



The **Arc** of Rensselaer County  
ADVOCACY • RESOURCES • COMMUNITY

## **Corporate Compliance Program**

**Revised: March 2024**

Corporate Compliance Committee Review: 3/15/2024  
Board of Directors Approval: 3/20/2024

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## **CORPORATE COMPLIANCE PROGRAM**

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### **I. Purpose**

The Arc of Rensselaer County is a non-profit human services organization dedicated to improving the everyday lives of people with developmental disabilities. The Arc of Rensselaer County seeks to promote a work environment where high standards of ethical and legal behavior are recognized and practiced. This document establishes an independent Compliance Program that will serve as the basis upon which a strong corporate culture of compliance with laws and regulations can rest.

The Arc of Rensselaer County Chapter NYSARC Inc.\* (a.k.a. The Arc of Rensselaer County) is committed to complying with the rules and regulations of federal, state, and local government.

The Arc of Rensselaer County shall cooperate with all reasonable demands made in the course of any government investigation of the Arc of Rensselaer County and/or its employees and agents.

This describes The Arc of Rensselaer County Compliance Program. The Arc of Rensselaer County developed this Compliance Program, including our Code of Conduct and policies and procedures to guide our best efforts to operate an effective compliance program consistent with federal, state, and local statutes, rules, regulations, and Medicaid Program requirements as well as the compliance program expectations of the Arc New York. The Arc of Rensselaer County expects that all aspects of our services, supports, and business conduct will be performed in such a way as to conform to this Compliance Plan, to professional standards, and to applicable governmental laws and regulations.

All questions and concerns regarding compliance with the standards and requirements set forth in this program shall be directed to or brought to the attention of the Compliance Officer.

### **II. Policy**

The Compliance Program was adopted by The Arc of Rensselaer County Board of Directors in March 2001 and has been revised and updated periodically since then. Our Compliance Program also supports and complies with the NYSARC Board of Governors' policy, requiring that each chapter of NYSARC implement an effective Compliance Program.

The Arc of Rensselaer County is dedicated to improving the lives of people with intellectual and developmental disabilities and is committed to complying with the statutes, rules, and regulations of the federal, state, and local governments, including but not limited to those promulgated by the U.S. Centers for Medicare and Medicaid Services (CMS), Office of the Medicaid Inspector General (OMIG) and the New York State Office for People with Developmental Disabilities (OPWDD). The Arc of Rensselaer County supports a work environment where high standards of ethical and legal behavior are recognized and practiced. The Arc of Rensselaer expects that all aspects of business activity will be performed in compliance with this policy and procedure, professional standards, and applicable statutes, rules, and regulations. To achieve these standards and expectations, it is the policy of The Arc of Rensselaer County to adopt and implement a compliance program.

It is the policy of The Arc of Rensselaer County to maintain high standards of ethical conduct related to its business and operational practices. If an employee or agent is uncertain whether specific

conduct is prohibited, they must contact the Compliance Officer or designee for guidance prior to engaging in such conduct.

It is the policy of The Arc of Rensselaer County that all employees and agents must fully cooperate and assist the Compliance Officer in the exercise of their duties.

It is the policy of The Arc of Rensselaer County to actively develop and convey standards and expectations that are embodied in a Code of Conduct and in written policies and procedures that promote The Arc of Rensselaer County's commitment to compliance.

It is the policy of The Arc of Rensselaer County to address specific areas of potential waste, fraud, and abuse, such as false claims and submission processes.

It is the policy of the Arc of Rensselaer County to fully cooperate with reasonable requests of government officials.

It is the policy of The Arc of Rensselaer County to periodically identify compliance risk areas in order that such risk areas may be evaluated and any needed corrective action taken.

It is the policy of the Arc of Rensselaer County to accurately bill third-party payers for all services appropriately provided to clients. This policy applies to all employees and agents of The Arc of Rensselaer County, particularly those who provide client services and prepare documentation for the submission of claims and those who prepare claims to be submitted to third-party payors. There are also financial policies relating to "billing for services" which apply to this practice. These are found in another section of the Policy and Procedure Manual

It is the policy of The Arc of Rensselaer County, as reflected in the Federal False Claims Act, that no employee or agent who reports suspected fraud, waste, or abuse in service delivery or billing practices shall be retaliated against by the Arc of Rensselaer County.

It is the policy of The Arc of Rensselaer County, as reflected in the Federal False Claims Act, that no employee or agent who participates in the investigation of suspected fraud, waste, or abuse in service delivery or billing practices shall be retaliated against by the Arc of Rensselaer County.

### **III. Scope**

This program is made available/accessible to all affected individuals unless a specific exemption is noted within this policy. Affected Individuals: all persons who are affected by the required provider's risk areas, including the required provider's employees, the chief executive, and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

### **IV. Responsibility**

This program is overseen by the Arc of Rensselaer County designated Compliance Officer (CO) and Corporate Compliance Committee (CCC). The CO and CCC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary, but no less frequent than annually.

All Affected Individuals shall acknowledge that it is their responsibility to report any instances of suspected or known noncompliance to their immediate supervisor, the Chief Executive Officer or the Compliance Officer. Reports may be made anonymously without fear of retaliation or retribution.

Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary or other action, up to and including termination of employment or relationship with the Agency. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

## **V. Accessibility**

The Agency is committed to ensuring the Compliance Officer, and appropriate compliance personnel, have access to all records, documents, information, facilities and Affected Individuals that are relevant to carrying out the Compliance Program responsibilities.

## **VI. Policies and Procedures**

The Agency will communicate its Compliance Policies and Procedures through required training initiatives to all Affected Individuals. We are committed to these efforts through distribution of this Compliance Plan, the Compliance Policies and Procedures, and our Standards of Conduct. The Compliance Policies and Procedures and Standards of Conduct shall be reviewed at least annually to determine:

- If such written policies, procedures, and standards of conduct have been implemented;
- Whether Affected Individuals are following the policies, procedures, and Standards of Conduct;
- Whether such policies, procedures, and Standards of Conduct are effective; and
- Whether any updates are required.

## **VII. Annual Certification**

The Agency will complete an annual certification using the Certification Statement for Provider Billing Medicaid (ETIN) form. The form is completed on the anniversary date of Medicaid enrollment and certifies the Agency has met the requirements of section 363-d of the Social Services Law.

## **Standards of Conduct and Philosophy**

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(See “Standards of Conduct” policy for further detail)

### **I. Philosophy**

The Agency is committed to manage and operate its programs using the highest ethical, moral, and business principles. All Affected Individuals contribute to achieving these principles by conducting agency activities with integrity and high ethical standards. Exercising good judgment and being a good example to one’s peers and to the individuals served by the organization assist in creating a positive workplace environment in which compliance and ethical business conduct are expected. All Affected Individuals are expected to strive towards and comply with the standards and expectations outlined in this plan.

### **II. Mission**

Working collaboratively with individuals, families and the community, The Arc of Rensselaer empowers and enables children and adults with neurologically based learning disabilities, autism and other developmental disorders to lead independent, productive and fulfilling lives.

### **III. Expectations**

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

Affected Individuals may not engage in any conduct that conflicts – or is perceived to conflict – with the best interests of the Agency. Affected Individuals must disclose any circumstances where the Affected Individuals or his or her immediate family member is an employee, consultant, owner, contractor or investor in any entity that (i) engages in any business or maintains any relationship with the agency; (ii) provides to, or receives from, the Agency any consumer referrals; or (iii) competes with the agency. Affected Individuals may not without permission of the Compliance Officer accept, solicit or offer anything of value for personal gain from anyone doing business with the Agency. See “Conflict of Interest” Policy for more information.

Affected Individuals are expected to maintain complete, accurate and contemporaneous 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. Any records to be appropriately altered must reflect the date of the alteration, the name, signature and title of the person altering the document and the reason for the alteration if not apparent. No person shall ever sign the name of another person to any document. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the above-referenced expectations have not been met, this must be promptly reported to immediate supervisors, the Compliance Officer or the Chief Executive Officer, so each situation may be appropriately addressed. The Compliance Officer may be reached at (518) 274-3110 x3216 or at the Compliance Hotline number (518) 687-1395.

## **The Role of the Compliance Officer**

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### **I. Compliance Officer**

The Board of Directors of The Arc of Rensselaer designates the Compliance Officer. The Compliance Officer has direct lines of communication to the Chief Executive Officer, the Board of Directors and outside counsel, as required.

### **II. Job Duties**

The Compliance Officer is directly obligated to serve the best interests of our agency, the people we serve and our employees. Responsibilities of the Compliance Officer include, but are not limited to:

- Overseeing and monitoring the implementation of the Compliance Program, Corporate Compliance Work Plan, and Standards of Conduct.
- Reviewing and revising, no less frequently than annually, the Compliance Program, Corporate Compliance Work Plan, and Standards of Conduct, to incorporate changes to Federal and State laws, rules, regulations, policies and standards, as well as changes based on the Agency's organizational experience.
- Directing Agency internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management, medical/clinical program personnel and individual departments regarding Policies and Procedures and governmental laws, rules and regulations.
- Reporting directly, no less frequently than quarterly, to the Chief Executive Officer, Board of Directors, and Corporate Compliance Committee on the progress of the implementation, maintenance and effectiveness of the Corporate Compliance Program.
- Overseeing efforts to communicate awareness of the existence and contents of the Corporate Compliance Work Plan.
- Assisting the required provider in establishing methods to improve the required provider's efficiency, quality of services, and reducing the required provider's vulnerability to fraud, waste and abuse;
- Coordinating, developing and participating in the educational and training program regarding the Corporate Compliance Program.
- Ensuring that Affected Individuals are made aware of the requirements of the Agency's Corporate Compliance Program.
- Actively seeking up-to-date material and releases regarding regulatory compliance.

- Maintaining a reporting system (hotline) and responding to concerns, complaints and questions related to the Corporate Compliance Program.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to the Corporate Compliance Program, to include designating and coordinating internal investigations.
- Documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and the State.
- Assignment of other duties, provided that such other duties to not hinder the Compliance Officer in carrying out their primary responsibilities.
- Receives annual performance evaluations that assess the duties they are to perform.



## **Role and Responsibility of the Compliance Committee**

(See “Role and Responsibility of the and Compliance Committee” policy for further detail)

### **I. Reporting Structure and Purpose**

Compliance Committee members are appointed by Executive Management and the Compliance Officer. Membership shall be comprised of, at a minimum, senior management/leadership. The Committee also includes members of The Agency’s Board of Directors. Compliance issues are reported by the Compliance Committee to the CEO and Board, where appropriate. The Compliance Committee’s purpose is to advise and assist the Compliance Officer with implementation of the Compliance Plan. The Compliance Committee will meet no less frequently than quarterly.

### **II. Function**

The role of the Compliance Committee includes assisting and guiding the Compliance Officer in the following:

- Analyzing the environment in which the Agency does business, including regulatory and legal requirements with which it must comply.
- Ensuring that the written policies and procedures and Standards of Conduct are current, accurate and complete, and training topics are completed timely.
- Reviewing and assessing existing policies and procedures that address specific risk areas for possible incorporation into the Corporate Compliance Plan.
- Working with departments to develop standards, policies and procedures that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Developing internal systems and controls to carry out Compliance Policies and Procedures.
- Monitoring internal and external audits to identify potential non-compliance issues, as well as ensuring the implementation of corrective and preventative actions as a result of identified non-compliance.
- Ensuring 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 compliance complaints and problems.
- Advocating for the allocation of sufficient funding, resources and staff for the Compliance Officer to fully perform their responsibilities.
- No less frequently that annually, review and update the Compliance Committee Charter.

## **Contractors**

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(See “Contractors” policy for further detail)

### **I. Requirement**

Contracts with all contractors are subject to the Compliance Program to the extent it is related to their contracted roles and responsibilities with the identified risks. All contracts shall be updated/renewed within 2 years. Failure to adhere to the Compliance Program requirements shall include termination of the contract.

## **Exclusion Screening**

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(See “Exclusion Screening” policy for further detail)

### **I. Requirement**

Upon hire, all employees will be screened, and at least annually thereafter. In addition, all interns, volunteers, and Board Members, upon appointment, and independent contractors and business vendors upon initiation of services, will be screened, and at least annually, thereafter.

The following organizations may be queried with respect to potential Affected Individuals:

- a) Sam.Gov: An exclusion record identifies parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non Financial assistance and benefits.  
<https://sam.gov/content/exclusions>
- b) Office of Inspector General/U.S. Department of Health & Human Services: Exclusions Database  
<https://exclusions.oig.hhs.gov/>
- c) New York State Office of Medicaid Inspector General: Medicaid Exclusions  
<https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
- e) New York State Department of Health: Office of Professional Medical Conduct (OPMC): Physician and Physician Assistant Disciplinary and Other Actions  
<http://www.health.state.ny.us/nysdoh/opmc/main.htm>

and/or

New York State Department of Education (other licensed professionals)  
<https://www.op.nysed.gov/verification-search>

## **Compliance Training Plan (attached)**

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(See "Compliance Training" policy for further detail)

### **I. Expectations**

Education and training are critical elements of the Corporate Compliance Plan. Every Affected Individual is expected to be familiar with and knowledgeable about the Agency's Corporate Compliance Plan and have a solid working knowledge of his or her responsibilities under the Plan. Compliance Policies and Procedures will be communicated to all Affected Individuals through required participation in training programs.

### **II. Frequency**

As part of their orientation, which is completed within 30 days of hire, Affected Individuals shall receive a written copy of the Compliance Plan, the Corporate Compliance Policies and Procedures and the Standards of Conduct.

Completion of annual compliance training sessions is mandatory and is a condition of continued employment and engagement with the Agency.

All education and training relating to the Compliance Plan will be verified by attendance, a post test, or a signed acknowledgement of receipt of the Corporate Compliance Plan, the Corporate Compliance Policies and Procedures, and the Standards of Conduct.

### **III. Training Topics - General**

All Affected Individuals shall participate in trainings in topics to the extent of each Affected Individual's involvement in the identified risk areas below, as appropriate:

- Role of the Compliance Officer and Compliance Committee
- Risk areas and organizational experience
- Written policies and procedures
- Standards of Conduct and other related written guidance
- How Affected Individuals can ask questions and report potential compliance-related issues to the Compliance Officer or Leadership/Senior Management, including Compliance Hotline
- Obligation of Affected Individuals to report suspected illegal or improper conduct and the procedures for submitting such reports
- Protection from intimidation and retaliation for good faith participation in the Compliance Program
- Disciplinary standards as it relates to the Compliance Program and prevention of Medicaid fraud, waste and abuse
- Response to compliance issues and implementation of corrective actions
- False Claims Act

#### **IV. Tracking**

Completion of Corporate Compliance training for Affected Individuals will be tracked through the electronic training module. This database will track the completion of the initial training done in orientation. For the annual training, which the Agency has a designated month, Affected Individuals will be notified via email they are due to complete the training through the electronic training system. Reports will be generated following the expected completion date to ensure all Affected Individuals have completed the annual training.

#### **V. Effectiveness**

Effectiveness of the Corporate Compliance training will be evaluated through internal audits, self-reports, site reviews, and surveys of Affected Individuals. Results will be reviewed by the Chief Executive Officer, Compliance Officer, and Corporate Compliance Committee.

## **Reporting of Compliance Concerns and Non-Retaliation**

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(See “Reporting of Compliance Concerns and Non-Retaliation” policy for further detail)

### **I. Expectations**

Open lines of communication between the Compliance Officer and Affected Individuals subject to this Plan are essential to the success of our Compliance Program. Every Affected Individual has an obligation to refuse to participate in any wrongful course of action and to report known or suspected violations of the Agency’s Compliance Plan according to the procedure listed below.

### **II. Reporting Procedure**

If an Affected Individual witness, learns of, or is asked to participate in activities that are in known or suspected violation of this Compliance Plan, he or she should contact the Compliance Officer, the Chief Operating Officer, or the Chief Executive Officer. Reports may be made in person, by telephone, email, or mail to the Compliance Officer at 79 102<sup>nd</sup> Street Troy, NY 12180, or by calling a telephone hotline dedicated for the purpose of receiving such notification. The hotline number is (518) 687-1395 and calls may be made anonymously.

If there is a compliance question or concern, any supervisor, officer or director shall document the issue at hand and report it immediately to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the Chief Executive Officer.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all compliance complaints. The Agency shall, to the greatest extent possible, protect the anonymity of the Affected Individual who reports any complaint or question.

### **III. Protections/Non-Retaliation**

The identity of reporters will be safeguarded to the fullest extent possible and all reporters will be protected against retaliation. The reporting of any suspected violation of this Plan utilizing the above-referenced Reporting Procedure shall not result in any retaliation. Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under the Plan is a violation of the Agency’s Compliance Policies. Disciplinary actions up to and including termination of employment or engagement with the Agency will result if such reprisal is proven.

### **IV. Guidance**

Any Affected Individual may seek guidance with respect to the Corporate Compliance Plan or Standards of Conduct at any time by following the Reporting Procedure outlined above.

## **Enforcement of Compliance Standards**

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(See “Enforcement of Compliance Standards” policy for further detail)

### **I. Background Investigations**

For all Affected Individuals who have authority to make decisions that may involve compliance issues, the Agency will conduct a reasonable and prudent background investigation, including a reference check and exclusion screening, as part of the employment application process.

### **II. Disciplinary/Sanction Action - General**

Affected Individuals who fail to comply with the Agency’s Compliance Policies and Standards of Conduct, or who have engaged in conduct that has the potential of impairing the Agency’s status as a reliable, honest, and trustworthy service provider will be subject to disciplinary/sanction action, up to and including termination. Any disciplinary/sanction action will be appropriately documented in the person’s personnel file or other appropriate record, along with a written statement of the reason(s) for imposing such disciplinary/sanction action. Punishments for similar offenses will be contingent on the Affected Individual’s disciplinary history with relation to the offense in question. The Compliance Officer shall report at least quarterly to the Board of Directors regarding all investigations related to compliance issues.

## **Internal Auditing and Monitoring**

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(See “Internal Auditing and Monitoring” policy for further detail)

### **I. Internal Audits**

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of the Agency’s Compliance Plan. An ongoing auditing and monitoring system, implemented by the Compliance Officer, in consultation with the Compliance Committee, is an integral component of our Compliance Program. This ongoing evaluation shall include the following:

- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
- Audits of programs and services to verify compliance with Compliance Policies and Procedures; and
- Review of documentation and billing relating to claims made to Federal, State and private payers for reimbursement, performed internally or by an external consultant as determined by the Compliance Officer and the Compliance Committee.
- Review of risk areas to include:
  - Billings;
  - Payments;
  - Ordered Services
  - Medical Necessity;
  - Quality of Care;
  - Governance;
  - Mandatory Reporting;
  - Credentialing;
  - Contractor, Subcontractor, Agent or Independent Contract Oversight
  - Other risk areas that are or should be reasonably identified by the provider through its organizational experience.

These audits and reviews will examine the Agency’s compliance with specific rules and policies through activities such as on-site visits, personnel interviews, and service record documentation reviews.

### **II. Plan Integrity**

Additional steps ensuring the integrity of the Compliance Plan include:

- Immediate notification to the Compliance Officer of any visits, audits, investigations or surveys by any federal or state agency or authority, and immediate receipt by the Compliance Officer of a photocopy of any correspondence from any regulatory agency



charged with licensing the Agency and/or administering a federally, state or county-funded program in which the Agency participates.

- Notification by the Compliance Officer to all appropriate Affected Individuals of any changes in laws, regulations or policies, as well as appropriate training to assure continuous compliance.

## **Responding to Compliance Issues**

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(See “Investigation of Compliance Issues” policy for further detail)

### **I. Violation Detection**

The Compliance Officer shall determine whether there is any basis to suspect that a violation of the Compliance Plan has occurred.

Upon detection of potential compliance risks and/or compliance issues, whether through reports received or as a result of the conducted auditing and monitoring, the Compliance Officer will promptly act to investigate the violation in question. This investigation may include, but is not limited to, the following:

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

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

### **II. Reporting**

The investigation of the compliance issue will be documented to include any alleged violations, a description of the investigative process, copies of interview notes and other documents essential for demonstrating a thorough investigation of the issue. Furthermore, the investigation shall determine what, if any, correction action is required, and promptly implement such correction action. Corrective actions may include retraining, discipline, or sanction, the return of any overpayments (billing and documentation issues), a report to the Government, and/or a referral to law enforcement authorities.

The report will be shared with the Chief Executive Officer and Compliance Committee. The Compliance Officer and the Compliance Committee shall review the circumstances that formed the basis for the investigation to determine whether similar problems have been uncovered and/or whether modifications of the Compliance Program are necessary to prevent and detect other inappropriate conduct or violations.

If legal counsel is involved, he/she shall issue a report to the Compliance Officer, Chief Executive Officer, and Compliance Committee summarizing his or her findings, conclusions and recommendations. Said legal counsel shall also separately render an opinion as to whether a violation of the law has occurred. Any additional action will be on the advice of counsel.

### **III. Rectification**

If the Agency identifies that an overpayment has been received from any third-party payer, the appropriate regulatory and/or prosecutorial authority will be appropriately notified, with the advice and assistance of counsel as necessary. It is our policy to not retain any funds that are received as a result of overpayments. In instances where it appears an affirmative fraud or overpayment may have

occurred; applicable funds shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

#### **IV. Record Retention**

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 for 10 years. This record will be considered confidential and privileged and will not be released without the approval of the Chief Executive Officer or legal counsel (except where mandated by court order and/or valid legal subpoena).

## **Compliance Program Reviews**

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### **I. Purpose**

Annually, at a minimum, the Compliance Program will be reviewed to determine the effectiveness and whether any revisions or corrective actions are required. The review will be carried out by the Compliance Office, Compliance Committee, or other staff designated by the agency, provided that such other staff have the expertise and necessary knowledge to evaluate the effectiveness of the Compliance Program and they are independent from the functions being reviewed.

### **II. Process**

Reviews may include on-site visits, interviews with Affected Individuals, review of records, surveys, or other comparable methods deemed appropriate, provided such methods do not compromise the independence or integrity of the review.

### **III. Results**

The results of all effectiveness reviews shall be documented, as well as any implemented corrective actions. Results shall be shared with the Chief Executive Officer, senior management/leadership, Compliance Committee, and Board of Directors.