

HASC CENTER CORPORATE COMPLIANCE PROGRAM

Policy & Procedure

Policy:

INTRODUCTION AND OVERVIEW

HASC Center is dedicated to providing high quality clinical services for individuals with developmental disabilities and to render such services in accordance with all applicable Standards, rules and regulations. To promote that goal HASC Center has developed a Compliance Program. The Compliance Plan, which guides the activities of the Compliance Program, outlines Standards of Conduct and internal controls that promote the prevention, detection, reporting and resolution of conduct that is potentially illegal, non-compliant with regulations or which does not conform to HASC Center's standards, policies and/or procedures. **The elements of the Compliance Plan and HASC Center's commitment to ethical conduct covers all aspects of HASC Center's business and clinical activities and is imbedded into all aspects of its operations.**

This Compliance Plan applies to all employees of HASC Center as well as contractors and any affiliates associated with the Center. Within this plan when the term "personnel" is used it is meant to include all individuals working at or for HASC Center regardless of their status as employee, contractor or affiliate.

A copy of this Compliance Plan will be maintained in the administrative area within HASC Center and will be available at all HASC Center residences and programs sites. A master copy will be maintained at the office of the Compliance Officer which will also be made available for viewing by all HASC Center personnel.

As all HASC Center personnel are representatives of the agency, each individual must recognize that he/she has assumed personal responsibility for adhering to the principles of the Compliance Plan. This responsibility extends beyond merely complying with the Standards outlined in the plan but also includes the **obligation to call to the attention** of HASC Center management and/or the Compliance Officer concerns that they might have regarding perceived or suspected violations of the plan or of laws or regulations. Towards this end, HASC Center has established a number of reporting mechanisms which the individual can access either directly or anonymously. These mechanisms are described below.

All HASC Center personnel, when providing services to Center participants or on behalf of HASC Center **must cooperate fully and completely with any Compliance Program** elements or initiatives instituted by HASC Center as well as all center policies and procedures including but not limited to compliance policies and procedures.

Violations or suspected violations of the Compliance Plan, the Standards of Conduct, or the Center's policies or procedures must be reported immediately to the Compliance Officer. He/she will investigate reports promptly and fully and report his/her findings to HASC Center management.

HASC Center is committed to providing a work setting which is free from any form of discrimination and harassment, whether based upon sex, race, color, age, religion, national origin, disability, or any other such characteristics. Harassment by Center personnel of any person for any of the characteristics mentioned above or any other such characteristic is strictly prohibited. Such behavior is prohibited

even if it does not rise to the level of conduct prohibited under Federal or New York employment laws.

HASC Center personnel will be open and honest in their business relationships with other Center personnel, management and directors. Personnel will, as appropriate, be equally open and honest with consultants, accountants, and outside counsel engaged by the Center. HASC Center encourages a free flow of information among these individuals. In response to a request for information from HASC Center senior management, HASC Center management, Center directors, the Compliance Officer or the Center's legal counsel, no HASC Center Personnel will knowingly fail to deliver the requested or relevant information, or information that he/she should have known was requested or relevant. Similarly, **no Center personnel will provide information that is inaccurate, misleading, or incomplete, or information that they should have known was inaccurate, misleading, or incomplete**

At the core of the Compliance Plan is the Standards of Conduct which establishes the performance expectations under which all HASC Center personnel and contractors will carry out their responsibilities. This Standards of Conduct is presented below:

HASC CENTER'S STANDARDS OF CONDUCT

HASC Center has adopted the following principles to guide the conduct of all individuals associated with the agency in any capacity, i.e., director, manager, staff member, consultant, affiliate, etc.

1. HASC Center exists for the purpose of providing high quality services for individuals with developmental disabilities. All activities and programs will be designed and operated in furtherance of that goal.
2. No director, officer, or management employee shall accept any favor which might influence his/her official act or which might reflect upon his/her business conduct.
3. Officers and management employees will avoid outside employment or activity which involves obligations that may compete with or be in conflict with the interests of HASC Center.
4. A full disclosure of all facts of any transaction or relationship which is subject to any doubt shall be made to the Administrator of HASC Center or the CEO of HASC Center at any time that a conflict arises. Should the potential conflict of interest involve a Board member, the CEO of the HASC Center will present information relative to the potential conflict at the meeting of the Board immediately following the receipt of facts concerning any transaction or relationship. Following consideration of the facts the Board will detail action to be taken to address the conflict as deemed appropriate by the Board or required by the non-for-profit Corporation laws of the State of New York.
5. HASC Center will not directly or indirectly pay or receive from any person or any entity anything of value in exchange for the referral of program participants or for the arrangement of the purchase or lease of any item or service.

6. HASC Center will not enter into any financial relationships with clinicians, other professionals or entities which are prohibited by State or federal law.
7. All records related to the Center's operations both programmatic and fiscal and including residential and day program records will be maintained in accordance with all applicable regulations regarding confidentiality and records retention. When appropriate for destructions HASC Center will ensure that they are destroyed in a manner to protect the personal information of the program participant and/or employee to which they apply. Under no circumstances will documents relating to a pending investigation, audit or inquiry be destroyed without the approval of legal counsel.
8. HASC Center will fully cooperate with all governmental inquiries, audits and regulatory reviews.
9. HASC Center will comply with all requirements regarding billing for services provided and documentation for such services. Should an error result in overpayment to the agency, HASC Center will, upon discovery of the error, immediately arrange for refunding of any and all overpayments.
10. **All employees, Directors and managers have the obligation to alert HASC Center's senior management and/or the Compliance Officer about concerns that they may have regarding issues affecting the Center's regulatory compliance and/or any related to the safety of program participants or the quality of care provided.** Senior Management and the Compliance Officer have the obligation to immediately investigate such concerns and to take appropriate actions based on the investigation findings.
11. HASC Center will train all employees and contractors regarding their obligations to report compliance related concerns.
12. HASC Center will develop internal monitoring systems to ensure that the agency remains compliant with all applicable regulations.

It is the obligation of all Personnel to follow the Standards of Conduct. Any violation of the Standards is deemed to be a serious matter and violation of the Standards may subject the staff member involved to disciplinary action up to and including termination. **Any individuals attempting to conceal or cover up a violation to the Standards will also be subject to disciplinary action up to and including termination.**

REPORTING COMPLIANCE RELATED CONCERNS

It is the ***obligation*** of all HASC Center personnel to raise questions about any activity that they think may be inappropriate and to direct these questions to Center Management and/or the Compliance Officer. The Compliance Officer, working with the Compliance Investigator and calling upon the resources of HASC Center management and staff, as needed, has the responsibility of reviewing and evaluating all questions and issues reported. A Job Description for the Compliance Officer is appended to this document (See Appendix A).

HASC Center is committed to the development of an organizational culture that encourages employee input, questions, and reports of perceived or suspected violations of law, regulations, and its Standards of Conduct. Each report or question offers employees an opportunity to contribute positively to the quality of services at HASC Center.

Reports may be made in person, by telephone directly to the Compliance Officer via the Anonymous Hotline at the following number 718-434-4447 or by sending a letter to the attention of the Compliance Officer c/o HASC Center, 1221 East 14th Street, Brooklyn, New York 11230.

It is HASC Center's policy that **no retaliation or retribution of any kind will be tolerated against an employee for good faith participation in the Compliance Program**, including but not limited to reporting suspected wrongdoing, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in sections 740 and 741 of the NYS Labor Law (whistleblower provisions for health care fraud). Any such retaliation or retribution will, itself, be grounds for discipline. However, it should be noted that while at no time will a "whistleblower" face retaliation in any form so long as they make their reports in good faith, the making of a malicious or deliberately untruthful or misleading reports may subject the reporter to disciplinary actions up to and including termination.

MAINTAINING ETHICAL BUSINESS PRACTICES

A. Billing

- a. All HASC Center personnel, to the extent applicable to their operational functions, are **required to be knowledgeable** of and to comply with all billing and claims submission requirements of federal, state, and other payers. HASC Center will provide internal and external training to ensure that all staff involved with billing is aware of the regulations governing their activities.
- b. HASC Center follows the billing and coding rules of the New York State Department of Health. As new programs and services are developed or in the event that regulations change, the Center will modify its policies and procedures to ensure compliance with the rules of the applicable State agency, Medicare, Medicaid and other payers as appropriate.
- c. HASC Center clinical and program records and any other notes used as a basis for claims submission will be appropriately organized in a legible form and will be maintained in a secure manner. Proper and timely documentation of all services will be maintained to ensure that only accurate and properly documented services are billed.
- d. HASC Center will ensure that all clinical and program documentation supports the procedure and diagnostic codes submitted for billing.
- e. **Under no circumstances will claims be submitted for services not performed or for a level of service that exceeds the level of service actually provided.**
- f. In the unlikely event that a claim is inappropriately submitted and HASC Center is incorrectly paid or is overpaid for a claim, the Center will, upon discovery, immediately make provision for repayment of any inappropriate payments or overpayments.

B. Business Relationships

- a. HASC Center strives to comply with all federal, state and local laws and regulations, which affects the agency and its relationships with its program participants.
- b. HASC Center will not directly or indirectly pay or receive from any person or any entity anything of value in exchange for referral of program participants or for the arrangement of the purchase or lease of any item or service in violation of state or federal law. No Center personnel, at the instruction of any other Center personnel, will offer any financial inducement or gift (other than of nominal value) to prospective program participants in order to encourage them to receive services from HASC Center.
- c. HASC Center will not enter into any financial relationship with any clinicians and other professionals or entities that receive services from HASC Center, except to the extent permitted by the Federal and New York State Self-Referral Laws.
- d. All HASC Center records and documents will be maintained in accordance with the Center's records retention program. Documents will be destroyed consistent with this program as well.
- e. HASC Center's business and program participants' records are of a highly confidential nature. Except as authorized or required by law, they shall not be disclosed or discussed with anyone not employed by or affiliated with HASC Center without the written permission of HASC Center's CEO or his designee(s). Disclosure of information to individuals within the Center will be made for legitimate operations and/or treatment purposes and limited to individuals on a "need to know" basis only. In addition, all disclosures shall be made in accordance with HIPAA regulations and all applicable New York and federal rules regulating privacy of individually identifiable health information.
- f. HASC Center's records will be accurate, complete, and at least as detailed as required by government standards. **No alteration should be made to a program participant's record unless the alteration is made consistent with applicable standards of practice.** Complete program participant records will be readily retrievable and available for all encounters.
- g. HASC Center will be forthright and candid in dealing with any governmental inquiries. Designated staff will respond to any requests for non-privileged information with complete, factual, and accurate information tendered with a cooperative attitude. Requests for privileged materials will be referred to legal counsel and will be considered on an item-by-item basis.
- h. **HASC Center will not work with any individual that has been excluded from participating in the Medicaid, Medicare or any other governmentally funded health care or social services program.**

MONITORING SYSTEMS

HASC Center's internal activities for detecting and preventing fraud, waste, and abuse include:

- a. Program participant records review in which at least 50% of services provided are reviewed to ensure that adequate documentation exists prior to claims being transmitted.
- b. Evaluation and Management Code review to ensure, based on the clinical and program documentation, that appropriate coding is taking place;
- c. Review of the supervision for program services to ensure up to date evaluations and progress notes are present for services, as required by Medicare and the New York State Department of Health.
- d. An electronic billing system programmed to prevent duplicate billing and to prevent bills from being sent unless required billing information is present.

Additional systems and targeted reviews will be developed to address concerns raised by regulatory agencies, to address issues raised as a result of the Compliance Program or to address concerns specific to new services introduced at the Center.

INVESTIGATIONS

A primary duty of the Compliance Officer will be to investigate directly or to supervise the Compliance Investigator to determine the validity of reports made under this plan through the communication mechanisms outlined above or discovered through other means such as regulatory audits and HASC Center's monitoring systems. In order to effectively carry out the investigations duties of his/her job, the Compliance Officer and the Compliance Investigator will be granted access to all required programmatic and fiscal information necessary to complete a through investigation. In conducting an investigation, the Compliance Officer may convene an ad hoc committee to collect information pertinent to the reported concern. While the Compliance Officer may have the authority to delegate investigatory tasks to the Compliance Investigator, an ad hoc committee or other parties at HASC Center, the Compliance Officer at no time will delegate primary responsibility for conducting an investigation to another individual or group unless directed to do so by legal counsel.

After assessing the facts of the matter, the Compliance Officer may conclude that the allegation is unfounded. In such cases, a written report will be submitted to HASC Center's CEO and the Center's Board President including the rationale for arriving at such a conclusion.

Following an investigation, should the Compliance Officer conclude that the allegation is supported by the facts, he/she will develop a written report to HASC Center's CEO and the Center's Board President along with his/her recommendations as to the actions to be taken to correct the particular situation as well as actions that may be taken to prevent a recurrence.

Records of the investigation will include a description of the initial complaint, the source of the complaint, the investigative process, copies of interview notes and copies of key documents.

In all cases where an investigation is the result of a direct report from a staff member or other party, that individual will be informed as to the results of the investigation unless the issuance of such a report is deemed inadvisable by legal counsel.

CONFLICTS OF INTEREST

On an annual basis, Board members and senior managers will be required to complete and return a conflict of interest disclosure statement. These disclosure requirements are intended to provide the Board with a systematic and ongoing method of disclosing and ethically resolving potential conflicts of interest. Conflicts of Interest include but are not limited to the following:

An individual or family member of an individual associated with the center:

- a. holds, directly or indirectly, a position or a financial interest in any outside concern from which the individual has reason to believe HASC Center secures goods or services, or that provides services that compete with those of HASC Center.
- b. competes directly or indirectly with HASC Center in the purchase or sale of property or property rights, interests or services.
- c. renders directive, managerial, or consultative services to any outside concern that does business with or competes with the services of HASC Center or renders other services in competition with HASC Center.

In addition to the above, individuals associated with the Center are prohibited from disclosing or using information relating to HASC Center's business for the personal profit or advantage of the individual or his/her immediate family.

Further, individuals associated with HASC Center are prohibited from accepting gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of HASC Center 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 his/her duties.

Full disclosure of any situation in doubt should be made so as to permit an impartial and objective determination. It should be particularly noted that disclosure relates not only to Board Members and management, but also to the family members of HASC Center's Board and management

TRAINING AND EDUCATION

The Compliance Officer working with HASC Center staff is responsible for organizing and conducting training for all staff regarding the Compliance Plan and Standards of Conduct. Such training will be conducted for all personnel within 30 days of hire and on at least an annual basis thereafter. Compliance training will be geared to the level of responsibility and job function. However, at a minimum, all staff will receive information regarding the following:

- a. HASC Center Standards of Conduct
- b. their responsibility to report compliance related concerns,
- c. the identity of the Compliance Officer,
- d. reporting mechanisms,
- e. the agency's whistleblower policy

f. HIPAA and other applicable confidentially statutes

In addition to these general training topics, individuals will also receive training in compliance-related topics specific to their job assignments.

- Billing staff and program supervisors will review policies and procedures designed to ensure that only services that actually took place are billed and that such billing appropriately reflects the service provided.
- Clinical and program staff will receive training on appropriate documentation of services provided and which services are billable versus non-billable.
- Administrative staff involved in hiring and credentialing will receive training regarding license verification, personnel policies which require accessing of exclusion databases prior to hire, and the performance of criminal background checks, as required and appropriate.
- All Managers will receive training regarding all elements of the Compliance Plan and will review the plan on an annual basis including all of the elements noted above as well as procedures for investigation of allegations of inappropriate billing/conduct; procedures for restitution of funds inappropriately billed and procedures for safeguarding agency assets.

Participation in training will be documented and such documentation will be maintained in the employee's personnel file.