptly referred to the Compliance Officer. Steps will be taken to protect the confidentiality and anonymity of the reporters. The CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will not tolerate any form of retaliation or intimidation against a person who makes a good-faith report in accordance with the Standards of Conduct and its Compliance Program.

All Affected Individuals must cooperate fully and honestly in any investigation into reported noncompliance.

Corrective Action and/or Discipline

Affected Individuals found to have engaged in non-compliant activity or wrongdoing addressed in these Standards of Conduct will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or association with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**

Affected Individuals who knowingly fail to report compliance concerns are subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or association with the Agency.

Employees may face disciplinary action ranging from a verbal warning to suspension or termination, depending on the incident and the relevant surrounding circumstances. A more significant level of discipline will be taken for intentional or reckless behavior.

Your Responsibilities

- ✓ Attend required trainings, and read and understand **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Plan, Compliance Program Policies and Procedures, Personnel Policies & Procedures, and Standards of Conduct.
- ✓ Follow CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s Standards of Conduct and abide by all policies and procedures, guidelines, and Federal and State laws and regulations.



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- ✓ Be alert to any situation that could violate CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.'s Standards of Conduct, Compliance Program, policies and procedures, guidelines, and/or Federal and State laws and regulations.
- ✓ Promptly report any questions, issues, compliance concerns, wrongdoing, violations, or suspected violations to your supervisor, another member of Management, a member of the Compliance Committee, or the Compliance Officer.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance*

Topic: *Antikickback – Business Courtesies, Gifts, and Entertainment*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” “Agency” or “the Agency”) recognizes that there are legitimate and lawful reasons to accept or provide reasonable business courtesies. However, in healthcare, business courtesies pose a risk for conflict of interest or fraud and/or abuse related to anti-kickback laws and regulations. The Federal Anti-Kickback law prohibits the offer of payment, solicitation, or receipt of anything of value to induce or reward the referral of Federal health care program recipients, such as Medicare and Medicaid recipients. The Federal Anti-Kickback statute also prohibits the payment or receipt of any remuneration that is intended to induce the purchasing, leasing, or ordering of any item or service that may be reimbursed, in whole or in part, under a Federal health care program. It also prohibits the payment or receipt of any remuneration that is intended to induce the recommendation of the purchasing, leasing, or ordering of any such item or service.

The purpose of this policy is to assure that the Agency complies with Federal Anti-Kickback laws. The policy provides guidance for providing business courtesies.

For the purpose of this policy, the following definitions apply:

- **Affected Individuals:** Employees (both Agency and Program), management, Board of Directors, contractors as applicable, and consumers/program participants as applicable.
- **Business Courtesies:** A business courtesy is anything of value, a favor, or a benefit provided free of charge or at a charge less than fair market value in the context of a business relationship. The Policy applies to gifts, entertainment, and hospitality involving the Agency’s employees or Board members and its referral sources and business partners intended to enhance business relationships and/or further their mutual business interests. Examples include gifts, entertainment, or hospitality for the purposes of inducing:
 - Referrals for the Agency’s services or treatment;
 - The purchasing, leasing, or ordering of any item or service; or
 - The recommendation of the purchasing, leasing, or ordering of any such item or service.
- **Immediate Family Member:** For the purpose of this policy, an immediate family member is any person who is related by blood or marriage, or whose relationship with the employee or Board member is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:
 - The person’s spouse;
 - Natural or adoptive parent, child, or sibling;



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- Stepparent, stepchild, stepbrother, or stepsister;
 - Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
 - Grandparent or grandchild; and
 - Spouse of a grandparent or grandchild.
- Nominal Value: **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** has determined that items with a value of \$25.00 or less to be of nominal value
 - Potential Referral Source: A potential referral source includes a physician, other healthcare provider, or party who could reasonably be a source of referral of individuals or patients to the Agency for services or treatment.
 - Remuneration: Any type of direct or indirect payment, bribe, rebate, or other type of inducement.

Policy:

1. Any business courtesy intended to induce or reward referrals or result in the purchase of goods or services is strictly prohibited.
2. It is the policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** that gifts, entertainment, and other benefits will not be provided to a potential referral source, except as permitted by this policy.
3. Any business courtesies involving physicians or other individuals or entities in a position to refer individuals or patients to **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** for services must strictly follow **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s policies and be in conformance with all Federal and State laws, regulations, and rules regarding these practices.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s employees and Board members may not offer a potential referral source business courtesies unless the following criteria are met:
 - The business courtesy is not based, directly or indirectly, on the volume or value of referrals or other business generated by the potential referral source;



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- The business courtesy is not solicited by the potential referral source or the referral source's employees;
 - The business courtesy does not consist of cash or the equivalent of cash; and
 - The business courtesy does not violate the Federal Anti-Kickback statute or any state or Federal law governing claims submission.
2. All employees and Board members must receive prior approval from the Compliance Officer before extending business courtesies to potential referral sources and business partners. The Compliance Officer will record any business courtesy extended to potential referral sources and business partners on the Gifts and Entertainment Recording Log attached to this Policy. The Compliance Officer will ensure that business courtesies are of nominal value.
 3. Employees, Board members, and their Immediate Family Members are prohibited from receiving and/or accepting business courtesies from **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s business partners or potential business partners as an inducement to purchase or lease goods or services.
 4. Employees, Board members, and their Immediate Family Members shall not accept or solicit excessive gifts, meals, expensive entertainment, or other offers of goods or services that have more than a nominal value from vendors, suppliers, contractors, or other persons.
 5. Employees and Board members may only retain gifts from vendors that have a nominal value. Gifts from vendors must be reported to the Compliance Officer and recorded on the Gifts and Entertainment Recording Log. If an employee or Board member has any concern as to whether a gift should be accepted, the Compliance Officer should be consulted. To the extent possible, these gifts should be shared with other individuals/employees at the Agency.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on a routine basis as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.



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Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



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**CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.
Gifts and Entertainment Recording Log**

SAMPLE

For the period 1/1/20__ to 12/31/20__

Potential Referral Source, Business Partner or Vendor	Authorized By	Date of Gift/ Entertainment	Type of Gift/ Entertainment	Gift/Entertainment Amount	Reason for Gift/ Entertainment

Addendum



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance* Topic: *Travel and Other Expense Reimbursement*

Purpose:

The Board of Directors of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) recognizes that Board members, officers, and employees (“Personnel”) of the Agency may be required to travel or incur other expenses from time to time to conduct Agency business. The purpose of this Policy is to (a) ensure that adequate cost controls are in place, (b) ensure that travel and other expenditures are appropriate, and (c) provide a uniform and consistent approach for the timely reimbursement of authorized expenses incurred by Personnel. It is the policy of the Agency to reimburse only reasonable and necessary expenses actually incurred by Personnel.

When incurring business expenses, the Agency expects Personnel to:

- Exercise discretion and good business judgment with respect to those expenses.
- Be cost conscious and spend the Agency’s money as carefully and judiciously as the individual would spend their own funds.
- Report expenses, supported by required documentation, as they were actually spent.

Policy:

The **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Finance Policies & Procedures Manual** should be followed for the policy and procedure expectations for Travel Expense Reimbursements.

A copy of the **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. Finance Policies & Procedures Manual** can be found at the CAPCO Main Office at 32 North Main Street, Cortland or the CAPCO website at www.capco.org.

A request for a copy of the **Finance Policies & Procedures Manual**, including the Travel Expense Reimbursements policy & procedure, can be made to the Compliance Officer, Fiscal Director, Human Resources department, or the CEO/Executive Director.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Sanction Statement

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Federal & State Healthcare Programs Corporate Compliance Program Policies & Procedures

Policy and Procedure: *Corporate Compliance*

Topic: *Discipline and Enforcement of Compliance Standards*

Purpose:

CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. (sometimes referred to as “CAPCO” or “Agency” or “the Agency”) is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and the Agency’s Standards of Conduct. To support this commitment, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** has developed procedures for disciplinary actions to be taken for illegal or unethical acts; violations of Federal or State laws and regulations; violations of the Standards of Conduct, the Compliance Program, and **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.’s** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as “compliance violations” for purposes of this Policy) by Affected Individuals.

For purposes of this Policy, the term “Affected Individuals” includes Employees (both Agency and Program), management, Board of Directors, contractors as applicable, and consumers/program participants as applicable.

Policy:

It is the Policy of **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** to ensure that:

1. Affected Individuals who, upon investigation, are found to have committed compliance violations will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC..**
2. The following actions shall result in disciplinary action, including but not limited to:
 - Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
 - Failure to comply with the Agency’s policies governing the prevention, detection, or reporting of fraud and abuse;
 - Falsification of records;
 - Submitting or causing to submit a false claim;
 - Failure to report a violation by a peer or subordinate;



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- Failure to cooperate in an investigation; and
 - Retribution, retaliation, or intimidation against a person for reporting a possible compliance violation or participating in an investigation.
3. The Agency will apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment, contract, assignment, or appointment. The Agency will consider intentional or reckless behavior as being subject to more significant disciplinary action.
 4. The Compliance Officer will be responsible for assuring that disciplinary actions related to compliance violations are consistent with actions taken in similar instances of non-compliance and that the same disciplinary action applies to all levels of Affected Individuals.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. All reports of compliance violations are to be reported to the Compliance Officer in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.
2. To the extent possible, disciplinary action for employees will be taken in accordance with the Agency's Personnel Policies and Procedures Manual.
3. When the determination is made that a compliance violation by an Affected Individual has occurred, the Compliance Officer will notify the CEO/Executive Director, the appropriate department/program administrator, and the employee's supervisor.
4. When the determination is made that a compliance violation by a Board member or a corporate officer has occurred, the Compliance Officer will notify the CEO/Executive Director and the President of the Board. If the President of the Board is implicated in the violation, the Compliance Officer and CEO/Executive Director will work with the Executive Committee of the Board to determine and execute appropriate disciplinary action.
5. When the determination is made that a compliance violation by the CEO/Executive Director has occurred, the Compliance Officer will notify the President of the Board in order to determine and execute appropriate disciplinary action. Legal counsel may be consulted, as appropriate.
6. When the determination is made that a compliance violation occurred involving a contractor or vendor, the Compliance Officer will notify the CEO/Executive Director and work collaboratively to determine and execute the appropriate corrective action.



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7. If appropriate, the Compliance Officer may notify the Board or the Compliance Committee prior to the next regularly scheduled meeting when a full report of compliance-related disciplinary actions would normally be presented.
8. The Compliance Officer and Human Resources personnel will work in collaboration with the appropriate supervisor/manager in determining and executing the disciplinary action related to a compliance violation by an employee. The Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.
9. The Compliance Officer and/or Human Resources personnel shall consult with the Compliance Committee, the CEO/Executive Director, and legal counsel, as necessary to determine the appropriate disciplinary action to be taken.
10. Discipline will be appropriately documented in the disciplined employee's personnel file.
11. The Compliance Officer will designate the Human Resources department to maintain a written record of all disciplinary actions taken against Affected Individuals, including verbal warnings, and will reference these records when necessary to ensure consistency in the application of disciplinary measures.
12. The Compliance Officer shall report regularly to the Compliance Committee and not less than annually to the Board of Directors, regarding such actions.
13. The Compliance Officer will reference the record of disciplinary actions as necessary to ensure consistency in the application of disciplinary measures related to compliance violations.
14. The Compliance Officer will ensure that the disciplinary procedures are disseminated to all Affected Individuals and that these individuals have received relevant training in accordance with the Agency's training plan.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.** will review this policy based on changes in the law or regulations, as **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC.**'s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.



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