

ACHIEVE Corporate Compliance Policy & Procedure Manual

Updated 07/2023

ACHIEVE

Corporate Compliance Manual

Table of Contents

I.	Introduction	
	A. Title Page	100
	B. Mission Statement	101
	C. ACHIEVE Corporate Compliance Plan Overview	103
II.	Element I	
	A. Corporate Compliance Plan- Policies & Procedures	200
	B. General Principles	201
	C. Corporate Compliance Policy	202
	D. Code of Ethics/Confidentiality	203
	E. Conflict of Interest	204
	F. Documentation of Services	205
	G. Contractual Arrangements	206
	H. Billing Third Party Payers	207
	I. Inducements, Waivers of Payments	208
	J. Gifts & Entertainment	209
	K. Political Contributions/Lobbying	210
III.	Element II	
	A. Compliance Program Structure & Oversight Responsibilities	300
	B. Corporate Compliance Structure	301-303
	C. Access to the Compliance Officer	304
	D. Documentation	305
	E. Policy Development	306
IV.	Element III	
	A. Due Care in Assignment of Responsibilities - Background Checks	400
	B. Human Resources	401
	C. Background Checks	402
	D. Exclusion Policy	403
	E. Professional Licensure, Certification & Exclusion Verification & Monitoring	404
V.	Element IV	
	A. Education & Training	500
	B. Board Orientation & Continuing Education	501
	C. Staff/Vendor	502
VI.	Element V	
	A. Auditing & Reporting	600

	B. Financial	601
	C. Reporting	602
	D. HIPAA	603
VII.	Element VI	
	A. Disciplinary Action & Incentives	700
	B. Disciplining & Incentives Program	701
VII.	Element VII	
	A. Detection & Response	800
	B. Exit Interview	801
	C. Detection & Response to Violations	802
	D. Responding to Investigations	803
	E. False Claims	804
	F. Compliance Investigations	805
IX.	Element VIII	
	A. Non-Retaliation/Non-Retribution Policy	901
Appendix		
	Types of Business Arrangements Subject to the Stark II Ban	A
	Gift & Entertainment Log	B
	Corporate Compliance Committee Listing	C
	Corporate Compliance Officer Log	D
	Criminal History Record Check Consent Form	E
	Request for Criminal History Record Check	F
	Information for Fingerprint Submission	G
	Vendor Contractor Certification Form	H
	Confidentiality Agreement	I
	Notice of Privacy Practices	J
	Certification of Receipt of Corporate Compliance	K
	Program Information & Training	



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

100: Title Page

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

CORPORATE COMPLIANCE PROGRAM

This document contains the procedures to be followed by all ACHEVE employees, volunteers, interns/students, consultants, contract services, and representatives of the agency. In order to comply with rules and regulations of the state, federal and ACHIEVE Corporate Compliance Plan. Originally adopted by the Board of Directors on May 3, 2005, ACHIEVE's Corporate Compliance Plan was revised in conjunction with recommendations made by NYSARC legal consultant Epstein, Becker & Green as well as a final review by NYSARC Legal Counsel. Questions concerning the contents of this document should be referred to ACHIEVE's Corporate Compliance Officer or Compliance Committee members.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

101: Mission Statement

Category: Compliance
Section: Introduction

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

ACHIEVE MISSION STATEMENT

As a chapter of NYSARC, Inc. it is the mission of ACHIEVE to advocate for an enhanced quality of life through skill advancement, inclusion, integration, and independence of persons with intellectual and other developmental disabilities through services provided in Broome, Chenango, and Tioga Counties.

VISION

It is the vision of ACHIEVE to be the leading regional resource and premier provider of comprehensive services to individuals with intellectual and other developmental disabilities.

VALUES

ACHIEVE has a rich heritage of ideals and values, which are reflected in our Mission. Concurrent with the philosophy of NYSARC, Inc., we embrace the following values as we conduct the day-to-day affairs of our business.

- We value the dreams, aspirations, and goals of persons with intellectual and other developmental disabilities and their right to a full, productive, and responsible role in society.
- We value the rights of persons with intellectual and other developmental disabilities to make their own choices.
- We value being family-led and professionally managed.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

101: Mission Statement

Category: Compliance
Section: Introduction

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

COMMITMENT TO CORPORATE COMPLIANCE

The Board of Directors, Executive Management Team and the Corporate Compliance Committee are pleased to be participating with all of you in ACHIEVE's Corporate Compliance Plan which gives you clear standards and supportive guidance that is essential for your on-the-job experiences. In addition, the Corporate Compliance Plan supports ACHIEVE's values and promotes a positive, ethical environment for staff, individuals served, families and partners. Your commitment to the effectiveness of our Corporate Compliance Plan is essential. We welcome your recommendations and feedback on compliance issues. The Corporate Compliance Officer or Committee members are available to you as a resource at any time.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

101: Mission Statement

Category: Compliance
Section: Introduction

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

103: Corporate Compliance Plan Overview

Category: Compliance
Section: Introduction

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

ACHIEVE Corporate Compliance Plan Overview

As a not-for-profit health and human services organization dedicated to improving the everyday lives of people with intellectual and other developmental disabilities, ACHIEVE is committed to complying with the rules and regulations of federal, state and local government, including but not limited to those promulgated by the U.S. Centers for Medicare and Medicaid Services (“CMS”) and the New York State Office for People With Developmental Disabilities (“OPWDD”) as well as the New York State Office of Inspector General. ACHIEVE seeks to provide a work environment where high standards of ethical and legal behavior are recognized and practiced.

Because Medicaid funding makes up a significant portion of ACHIEVE’s operating budget, ACHIEVE is under ongoing scrutiny to ensure that our services are appropriate, timely and properly reimbursed. As a Medicaid provider, ACHIEVE is subject to the federal and state laws that govern this program.

In developing this Corporate Compliance Plan, ACHIEVE has relied upon a number of resources including ACHIEVE’s Corporate Compliance Plan and numerous government issuances. In summary, ACHIEVE has (1) developed standards and procedures in order to reduce the prospect of improper conduct; (2) designated a high-level individual to oversee compliance; (3) not delegated authority to individuals who have exhibited a propensity for misconduct; (4) taken steps to communicate the standards to our employees and agents; (5) engaged in auditory and monetary compliance and established a reporting system in which employees can report potential misconduct without fear of retribution; (6) taken appropriate disciplinary measures against individuals found to have violated the Corporate Compliance Plan or related policies and procedures; and (7) taken reasonable steps to respond and prevent future violations.

The Corporate Compliance Plan was instituted by the Board of Directors on May 3, 2005. ACHIEVE’s Corporate Compliance Plan also supports and complies with the



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

103: Corporate Compliance Plan Overview

Category: Compliance
Section: Introduction

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

NYSARC Board of Governors' policy requiring that each chapter of NYSARC implement an effective Corporate Compliance Plan.

ACHIEVE developed this Corporate Compliance Plan, including the Code of Ethics and a wide array of policies and procedures that address key risk areas, to guide ACHIEVE's best efforts to operate under ethical and legal standards. ACHIEVE expects that all aspects of individual care and business conduct will be performed in compliance with this Corporate Compliance Plan, professional standards and applicable governmental laws, rules and regulations.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

103: Corporate Compliance Plan Overview

Category: Compliance
Section: Introduction

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

tit. 18, § 521-1.2)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

PURPOSE

This policy and procedure describe the ACHIEVE Compliance Program. ACHIEVE developed this policy and procedure, including our Code of Ethics, 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.

POLICY

This policy and procedure were approved by the ACHIEVE Board of Directors on May 3, 2005.

ACHIEVE 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). ACHIEVE supports a work environment where high standards of ethical and legal behavior are recognized and practiced. ACHIEVE 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 ACHIEVE to adopt and implement a compliance program.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

PROCEDURES

ACHIEVE fulfills our policy of adopting and implementing a compliance program, structured around the following principles:

- (1) written policies, procedures, and standards of conduct
- (2) designation of a CO who is versed with the day-to-day activities of the compliance program and establishment of an active CC consisting of senior managers;
- (3) establishment and implementation of an effective compliance training and education program for all affected individuals;
- (4) establishment and implementation of effective lines of communication for all affected individuals to report compliance concerns and/or potential violations confidentially and/or anonymously, without fear of intimidation or retaliation
- (5) establishment of disciplinary standards to address potential compliance violations and encourage good faith participation in the compliance program;
- (6) engaging in routine auditing and monitoring of compliance risks to the Chapter; and
- (7) establishing and implementing procedures and systems for promptly responding to compliance issues, including any issues identified in the course of an internal or external audit.

Written Policies, Procedures, and Code of Ethics

At a minimum, ACHIEVE maintains written policies and procedures outlining the operation of the Compliance Program inclusive of the aforementioned principles, confidentiality practices, and a commitment to an environment of non-intimidation and non-retaliation. ACHIEVE reviews, revises, and develops, as appropriate, new compliance program policies and procedures, annually and as necessary, to ensure that ACHIEVE's Compliance Program activities are conducted effectively and consistent with applicable statutes, rule regulations, Chapter and Arc New York policy. The policies and procedures of not only the health regulatory components of



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

ACHIEVE, but also those related to human resources, environmental health and safety and financial operations shall apply broadly to each employee through this Corporate Compliance Plan.

Each employee will, upon hire (during orientation) and upon revision, be required to review the policies and procedures that pertain to the services being rendered.

Code of Ethics

The purpose of ACHIEVE's Code of Ethics is to provide information and guidance to all employees, independent contractors and the Board to assist in carrying out the day-to-day responsibilities within legal and ethical standards.

ACHIEVE's Code of Ethics is a set of guiding principles that are more completely developed in the Corporate Compliance Plan and its related policies and procedures. Our Code of Ethics, which reflects our tradition of caring, provides guidance to ensure our work is done in an ethical, legal manner. Our Code of Ethics emphasizes the shared common values and culture ACHIEVE seeks to cultivate that guides our actions each day.

ACHIEVE requires that each employee, independent contractor and Board member sign a written acknowledgment that he or she understands and will follow ACHIEVE's Code of Ethics.

HIPAA (Health Insurance Portability and Accountability Act) - Confidentiality and Notice of Privacy Practices.

The purpose of ACHIEVE's HIPAA Plan is to provide information and guidance to all employees, independent contractors and the Board in order to provide confidentiality of protected health information.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

ACHIEVE requires that each employee, independent contractor and Board Member sign a written acknowledgement that he or she understands and will follow ACHIEVE HIPAA Policies and Procedures.

Employees should refer to the Human Resources Policy and Procedure specific to Confidentiality as it may be updated and/or amended from time to time. Employees, board members, interns and volunteers are required to sign a confidentiality agreement upon hire or at the start of a term/volunteer placement and thereafter on an annual basis as appropriate. The agency is compliant with Federal Health Insurance Portability and Accountability (HIPAA) requirements.

Compliance Officer and Compliance Committee

ACHIEVE is committed to the operation of an effective compliance program and has assigned compliance oversight responsibilities to individuals at the management level. Individuals with day-to-day compliance oversight authority occupy high levels in the ACHIEVE's organizational structure, including a Compliance Officer (CO), and are empowered to implement the Compliance Program, investigate compliance concerns, report compliance concerns directly to those in higher positions of authority, up to and including, the ACHIEVE Board of Directors and the Chief Executive Officer (CEO). The CO is accountable to the CEO or their designee who must be a senior manager. The CO does not hold a position in ACHIEVE's legal or financial departments. The CO receives annual performance evaluations that assess the duties they are to perform. An annual assessment determining whether the CO is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the compliance program is also completed and documented. This assessment is conducted as part of a broader compliance program effectiveness review.

ACHIEVE maintains a Compliance Committee (CC) operating under a written charter. The CC reports directly to the CEO and Board of Directors while coordinating committee activities with the CO.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

A key task of the ACHIEVE CC is to ensure that all affected individuals have received compliance training and education both through orientation and annually. This task will be accomplished through coordination with the CO.

At a minimum, membership on the CC consists of senior managers from operations, finance, compliance, and human resources.

At a minimum, the CC issues reports to the CEO and Board of Directors.

Meetings occur quarterly.

Compliance Training and Education Program

ACHIEVE conducts a detailed compliance training and education program for all affected individuals to the extent that they are affected by ACHIEVE's risk areas. ACHIEVE's training program includes a training plan that outlines compliance subjects or topics required for all affected individuals, timing and frequency of the trainings, which affected individuals are required to attend specific trainings, how attendance for each training is recorded, and how periodic evaluation of training effectiveness is completed. ACHIEVE continuously identifies training topics, including those arising as a result of self-monitoring, audits by regulatory agencies and regulatory developments. ACHIEVE provides refresher training for affected individuals on, at minimum, an annual basis.

New employees receive training in the ACHIEVE Standards of Conduct, this policy and procedure and those policies and procedures relevant to their job duties as part of an orientation program. The ACHIEVE tailors the training based on the roles and responsibilities of each group of individuals and in a manner that the individual can understand. The ACHIEVE does not lean on self-study programs based ONLY on written policy distribution as the means of training affected parties.

Lines of Communication



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

ACHIEVE makes available lines of communication to all affected individuals for the purpose of supporting anonymous or confidential reporting of and asking questions about compliance concerns to the CO. ACHIEVE makes available [*identify the method(s) here, e.g., telephone, email, website-based correspondence, interoffice, mail, regular mail, face-to-face interaction, drop box, etc - recommended to use agency website.*] as the method(s) of reporting compliance concerns to the CO.

Affected individuals have a responsibility to report through available reporting methods any activity by anyone that appears to violate applicable laws, rules, regulations, or ACHIEVE policy and procedure. ACHIEVE is committed to making every effort to maintain the confidentiality of the identity of any individual who reports a concern in good faith. ACHIEVE ensures that there is an anonymous method of communicating a compliance concern. ACHIEVE works to ensure that the confidentiality of persons reporting shall be maintained consistent with regulations at Part 512-1.4. All persons who report compliance issues, including Medicaid recipients of service, are protected under the ACHIEVE's written non-intimidation and non-retaliation policies.

It is an expected good practice, when one is comfortable with it and thinks it is appropriate under the circumstances, for compliance concerns to be raised first with a supervisor. The supervisor then makes the CO aware of any compliance concerns. If this is not comfortable or not a viable option, then parties are encouraged to contact the Compliance Hotline at 607-723-8361, Option #8 where all reports are confidential and can be made anonymously. Additionally, affected individuals may contact the CO directly as a means of confidential reporting.

Any party who intentionally makes a false accusation with the purpose of harming or retaliating against anyone will be subject to appropriate disciplinary action.

Disciplinary Standards



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

ACHIEVE maintains written disciplinary policies and procedures pertaining to violations of the Compliance Program that are published and disseminated to all affected individuals.

Failure of affected individuals to comply with this Compliance policy and procedures, the Standards of Conduct, the Medicaid program and/or statutes, rules, and regulations applicable to the ACHIEVE may be subject to disciplinary action. Conduct that is intentional or reckless may result in more severe disciplinary actions.

ACHIEVE strives to enforce disciplinary standards fairly and consistently with the same disciplinary action applied to all levels of personnel.

Retraining of affected individuals is a key corrective action if violations are based on a lack of awareness or understanding of an obligation, policy or procedure.

Resolution of disciplinary issues will be determined through direct cooperation with the appropriate manager, Human Resources, and the CO and, as appropriate, the CEO of ACHIEVE. The degree of discipline may range from counseling, verbal warnings, written warnings, recommended change or discontinuation of privileges, termination of a contract, termination of employment or removal from a particular position or function.

Auditing and Monitoring

ACHIEVE is committed to fostering a culture of compliance through the implementation of a system for the routine identification of compliance risk areas to detect, correct and prevent non-compliance behaviors. Through the process of our compliance reporting structure, the articulation of compliance-related roles and responsibilities at every level of the [CHAPTER's] operations, and through the utilization of our organizational experience, detection and correction of problems is



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

expedited. If an internal investigation substantiates a reported violation, then it is our policy to engage in a two-fold process:

- (1) to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary; and
- (2) implementing systemic changes to prevent a similar violation from recurring in the future.

ACHIEVE is committed to routinely conducting internal audits of compliance risk areas. Results of internal and external audits are shared at minimum with the CC and ACHIEVE Board of Directors. ACHIEVE also conducts annual reviews of the compliance program to determine and evaluate the program's effectiveness and any need for correction or revision. The results of annual compliance program reviews are shared at minimum with the CEO, senior management, the CC, and the Board of Directors.

ACHIEVE maintains a compliance workplan that at minimum describes in detail the plan for routine auditing monitoring, and compliance program review activities. This workplan is drafted and/or developed by the CO and shared with the CC for feedback. Revisions are made to the workplan as risk areas change and based on the outcomes of the auditing and monitoring activities.

Responding to Compliance Issues

ACHIEVE maintains a system to prevent, detect, investigate, and correct non-compliance with Medical Assistance Program requirements. This system is designed to ensure appropriate response, investigation, resolution, and proper reporting of compliance issues. This system includes the implementation of procedures, policies, and systems as necessary to reduce the potential for recurrence. ACHIEVE also maintains a system that ensures prompt reporting of compliance issues in a manner consistent with applicable statutes, rules, and regulations.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

200: COMPLIANCE PROGRAM - Overview

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2023

If a compliance issue requires reporting and returning of overpayment, this will be completed in accordance with the appropriate Self-Disclosure Program requirements.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

201: General Principles

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

This agency will assure effective and efficient services that will promote and enhance the individual's quality of life through inclusion, independence, individuality and productivity while abiding by all federal and state rules and regulations.

1. As a tax-exempt agency that participates in state and federal funded programs, ACHIEVE must comply with state and federal rules and regulations.
2. No employee of ACHIEVE will have the authority to act contrary to the provision of the law, allow or request other employees to do so.
3. Any employee of ACHIEVE with knowledge of facts he/she believes to be in violation of the law has an obligation to report the matter to his/her immediate supervisor.
4. ACHIEVE's Corporate Compliance Committee and supervisory staff will communicate effectively to all employees, its standards and procedures regarding Corporate Compliance during orientation and continuing education.
5. ACHIEVE's Corporate Compliance Committee will monitor and audit programs and systems to detect conduct by any employee that does not comply with the Corporate Compliance Program.
6. ACHIEVE's Corporate Compliance Program will provide a confidential means to allow employees or others to report noncompliance with the Corporate Compliance Program without fear of retribution.
7. The Corporate Compliance Policy will be equitably enforced with appropriate discipline on a case specific basis.
8. ACHIEVE will investigate and respond to all accusations of non-compliance, detected or suspected non-compliance.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

201: General Principles

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

9. No individual may participate in the discussion, investigation or decision making for non-compliance if he/she has been directly involved or whose testimony will be incorporated into the report or whose family member is involved.
10. ACHIEVE's Corporate Compliance Committee will recommend actions needed to rectify situations of non-compliance and assure implementation of corrective and or disciplinary actions.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

201: General Principles

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

202: Corporate Compliance Policy

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

ACHIEVE has established a Corporate Compliance Program that will augment and complement its existing Quality Improvement program in order to facilitate ethical and legal conduct. An effective compliance program at ACHIEVE will:

1. Reduce the risk of violation of reimbursement and fraud rules.

Establish standards, policies, protocols, and procedures for personnel to follow when carrying out billing record documentation, record keeping, contract negotiation and operation. Establish clear procedures for reporting potential violations of law and compliance procedures. Reduce the risk of violations.

2. Reduce the penalties under federal law if violations of reimbursement rules or anti-fraud laws occur.

Federal Sentencing Guidelines (92) tell federal judges to take into account the company's Corporate Compliance Program when handing down sentences. The existence of an effective Corporate Compliance Program can reduce the agency's fines significantly.

3. Improve internal communication of ACHIEVE.

By demonstrating to personnel that the agency intends to address violations of law and company rules and establish procedures to encourage personnel to bring forth concerns without fear of retaliation, communication will improve. Improved communication helps the general morale and performance of the workplace.

4. Encourage constructive problem identification, problem solving and focused employee feedback.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

202: Corporate Compliance Policy

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Ineffective, destructive, unfocused complaints can impair the organization's effectiveness. Some internal communication mechanisms used in an effective compliance program can become the cornerstone of a general program which encourages focused and constructive feedback.

ACHIEVE needs everyone's help in order to identify when things are not being done correctly. Once identified, areas of non-compliance can be corrected, and procedures put in place to prevent further non-compliance.

5. Reduce the likelihood of an employee, volunteer, interns/student, consultant, contract service, and representative of the agency from reporting the agency for problem/issues that will be addressed through the routine reporting procedure.
6. Enable ACHIEVE to respond promptly and effectively to new statutes and regulations that affect the operation of the agency.

An effective Corporate Compliance Program creates special protocols specifically crafted to teach employees how to handle certain issues and how to identify whether rules are being followed appropriately. When new rules come into play, it is easy to identify and modify the property protocols thus staying up to date.

7. Create an efficient structure with which ACHIEVE can disseminate information.

A Corporate Compliance Program creates and utilizes internal channels of communication so that problems and solutions can be reported and investigated efficiently. When compliance issues are reported to management on a regular



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

202: Corporate Compliance Policy

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

basis this reporting process can be expanded to include reporting of other useful information. Communication is the key to compliance effectiveness.

8. Identify and emphasize its corporate culture and values.

The agency must identify which values or issues are important. ACHIEVE does this in its Mission Statement and Compliance Statement.

Heighten ACHIEVE's employees, volunteers, interns/students, consultants, contract services, and representatives of the agency's general awareness of ethical issues and improve personnel skills in handling these ethical issues.

9. Since ethical issues are not easily divided to right and wrong, there are judgment issues to be addressed.

Identifying ethical issues is accomplished through ongoing training to heighten awareness. Effective problem-solving in this context usually requires personnel to recognize the potential problem, investigate the problem to confirm that it exists and understand the different ways the problem can be resolved. These skills are enhanced through repetition and training.

10. A Corporate Compliance Program can be used as a tool for reassuring third party payers of ACHIEVE's commitment to compliance with regulations.

The Corporate Compliance Program demonstrates that the agency is committed to effective policing of its internal and external activities consistent with its corporate culture of compliance. It shows that the agency can create and operate an effective system for ongoing problem solving. The Corporate Compliance Program can show outside parties that the organization is unlikely to have substantial fraud or reimbursement problems. It gives assurance to third



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

202: Corporate Compliance Policy

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

parties that the organization has taken steps to minimize the potential sanctions for inadvertent violations.

11. Demonstrate the agency's capacity for self-assessment and self-policing and to respond to problems in general.

When ACHIEVE demonstrates that it has a functioning Corporate Compliance Program, investigating government agencies recognize that the agency has standards to keep in compliance. Since this agency has a Corporate Compliance Program, the investigating agency knows that ACHIEVE is more likely to identify potential problems, investigate and correct them before they become an issue.

12. Allow the agency to obey disclosure obligations without jeopardizing the agency by putting the issue in proper perspective and coordinating a strategy for communicating these issues to the government.

Many agencies may violate reimbursement and fraud rules on occasion. Inappropriate or premature disclosure of the violation(s) can place the agency in serious long-lasting difficulty. The Corporate Compliance Program can assure that legal counsel is involved at the right time and attorney client privilege is preserved, prompt and thorough investigation puts the problems in the proper perspective, and a coordinated strategy for communicating issues to the government in the most beneficial manner.

13. Establish approved standards of conduct, policies and protocols.

Standards of Conduct that focus on fraud and reimbursement issues define the appropriate parameters for conduct within the organization in general. Consistent standards, policies and protocols can also improve employee's morale and effectiveness.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

202: Corporate Compliance Policy

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

14. Provide the agency with a framework that all individuals will refer to; this will ensure quality, and ethical services.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

202: Corporate Compliance Policy

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

PREAMBLE

ACHIEVE has always had a tradition of caring for our individuals, families, employees, and for the communities we serve. As a not-for-profit corporation that provides personal services, we believe that certain global principles should guide us in developing policy and implementing procedures, as we strive to deliver services with compassion and absolute integrity. We are committed to developing and maintaining trust between our agency, and our individuals and families by establishing and adhering to a set of ethical as well as quality standards. We are further committed to change any system in order to meet the needs of the individual rather than changing the individual to fit into a system. It is our intention that these guiding principles will influence the way in which all employees perform their jobs at ACHIEVE.

ACHIEVE has a rich heritage of ideals and values, which are reflected in our Mission. Concurrent with the philosophy of NYSARC, Inc., we embrace the following values as we conduct the day-to-day affairs of our business:

We value the dreams, aspirations, and goals of persons with intellectual and other developmental disabilities and their right to a full, productive and responsible role in society.

We value the rights of persons with intellectual and other developmental disabilities to make their own choices.

We value diversity in membership and leadership.

We value the dedication and commitment of the staff that serve persons with intellectual and other developmental disabilities.

We value being family-led and professionally managed.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

While it is understood that no Code of Ethics can substitute for our agency's own internal sense of fairness, honesty, and integrity, nonetheless, we are equally committed to assuring our actions consistently reflect our values. In this spirit, we want this organization to be a family of men and women of shared values, and it is expected that all of our employees reflect the high standards set forth in the ACHIEVE Code of Ethics.

MISSION

As a chapter of NYSARC, Inc., it is the mission of ACHIEVE to advocate for an enhanced quality of life through skill advancement, inclusion, integration, and independence of person with intellectual and other developmental disabilities through services provided in Broome, Chenango, and Tioga Counties.

It is the vision of ACHIEVE to be the leading regional resource and premier provider of comprehensive services to individuals with intellectual and other developmental disabilities.

DIRECT SUPPORT PROFESSIONALS (National Alliance for Direct Support Professionals)

In addition to these guidelines, values and commitments, ACHIEVE has adopted the Code of Ethics for our direct support staff, whose work with individuals every day embraces the philosophy of person-centered practice.

- * **Person Centered Supports**
 - * As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.
- * **Promoting Physical and Emotional Well-Being**
 - * As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

- * **Integrity and Responsibility**
* As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals and the community.
- * **Confidentiality**
* As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.
- * **Justice, Fairness and Equity**
* As a DSP, I will promote and practice justice, fairness and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support.
- * **Respect**
* As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.
- * **Relationships**
* As a DSP, I will assist the people I support to develop and maintain relationships.
- * **Self-Determination**
* As a DSP, I will assist the people I support to direct the course of their own lives.
- * **Advocacy**
* As a DSP, I will advocate with the people I support for justice, inclusion and full community participation.

PURPOSE

The purpose of the ACHIEVE Code of Ethics policy and procedures is to provide guidance to all agency employees and assist them in carrying out their day-to-day activities within appropriate ethical and legal standards. These obligations apply to our relationships with our stakeholders who include our individuals served, families, our fellow employees, our third-party payers, our regulators, our vendors, and the communities we serve.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

To our individuals served and families, we are committed to providing inclusive, quality care that is sensitive, compassionate, promptly delivered, and cost effective.

To our employees, we are committed to a work setting which treats all employees with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, to have ideas considered, and to work in a professional, team environment.

To our third party payers, we are committed to engaging in contractual obligations that reflect our shared concern for quality, cost effective, and efficient services, as well as our ethical principles and values.

To our regulators, we are committed to an environment in which we look to exceed basic compliance with rules, regulations, and directives. We agree to promote and implement sound business practices and accept responsibility to self-govern and monitor adherence to requirements of the law, our governing units, and our Code of Ethics.

To our vendors, we are committed to open and fair competition among prospective vendors and commit to assuming responsibility of being a good customer.

To the communities we serve, we are committed to understanding the unique and particular needs of these communities, to participate in and support charitable opportunities, and to promote goodwill and further good causes.

While all ACHIEVE employees and volunteers are obligated to follow our Code of Ethics, we expect our leadership to set the example, to be in every respect a model. Individuals in leadership roles with decision-making authority are always expected to act for the betterment of ACHIEVE and NYSARC, Inc. They must ensure that those on their team have sufficient information to comply with laws, regulations, and policies, as well as to have the resources to resolve ethical dilemmas. Leaders must help to create a culture within ACHIEVE that promotes the highest standard of ethics, compliance and excellence in service provision. This culture must encourage everyone in the organization to share



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

concerns when they arise. Ethical and compliant behavior must never be sacrificed for the pursuit of business objectives.

Each affected individual is provided with a copy of the Code of Ethics at the time of hire, execution of contract, annually, and at the discretion of the Compliance Officer.

Training and education on the Code of Ethics occurs within thirty (30) days of hire, Board appointment, or execution of contract, and a signed acknowledgement of the standards of conduct is collected at that time, indicating the recipients understanding and commitment to follow the standards of conduct. The Acknowledgement Form is attached.

WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

Equal Employment Opportunity

ACHIEVE is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity and respect. ACHIEVE provides employment opportunities without regard to race, religion, color, gender, sexual orientation, age, disability or any other characteristic that would be in violation of any applicable federal, state, or local laws. The agency, at the very minimum, complies with all Federal and State laws, regulations and policies related to non-discrimination in the work place. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions. When reasonable, ACHIEVE will make efforts to accommodate the needs of employees, customers, and vendors with specific physical needs.

Work Conduct

ACHIEVE expects all employees and volunteers to conduct themselves in a professional manner. In normal day-to-day functions, employees are expected to carry out their



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

work responsibilities with integrity, courtesy and respect for each other and the individuals served. In all instances, individuals are to be honest, and not participate in any activities for personal gain. All employees of ACHIEVE are to consider the welfare of the individuals as the primary mandate in the discharge of their responsibilities. Every effort will be made to assure that the individuals' experiences in all programs are positive.

Fraternization with Individuals Served

ACHIEVE recognizes the need for employees/volunteers to maintain a professional relationship with the individuals we serve. This is considered standard practice in this organization. Fraternalization and developing personal relationships with individuals served can interfere with a person's ability to objectively and effectively deal with the individuals on the job. Given the nature of the services we provide, employees do work in close proximity with the individuals served. As a result, there is a tendency to extend to individuals privileges you would extend to any co-worker. It is important however, for employees and volunteers to maintain a professional, therapeutic relationship with individuals served. In order for this to occur, socialization with individuals after work hours outside of the work environment requires prior administrative approval. Transportation should not be provided to individuals for non-work related purposes, and employees and volunteers should not offer to do personal "favors" for individuals at their request. Staff are prohibited from engaging in any non-employment related financial transactions with individuals served.

Conflict of Interest

POLICY

It is the policy of ACHIEVE that Interested Persons; employees, volunteers, paid consultants and members of the Board of Directors; are strictly prohibited in engaging in any transactions/activities that may be construed as a conflict of interest for the agency.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

The Conflict of Interest Policy includes a provision which sets forth standards of conduct expected and requiring Board Members, management and employees to disclose all interests which could result in a conflict of interest with ACHIEVE, The ACHIEVE Foundation, Country Valley Industries and Country Valley Community Residences Inc.

All Interested Persons shall at all times use their best efforts to avoid the appearance of a conflict of interest. The appearance of a conflict can be as damaging as an undisclosed and/or actual conflict. Every Interested Person shall maintain an attitude of awareness dedicated to recognizing those situations in which an appearance of a conflict may arise.

PROCEDURES

A conflict of interest may arise where or when an Interested Person has both a duty to protect the Chapter's interest(s) and/or those interests of individuals served by the Chapter and a simultaneous opportunity to realize a personal gain or benefit for themselves or a family member. All Interested Persons shall refrain from engaging in those activities.

A conflict of interest is defined as any situation in which financial or other personal considerations may compromise or appear to compromise 1) an individual's business judgment; 2) delivery of services; or 3) ability to do his or her job. An actual or potential conflict of interest occurs when an individual is in a position to influence a decision that may result in personal gain for that individual or for a relative as a result of business dealings. All Interested Persons shall fully disclose any financial or business transaction with the agency or any direct or indirect interest in any organization providing goods or services to the agency, or a vendor or competitor of ACHIEVE.

These disclosure requirements are intended to provide the Board and management with a systematic and ongoing method of disclosing and ethically resolving potential



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

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.

For further information, please see Element I, Conflict of Interest Policy; Policy #204

Harassment in the Workplace

Each ACHIEVE employee has the right to work in an environment free of harassment and disruptive behavior. Harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us will not be tolerated. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in the workplace.

Any form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances, requests for sexual favors in conjunction with employment decisions, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment.

Harassment also includes incidents of workplace violence. Workplace violence acts are defined as, but not limited to, robbery and other commercial crimes, stalking, violence directed at the employer, fellow employees or others, terrorism, and hate crimes committed by current or former employees. The possession of firearms, other weapons, explosive devices, or other dangerous materials is prohibited on the premises of ACHIEVE at any time. Any employee or volunteer who experiences or observes any form of harassment or violence should immediately report the incident to their supervisor, the personnel department, a member of administration, or the Chief Executive Officer/Chief Executive Officer.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Substance Abuse

ACHIEVE is committed to an alcohol and drug-free work environment. All employees must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in one's system; or using, possessing, or selling illegal drugs while on ACHIEVE work time or property will result in immediate termination. ACHIEVE reserves the right to use drug testing as a means of enforcing this policy.

Safety

All ACHIEVE facilities must comply with all government and state regulations and rules, our own organizational policies and procedures, and required facility practices that promote the protection of workplace health and safety. Our policies and procedures have been developed to protect our employees from potential workplace hazards. Employees are required to familiarize themselves with these practices as they apply to their respective work areas.

ACHIEVE is committed to ensuring the safety of the individuals served throughout their program areas. All employees, interns, volunteers, consultants, contractors and members of the governing body will be made aware of the Agency's policies and procedures regarding Abuse, Rights and Reporting. To that end, any person involved in the care, planning or interactions with individuals served will receive initial and annual training to heighten awareness regarding the prevention, identification and duty to report any and all incidents which affect and/or contribute to situations that can be potentially abusive or harmful.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

FINANCIAL

Coding and Billing for Services

ACHIEVE will ensure that all billings to our government payers and customers are true and accurate and conform to all pertinent Federal and state laws and regulations. Any employee or agent of ACHIEVE is prohibited from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious, or fraudulent.

ACHIEVE will provide oversight systems designed to verify claims are submitted only for services actually provided, and services are billed as provided. These systems will emphasize the critical nature of complete and accurate documentation of services provided. As part of our documentation effort, we will maintain current and accurate records.

Any subcontractors of ACHIEVE must have the necessary skills, quality control processes, systems, and appropriate procedures to ensure all work is accurate and complete. ACHIEVE prefers to contract with such entities that have adopted their own ethics and compliance programs.

Relationships with Subcontractors, Suppliers and Vendors

ACHIEVE manages subcontractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. Selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, service, and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet the needs of the organization, and not on personal relationships and friendships. ACHIEVE will always employ the highest ethical standards in



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities.

Cost Reports

ACHIEVE is required to submit certain reports of operational costs to regulatory bodies. ACHIEVE complies with all applicable Federal and State laws relating to all cost reports. These laws and regulations define the costs that are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program individuals. Given their complexity, all issues related to the completion and settlement of cost reports must be communicated through, or coordinated with, our Business Office.

Financial Reporting and Records

ACHIEVE has established and maintains a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing the business of the agency overall, and are important in meeting obligations to individuals served, fellow employees, suppliers, and others with whom the agency has a relationship. They are also necessary for compliance with tax and financial reporting requirements.

All financial information must reflect actual transactions and conform to generally accepted accounting principles. No undisclosed or unrecorded funds or assets may be established. ACHIEVE maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the agency's assets.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

MANAGEMENT OF INFORMATION SYSTEM

Accuracy, Retention, and Disposal of Documents and Records

Each ACHIEVE employee is responsible for the integrity and accuracy of our agency's documents and records, not only to comply with regulatory and legal requirements, but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document.

Individual and business documents and records are retained in accordance with regulations and the law. Documents include paper documents such as letters and memos, computer based information such as email or computer files, and any other medium that contains information about the agency or its business activities.

Confidentiality and Information Security

A basic principle and strict requirement for employees and volunteers of ACHIEVE is to maintain confidentiality of business and individual served related information. Information should be shared on only a legitimate need to know basis. Confidential information includes personnel information, individual served-related information, financial information, research, computer information including passwords, proprietary computer software, etc. If an employee or volunteer's relationship ends with ACHIEVE, they remain bound to maintain the confidentiality of information viewed during employment. Employees should refer to the Human Resources Policy and Procedure specific to Confidentiality as it may be updated and/or amended from time to time. Employees, board members, interns and volunteers are required to sign a confidentiality agreement upon hire or at the start of a term/volunteer placement and thereafter on an annual basis as appropriate. The agency is



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

compliant with Federal Health Insurance Portability and Accountability (HIPAA) requirements.

Our business processes rely on timely access to accurate information from our computer systems. Employee passwords act as individual keys to our network and to critical individual care and business application, and they must be kept confidential. It is part of an employee's job to learn about and practice the many ways you can help protect the confidentiality, integrity and availability of electronic information assets.

Electronic Media

All communication systems, including electronic mail, intranet, Internet access, and voice mail, are the property of ACHIEVE, and are to be used for business purposes.

ACHIEVE reserves the right to periodically access, monitor, and disclose the contents of e-mail and voice mail messages. Access or disclosure of individual employee messages may only be done with the approval of the Chief Executive Officer.

Employees and volunteers may not use internal communication channels or access the Internet at work to post, store, transmit, download, or distribute any illegal, disruptive, unethical or unprofessional activities or for any purpose that would jeopardize the legitimate interests of the agency. Additionally, these channels of communication may not be used to send chain letters, personal broadcast messages, or copyrighted documents that are not authorized for reproduction; nor are they to be used to conduct an external job search or to open misaddressed mail.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Employees and volunteers who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

LEGAL AND REGULATORY COMPLIANCE

ACHIEVE provides various human services in many locations. These services are provided only pursuant to appropriate Federal, state and local laws, regulations and conditions of participation. Such laws, regulations and conditions of participation may include subjects such as certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, record keeping, access to consumer records and confidentiality, individuals' rights, clinical privileges, and Medicaid program requirements. The organization is subject to numerous other laws in addition to these regulations and conditions of participation.

ACHIEVE will comply with all applicable laws and regulations. All employees, consultants, and contract service providers must be knowledgeable about and ensure compliance with all laws, regulations and conditions of participation; and should immediately report violations or suspected violations to their immediate supervisor or other administrative personnel, Corporate Compliance Officer, or the Chief Executive Officer.

ACHIEVE will be forthright in dealing with any billing inquiries. Requests for information will be answered with complete, factual, and accurate information. Our organization will cooperate with and be courteous to all inspectors and surveyors and provide them with the information to which they are entitled during an inspection or survey.

During a survey, inspection, or investigation, employees must never conceal, destroy, or alter any documents, lie, or make misleading statements to those involved. Employees must never encourage or cause another fellow employee to fail to provide



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

accurate information or obstruct, mislead, or delay to communicate information or records relating to a possible violation of law.

Licensed Independent Professionals

Individuals retained as independent contractors in positions at ACHIEVE which require professional licenses, certification, or other credentials, are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. ACHIEVE requires evidence of the individual having a current license or credential status. ACHIEVE will not allow any employee or independent contractor to work without a valid, current license or credentials that meet position requirements.

Personal/Community Use of ACHIEVE Resources

Any community use of ACHIEVE resources must be approved in advance by agency administration. Any use of ACHIEVE resources for personal financial gain unrelated to the organization's business is prohibited. It is the responsibility of each employee to preserve our organization's assets including time, materials, supplies, equipment, and information. These assets are to be maintained for business related purposes.

FUND RAISING

ACHIEVE will conduct fund raising activities as approved by the Board of Directors. These activities may include, but are not limited to: annual appeal, speaking engagements in return for honorariums, special events, benefit sales and personal donor visits.

All fund raising activities shall be conducted in a manner congruent with the mission of



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

ACHIEVE, as well as in accordance with laws and regulations governing such activity. All gifts received from a donor, which are designated for a specific purpose, shall be used for that purpose.

Upon request, the agency Vice President of Development and Donor Relations will provide a full description of fund raising efforts and full disclosure of fund raising expenses and the portion of donations that directly serve the charitable purposes of ACHIEVE. Disclosure can include but is not limited to 990 form and annual audit. All donors requesting anonymity will have their desire respected. ACHIEVE will abide by all laws - federal, state and local - when monitoring fund raising activity.

Use of Individuals Served in Public Relations Activities

Individual participation in any public performance, publicity, or fundraising activity may only occur with the informed and voluntary written permission of the Individual/parent/legal guardian.

MARKETING

ACHIEVE may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and to recruit employees. ACHIEVE will present only truthful, fully informative, and non-deceptive information in these materials and announcements. All marketing materials will reflect services available and the level of licensure and certification required.

ENVIRONMENTAL

ACHIEVE will comply with all environmental laws and regulations as they relate to the organization's operations. The agency will operate each of our facilities with the necessary permits, approvals, and controls. ACHIEVE will diligently employ the proper

COMPLIANCE



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

procedures with respect to handling and disposal of hazardous waste and bio-hazardous waste, including but not limited to medical waste.

In helping ACHIEVE comply with these laws and regulations, employees must understand how job duties may impact the environment, adhere to all requirements for the proper handling of hazardous materials, and immediately alert supervisors to any situation regarding the discharge of hazardous substance, improper disposal of medical waste, or any situation which may be potentially damaging to the environment.

BUSINESS COURTESIES

ACHIEVE discourages staff from soliciting or accepting gifts or favors of any kind from individuals or organizations who do business with or may wish to do business with the agency.

Accepting gifts, gratuities, or favors of this nature creates a possible conflict of interest and may result in unethical business practices. If a staff member is offered a gift amounting to more than the value of a small promotional item, agency administration should be notified.

There are times when a current or potential business associate extends an invitation to a social event or offers a promotional item to the agency in order to further develop a business relationship. There are also times when ACHIEVE staff extend similar invitations to current or potential business associates. In either case, such invitations must be reasonable and appropriate.

POLITICAL ACTIVITIES

ACHIEVE employees and representatives will comply with all Federal, state and local laws governing participation in government relations and political activities. ACHIEVE



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

funds and resources will not be contributed to individual political campaigns, political parties or other organizations that intend to use the funds primarily for political campaign objectives. Organizational resources include financial and non-financial donations such as using work time and telephones to solicit for a political cause or candidate or the loaning of property for use in a political campaign. No use of agency resources is appropriate for personally engaging in political activity. One may, of course, participate in the political process on his/her own time and at his/her own expense. However, it is important not to give the impression one is speaking on behalf of or representing ACHIEVE in these activities.

ACHIEVE may at times ask employees and volunteers to make personal contact with government officials or to write letters to present our position on specific issues. In addition, it is part of the role of some ACHIEVE management to interface on a regular basis with government officials.

ETHICS AND CORPORATE COMPLIANCE PROGRAM

The Ethics and Corporate Compliance Program are intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance in all business practices.

Personal Obligation to Report

ACHIEVE is committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each employee and volunteer has an individual responsibility for reporting to his/her supervisor, the Corporate Compliance Officer, or in the event the violation involves Administrative staff, the Board of Directors directly, any activity by an employee, volunteer, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, or the Code of Ethics.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Resources for Guidance and Reporting Violations

ACHIEVE encourages employees to resolve issues, including human resource related issues (payroll, fair treatment and disciplinary issues), directly whenever possible. It is an expected good practice to raise concerns first with your supervisor. If this is uncomfortable or inappropriate, or the issue remains unresolved, another option is to discuss the situation with the supervisor's supervisor, Human Resources, or the agency's Corporate Compliance Officer, agency administration, the Chief Executive Officer, or the Board directly, if administrative staff are involved.

Confidentiality of Reporting

ACHIEVE will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any employee who reports possible misconduct. There will be no retribution or discipline for anyone who reports a violation in good faith. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another fellow employee will be subject to discipline.

Employee Discipline

A violation of the Code of Ethics may result in disciplinary action. The discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any or all of the following disciplinary actions: verbal warning; written warning; written reprimand; suspension; restitution; termination.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Internal Auditing

ACHIEVE is committed to monitoring compliance with its policies. Much of the monitoring of regulations, standards, and policies is provided by the Corporate Compliance/Quality Assurance Department, which routinely conducts internal audits. Additionally, managers routinely undertake compliance monitoring activities as well. ACHIEVE also routinely seeks other means of ensuring and demonstrating compliance as outlined in our Corporate Compliance Program.

Acknowledgement

ACHIEVE requires all employees and volunteers to sign an acknowledgment confirming they have received the Code of Ethics, understand that it represents mandatory policies of ACHIEVE, and agree to abide by it. New employees and volunteers will be required to sign this acknowledgment as a condition of employment. Current employees and volunteers will be asked to sign the acknowledgment at scheduled staff meetings and annually thereafter during annual update training.

Adherence to and support of ACHIEVE's Code of Ethics and participation in related activities and training will be considered in decisions regarding hiring, promotion and compensation for all candidates and fellow employees.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2).

DEFINITIONS

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)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

203: Code of Ethics

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

CODE OF ETHICS ACKNOWLEDGMENT

I certify that I have received the ACHIEVE Code of Conduct, understand that it represents mandatory policies of the organization and agreed to abide by it.

SIGNATURE

POSITION/TITLE

PRINTED NAME

DATE



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category:	Compliance	Effective Date:	2005
Section:	Element I	Last Revision Date(s):	2008, 2014, 2017, 2023

POLICY

Broome, Chenango, Tioga Counties Chapter, NYSARC, Inc., dba ACHIEVE (hereinafter ACHIEVE) as a commitment to its members and the public at large, strives to maintain the highest ethical standards in the delivery of programmatic services through the design, implementation and adherence to clearly articulated policies and procedures in an effort to avoid either actual or the appearance of improper or undisclosed conflicts of interest. Each Director, Officer, and Key Person of ACHIEVE has a duty of loyalty to ACHIEVE, which requires those individuals to prefer the interests of ACHIEVE over their own. ACHIEVE further wishes to clarify that where the terms “Director”, “Officer” and “Key Person” appear, all members of the ACHIEVE Executive Committee, as outlined in the Chapter’s By-laws, are considered part of this group and are subject to the requirements of this Policy.

The purpose of this policy (hereinafter the “Policy”) is to protect the interests of ACHIEVE when it is contemplating entering into a transaction or arrangement that might benefit the private interest, financial or otherwise, of a Director, Officer, or Key Person of ACHIEVE. ACHIEVE will not enter into any such transaction or arrangement unless it is determined by the Board in a manner described below to be fair, reasonable, and in the best interests of ACHIEVE at the time of such determination.

SCOPE

This policy and procedure are applicable and made available/accessible to all employees unless a specific exemption is noted within this policy.

REFERENCES

Conflict of Interest standards are governed by the Non-Profit Revitalization Act. Additionally, Chapters Conflict of Interest processes are governed by the Arc New York Chapter Manual, specifically, Section III-14.0: Ethics.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

DEFINITIONS

Affiliate. An affiliate of ACHIEVE is an entity that is directly or indirectly through one or more intermediaries, controlled by, and in control of, or under common control with ACHIEVE.

Audit & Compliance Committee. A committee of the ACHIEVE Chapter Board.

Board of Directors or Board. The body responsible for the management and governance of ACHIEVE.

Conflict of Interest. Any situation in which a Director, Officer, or Key Person of ACHIEVE has a competing professional or personal interest in a matter, which is the subject of a decision or duty by that person. Such competing interest may make it difficult for such person to fulfill their duties impartially and can create an appearance of impropriety even if no unethical or improper act results from the conflict. A Conflict of Interest can be actual or perceived. An actual Conflict of Interest exists when an individual has two conflicting duties in a given situation. A perceived Conflict of Interest exists where there may be no actual conflict, but someone could reasonably think there is, which may have its own ramifications. As many Chapter Board members serve on multiple boards, it is important to consider both actual and perceived conflicts and ensure that all are disclosed for maximum transparency. This definition of Conflict of Interest includes Related Party Transactions, defined below.

Director. Any voting or non-voting member of the governing board of ACHIEVE.

Financial Interest. A person has a Financial Interest if such person would receive an economic benefit, directly or indirectly, from any transaction, agreement, compensation agreement, including direct or indirect remuneration as well as gifts or favors that are not insubstantial or other arrangement involving ACHIEVE.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

Independent Director. A member of the Board of Directors who:

- Has not been an employee or an Affiliate of ACHIEVE within the last three years;
- Does not have a Relative who has been a Key Person of ACHIEVE or an Affiliate of ACHIEVE within the last three years;
- Has not received and does not have a Relative who has received more than \$10,000 in compensation directly from ACHIEVE or an Affiliate of the Chapter within the last three years; and
- Does not have a substantial Financial Interest in and has not been an employee of, and does not have a Relative who has a substantial Financial Interest in or was an Officer of any entity that has provided payments, property or services to or received payments, property services from NYSARC or an Affiliate of NYSARC in any of the last three fiscal years that exceeds of the lesser of (a) \$10,000 or (b) 2% of NYSARC or the Affiliate's consolidated gross revenue if revenue was less than \$500,000¹ (payment does not include charitable contributions or payments made by the corporation at fixed or non-negotiable rates as long as those services received by the corporation are also not otherwise available from another source).

Key Person. A Key Person is someone who is in a position to exercise substantial influence over the affairs of ACHIEVE. This includes, but is not limited to:

- Voting members of the Board;
- Presidents, chief executive officers, chief operating officers or employee of any other title with similar responsibilities;
- Treasurers and chief financial officers or employee of any other title with similar responsibilities; or

¹ If the entity's consolidated gross revenue was \$500,000 or more but less than \$10,000,000, the payments, property or services cannot exceed \$25,000; if the entity's consolidated gross revenue was more than \$10,000,000, the payments, property or services cannot exceed \$100,000.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category: Compliance Effective Date: 2005
Section: Element I Last Revision Date(s): 2008, 2014, 2017, 2023

- A “highly compensated” employee, within the meaning of section 4958 of the Internal Revenue Code and guidance issued by the Internal Revenue Service, who is in a position to exercise substantial influence over the affairs of ACHIEVE.

Officer. A person designated as such in the ACHIEVE Chapter By-laws.

Related Party. Persons who may be considered a Related Party of ACHIEVE under this Policy include:

- Directors, Officers, or Key Persons of ACHIEVE or an Affiliate of ACHIEVE;
- Relatives of Directors, Officers, or Key Persons of ACHIEVE or any Affiliate of ACHIEVE; and
- any entity in which a person 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 or indirect ownership interest in excess of 5%.

Related Party Transaction. Any transaction, agreement or any other arrangement with ACHIEVE or an Affiliate of ACHIEVE in which a Related Party has a Financial Interest, *except that a transaction is not a Related Party Transaction if: (i) the transaction or the related party’s financial interest in the transaction is de minimis, (ii) the transaction would not customarily be reviewed by the board or boards of similar organizations in the ordinary course of business and is available to others on the same or similar terms, or (iii) the transaction constitutes a benefit provided to a related party solely as a member of a class of the beneficiaries that the corporation intends to benefit as part of the accomplishment of its mission which benefit is available to all similarly situated members of the same class on the same terms.* Any Related Party Transaction will be considered a conflict of interest for purposes of this Policy.

Relative. A Relative is a spouse, ancestor, child (whether natural or adopted), grandchild, great grandchild, sibling (whether whole or half-blood), or spouse of a child (whether natural or adopted), grandchild, great grandchild or sibling (whether whole or half-blood).



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE's Audit & Compliance Committee.

PROCEDURES

Duty to Disclose

In connection with initial and annual disclosures under Article VII of this Policy, Directors, Officers, and Key Persons must disclose the existence of the financial or other interest and be given the opportunity to disclose in good faith all material facts to the Audit & Compliance Committee. In addition to initial and annual disclosures, Directors, Officers, and Key Persons are under a continuing obligation to similarly disclose the material facts surrounding actual or possible Conflicts of Interest as they arise, and may do so to the Board of Governors and/or Ethics Committee, as appropriate. Directors, Officers, and Key Persons are under an obligation to avoid even the appearance of impropriety and shall disclose material facts relating to any situation which could potentially be a Conflict of Interest for further consideration by the Board and/or Ethics Committee. Directors, Officers, and Key Persons shall disclose all business and volunteer relationships including Board Memberships without making their own independent determination as to whether a Conflict of Interest exists prior to disclosure. and/or Audit & Compliance Committee, as appropriate.

Determining Whether a Conflict of Interest Exists

After disclosure of the financial or other interest and all material facts, and after discussion with the individual raising the potential conflict, he/she shall leave the meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or Audit & Compliance Committee members shall decide if a conflict of interest exists.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

Procedures for Addressing the Conflict of Interest

The Director, Officer, or Key Person may make a presentation at the Board meeting, but after such presentation that individual shall leave the meeting during any discussion of, and/or vote on the transaction, arrangement or activity being addressed as the possible conflict of interest. Further, the individual with a conflict shall refrain from any attempts to improperly influence the deliberations and voting on the matter giving rise to the conflict.

After the exercise of due diligence, the Board shall determine whether it can obtain by reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

If a more advantageous transaction or arrangement is not reasonably possible under the circumstances that does not produce a conflict of interest, the Board shall determine by a majority vote of the disinterested Directors then present and voting whether the transaction or arrangement is in ACHIEVEs best interest, for its own benefit, and whether it is fair and reasonable.

Violations of the Policy

If the Board determines that a Director, Officer, or Key Person has failed to disclose an actual or possible conflict of interest, it shall inform such person of the basis for such belief and afford the person the opportunity to explain the alleged failure to disclose.

If after hearing the individual's response and after making further investigation as warranted by the circumstances, the Board determines the individual has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action, including but not limited to consideration of the act as conduct detrimental to ACHIEVE in violation of its by-laws.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

AUDIT & COMPLIANCE COMMITTEE REVIEW

The Board delegate to the Audit & Compliance Committee, which shall be composed solely of Independent Directors, the adoption, implementation of and compliance with this policy. The Board may delegate to the Audit & Compliance Committee review and approval of any Related Party Transaction involving a Related Party and ACHIEVE, as contained in this Policy; provided that if the Related Party Transaction is of a magnitude that would otherwise require full Board approval, the Audit & Compliance Committee shall submit the Related Party Transaction to the Board for consideration, providing its recommendation as to whether or not to approve it.

In the event the Board delegates the review and approval of Related Party Transactions to a committee, all references to the Board in this Policy shall be deemed to refer to such Committee and all references to a majority of the Board shall be deemed to refer to a majority of such Committee. Further, the Audit & Compliance Committee shall report material findings on all matters arising under this Policy to the ACHIEVE Executive Committee and/or Board of Directors.

RECORD OF PROCEEDINGS

The minutes of the Board and all Committee meetings at which a Related Party Transaction is considered shall contain:

- i) The name(s) of the persons who disclosed or otherwise were determined to have a potential or actual Financial Interest and/or conflict of interest, the nature of the potential or actual Financial Interest and/or conflict of interest, any action taken to determine whether a Financial Interest or conflict of interest exists (including the basis for the Board's approval and the Board's consideration of alternative transactions), and the Board's decision with respect to whether a Financial Interest and/or conflict of interest exists.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category:	Compliance	Effective Date:	2005
Section:	Element I	Last Revision Date(s):	2008, 2014, 2017, 2023

- ii) The names of the persons who were present for discussions and votes relating to any determinations under Article III above, including whether the Related Party (and any members not considered to be Independent Directors) left the room during any such discussions, the content of such discussions, including discussion of alternative transactions, and whether or not the transaction with the Related Party was approved by the Board.

The minutes shall be documented contemporaneously to the decision and discussion regarding the Financial Interest or Conflict of Interest.

INITIAL AND ANNUAL STATEMENTS/ DISCLOSURES

Prior to a member of the Board's initial election to the Board, and annually thereafter, such Directors shall sign and submit to the Secretary of ACHIEVE a written statement identifying, to the best of his or her knowledge:

- i) Any entity of which such member of the Board is an officer, director, trustee, member, owner, or employee and with which ACHIEVE has a relationship; and
- ii) Any transaction in which ACHIEVE is a participant and in which such member of the Board might have a conflicting interest.

A copy of each disclosure statement shall be provided by the Secretary of ACHIEVE to the Chairperson of the Audit & Compliance Committee and also kept in ACHIEVE's files and made available to any Director upon request.

Further, each Director, Officer, and Key Person shall annually sign a copy of this statement and submit it to the Secretary of ACHIEVE that affirms that such person:

- Has received a copy of this Policy; and
- Has read and understands this Policy; and



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

204: Conflict of Interest and Related Party Transactions

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- Has agreed to comply with this Policy.

A statement shall remain on file for no less than six years.

CONFLICT OF INTEREST ACKNOWLEDGEMENT

I, _____, by signing my name on the signature line below, hereby acknowledge that I have received and read a copy of this Policy in its entirety, understand the nature and contents of both documents and agree to comply with the requirements of both documents. I understand that my failure to sign this document shall be referred to the Audit & Compliance Committee for further action.

Please check all statements that pertain to your disclosure:

_____ I wish to report that to the best of my knowledge, information and belief, no situation in which I am involved personally or professionally could be construed as a violation of this Policy, or as placing me in a position of having a conflict of interest with ACHIEVE.

_____ I wish to disclose the following circumstances that may possibly be a conflict of interest or violate this Policy.

Please check all statements that pertain to your disclosure.

_____ Employment with current vendor or competitor. I have additional employment at:

_____ Family member and/or member of my household is employed with current vendor or competitor.

_____ I serve on the Board of Directors, am a Trustee or Officer, or Owner of a current vendor or competitor.

_____ I, or a family member, have % interest in a company/vendor that may be a competitor of ACHIEVE.

_____ I have a family member and/or member of my household and/or partner who works/volunteers at ACHIEVE. List names of family members and site/service area where family member works:

_____ Other possible conflicts including investments that might be within the category of financial interest as described above _____

_____ I am a parent, family member or blood relative of a person with a disability who receives services from ACHIEVE. Name of person with disability: _____

Signed: _____

Position: _____

Date: _____

(If a conflict of interest is disclosed, it does not mean that a person cannot continue to work/serve in the same capacity. When a conflict of interest is disclosed, it can be handled appropriately and it protects the Individuals identified. Interested Persons are not prohibited from entering into business transactions with the agency, provided such transactions are reviewed and approved by the Board of Directors and are on terms no less favorable than generally available.)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

205: Documentation of Services

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

ACHIEVE requires that all employees accurately and completely document the services that they provide to clients.

This policy applies to all employees of ACHIEVE, 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.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

205: Documentation of Services

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

All documentation prepared by ACHIEVE employees and independent contractors shall be accurate and complete. Employees should not falsify any document related to client services or referrals.

Documentation should be prepared contemporaneously with the provision of client services and should be consistent with the applicable third-party payors' requirements for documentation.

Employees who create documentation related to the provision of services to clients shall be adequately trained to do so and will have the necessary skills to perform their jobs.

The ACHIEVE shall periodically audit documentation practices to evaluate whether employees are accurately and completely documenting the services provided to clients.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

205: Documentation of Services

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

The results of an audit should be evaluated carefully, and corrective action implemented, as needed.

Inaccurate documentation may subject the ACHIEVE, involved employees and other representatives to civil or criminal penalties. Any employee or other individual who presents or otherwise is involved in the documentation of a false, fraudulent, or fictitious claim for payment may be subject to immediate termination.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

To help meet the goals of ACHIEVE and to provide the best services to its clients, ACHIEVE may from time to time enter into financial arrangements with physicians or other professionals/clinicians. If a physician or other is also a source of referrals of clients to ACHIEVE, certain laws may regulate the relationship (i.e. Stark Laws). ACHIEVE has established this Policy to ensure that any such contractual/financial arrangements are structured in light of relevant federal and state laws, fulfill the mission of ACHIEVE and are in the best interests of ACHIEVE and its consumers. This Policy addresses three categories of potential financial relationships with physicians who also act as referral sources: (i) employment agreements; (ii) personal services agreements; and (iii) equipment and space rental arrangements.

This Policy applies to all (i) employment agreements; (ii) personal services agreements; and (iii) equipment and space rental arrangements between ACHIEVE and a physician or physician group if the physician is a source of referrals. If ACHIEVE desires to enter into an arrangement with such a physician that is not specifically authorized by this Policy, prior written approval must be obtained from the Compliance Officer.

SCOPE

This policy applies to all (i) employment agreements; (ii) personal services agreements; and (iii) equipment and space rental arrangements between ACHIEVE and a physician or other group if the physician or other is a source of referrals. If ACHIEVE desires to enter into an arrangement with such a physician or other that is not specifically authorized by this Policy, prior written approval must be obtained from the Chief Executive Officer.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

PROCEDURE

A. General Principles

1. ACHIEVE shall inform and educate personnel with whom ACHIEVE has a financial arrangement through the Corporate Compliance Program mandatory training requirements.
2. If an arrangement is initiated by ACHIEVE, the Compliance Officer must review the arrangement (and any corresponding written or verbal offers or arrangements) before the arrangement is discussed with a physician or other professional/clinician. All physician or other initiated proposals for financial arrangements with ACHIEVE must be presented to and approved by the Compliance Officer before any binding commitments are made. In no event shall any amounts be paid to any physician or other or physician or other group except pursuant to a signed written agreement that has been reviewed and approved in accordance with this Policy.
3. All arrangements must be in writing and must be presented to the Compliance Officer for review prior to execution. The Compliance Officer, at his or her discretion, may submit any such agreement to internal or external legal counsel for review. Under no circumstances are ACHIEVE's funds or resources to be paid or provided to any physician or other who is a referral source pursuant to an oral agreement or a written agreement that has not been reviewed by the Compliance Officer.
4. All arrangements must be undertaken without regard to the value or volume of physician or other referrals and must not include any intention to induce referrals.

B. Employment Agreements



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

1. ACHIEVE may wish to employ physicians or others to furnish services to consumers. Prior to ACHIEVE employing any physician, compliance with this Policy is required.
2. All arrangements with physicians or others to serve as employees of ACHIEVE must be for bona fide employment, must be approved by the Compliance Officer pursuant to Section A of this Policy, and must:
 - a. Be in writing;
 - b. Provide for compensation consistent with fair market value determined by the analysis completed pursuant to Section B.3. of this Policy;
 - c. Not base compensation upon the value or volume of referrals or any referral relationship between the parties; and
 - d. Be commercially reasonable even if no referrals were made to ACHIEVE.
3. ACHIEVE's Chief Human Resource Officer shall be responsible for conducting a determination of whether the compensation included in an employment agreement is consistent with the fair market value for the services being provided under the agreement. A written assessment of the determination that the compensation is consistent with fair market value, and any supporting documentation, should be kept on file by the Compliance Officer. Amounts may vary depending upon the particularities of the physician or other's education, expertise, and geographic location.
4. After review by the Compliance Officer, the employment agreement may be approved and executed by the Chief Executive Officer.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

5. The Chief Human Resources Officer shall be responsible for maintaining the fully executed copies of the employment agreements. A copy shall also be sent to the Corporate Compliance Officer.

C. Personal Service Agreements

1. ACHIEVE may wish to enter into contractual arrangements with a physician or others. Such arrangements could include contracts for services as a medical director or consultant. Such arrangements are referred to as “personal services agreements” or “independent contractor agreements,” and they require compliance with this Policy.
2. All personal services agreements with physicians must be approved by the Compliance Officer pursuant to Section A of this Policy and must meet the following requirements:
 - a. The agreement must be in writing and signed by the parties;
 - b. The agreement must specify with particularity the services to be provided and cover all the services provided by the physician or other to ACHIEVE;
 - c. If the agreement provides for services on a periodic, sporadic or part-time basis, rather than on a full-time basis for the term of the agreement, the agreement must specify exactly the schedule of such intervals, their precise length, and the exact charge for such intervals. The only exception to this requirement is for agreements for Medical Director services providing for compensation on an hourly basis; for these Medical Director agreements, time records must be kept, and the physician must submit invoices in order to receive payment for services



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

rendered;

- d. The agreement must have a term of at least one year, subject to Section C.5., below;
 - e. The agreement must provide for the aggregate compensation paid to the physician or other over the term of the agreement, except in the case of per-hour compensation arrangements for Medical Director services described in Section C.2.c., above. Compensation must be set in advance and be consistent with fair market value in an arms-length transaction as determined by the analysis completed pursuant to Section A of this Policy;
 - f. Compensation must not be determined or modified in a manner that takes into account the volume or value of any referrals or other business generated between ACHIEVE and the physician or other;
 - g. The services performed under the agreement must not involve the counseling or promotion of a business arrangement or other activity that violates any state or federal law; and
 - h. The aggregate services contracted for must not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the services.
3. Chief Human Resources Officer (CHRO) shall be responsible for conducting a determination of whether the compensation included in a personal services agreement is consistent with the fair market value for the services being provided under the agreement. Amounts may vary depending upon the particularities of the physician's education, expertise, experience and geographic location. A written assessment of the determination that the compensation is consistent with fair market value, and any relevant



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

supporting documentation, should be kept on file by the Compliance Officer. Fair market value shall be supported by an independent determination of fair market value or by reference to an industry-recognized benchmark.

4. After review by the Corporate Compliance Committee, the personal services agreement may be approved and executed by the Chief Executive Officer.
5. If the term of the agreement is for less than one year or if the agreement is terminated with or without cause prior to the end of the first year of the agreement, then the parties may not enter into a similar agreement until the one-year term has passed.
6. The Chief Human Resources Officer shall be responsible for maintaining the fully executed copies of the personal services agreements. A copy shall also be sent to the Corporate Compliance Officer.

D. Equipment and Space Rental Arrangements.

1. Should ACHIEVE determine that it may wish to enter into lease agreements with certain physician or others whereby these physician or others lease either office space or equipment from ACHIEVE. Such arrangements are referred to as “lease agreements” or “rental agreements,” and they require compliance with this Policy.
2. All lease agreements with referring physician or others must be approved by the Compliance Officer pursuant to Section A of this Policy and must meet the following requirements:
 - a. The agreement must be in writing and signed by the parties;
 - b. The agreement must specify with particularity the equipment/space



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

covered; if the lease is intended to provide the lessee with access to the equipment/space for periodic intervals of time, rather than on a full-time basis for the term of the lease, the lease must specify exactly the schedule of such intervals, their precise length, and the exact rent for such intervals;

- c. The agreement must have a term of at least one year, subject to Section D.5., below;
- d. The equipment/space must be used exclusively by the physician or other and, while in use by the physician, cannot be shared or used by ACHIEVE or any person or entity related to ACHIEVE.
- e. The agreement must provide for aggregate compensation paid over the term of the agreement, set in advance, and consistent with fair market value in an arms-length transaction as determined by the analysis completed pursuant to Section D.3. of this Policy;
- f. Compensation must not be determined or modified in a manner that takes into account the volume or value of any referrals or other business generated between ACHIEVE and the physician or others;
- g. The lease must be commercially reasonable even if no referrals were made between ACHIEVE and the physician or others;
- h. The lease may not provide for services to be performed under the agreement that involve the counseling or promotion of a business arrangement or the activity that violates any state or federal law; and
- i. The aggregate equipment/space leased may not exceed that which is reasonable and necessary for the legitimate business purposes of the



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

206: Contractual Arrangements

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

lease and the lease must set out all of the equipment/space leased between the physician and ACHIEVE.

3. Chief Financial Officer (CFO) shall determine whether the payments made under the lease agreement are consistent with the fair market value for the office space or equipment being provided under the agreement. For purposes of determining the fair market value of space rentals, fair market value means the value of rental property for general commercial purposes but shall not be adjusted to reflect the additional value that one party (ACHIEVE or the physician) would attribute to the property as a result of its proximity or convenience to sources of referrals. For purposes of determining the fair market value of equipment, fair market value means the value of the equipment when obtained from a manufacturer or professional distributor but shall not be adjusted to reflect the additional value one party (ACHIEVE or the physician/others) would attribute to the equipment as of result of its proximity or convenience to sources of referrals. A written assessment of the determination that the compensation is consistent with fair market value should be kept on file by the Corporate Compliance Office.
4. After review by the Compliance Officer, the lease agreements may be approved and executed by Chief Executive Officer.
5. If the term is for less than one year or if the agreement is terminated with or without cause prior to the end of the first year of the agreement, then the parties may not enter into a similar agreement until the one-year term has passed.
6. Chief Financial Officer shall be responsible for maintaining the fully executed copies of the lease agreements. A copy shall also be sent to the Compliance Officer.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

207: Billing Third Party Payers

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

POLICY

ACHIEVE will bill third party payors accurately for all services appropriately provided to clients.

This policy applies to all employees of ACHIEVE, 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.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 & 2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

207: Billing Third Party Payers

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequently than annually.

PROCEDURE

ACHIEVE employees and independent contractors shall provide only those services that are necessary and shall submit only true and accurate bills to third party payors that reflect accurately the services provided and that are not fraudulent. No employee or independent contractor may knowingly present or cause to be presented a claim for payment that is false, misleading, or fraudulent.

Examples of fraudulent billing practices that the New York Medicaid program has identified include:

- Billing for services that were not provided (e.g., a speech therapy session was not held);
- Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient;
- Requiring the recipient to return to the ACHIEVE facility for office for more visits when another appointment is not necessary;
- Providing unnecessary services and billing a third-party payor for the unnecessary service;



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

207: Billing Third Party Payers

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- Upcoding (e.g., providing a follow-up home health visit and billing for a comprehensive visit).
- Having an unlicensed person perform services that only a licensed professional should render, and bill as if the professional provided the service;
- Billing for more time than actually provided (e.g., a longer counseling session); and
- Billing for a home health visit when there was none.

Claim submissions shall be conducted in accordance with the requirements of the applicable payor (e.g., Medicaid, OPWDD, State Education Department), including but not limited to those related to coding, bad debt reporting, medical necessity, credit balances and duplicate billing.

Employees who create and submit bills to third party payors will be adequately trained to do so and will have the necessary skills to perform his or her job.

ACHIEVE shall periodically audit billing practices to evaluate whether bills are being submitted to third party payors that are accurate and reflect appropriate services. The results of an audit should be evaluated carefully, and corrective action implemented, as needed.

Inaccurate claims submission may subject the ACHIEVE, involved employees and other representatives to civil or criminal penalties. Any employee or other individual who presents or otherwise is involved in the submission of a false, fraudulent, or fictitious claim for payment may be subject to immediate termination.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

208: Inducements, Waivers of Payments

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

ACHIEVE and its employees shall not offer or transfer remuneration to any individual eligible for benefits under federal or state health care programs (including Medicare or Medicaid) that ACHIEVE and its employees know or should know is likely to influence the individual to order or receive from a particular provider, practitioner, or supplier any item or service for which payment may be made, in whole or in part, by a federal or state health care program. ACHIEVE and its employees shall bill for all applicable out-of-pocket amounts. Financial waivers or reductions of cost-sharing amounts are not routinely offered by ACHIEVE.

SCOPE

This Policy and Procedure applies to all employees and representatives of ACHIEVE.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

208: Inducements, Waivers of Payments

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

ACHIEVE and its employees shall not offer or provide any gift, hospitality or entertainment of more than nominal value to any Medicaid beneficiary. Examples of permissible items include pens, T-shirts, water bottles, etc., valued at less than Twenty-Five Dollars as long as such items are not offered or provided to influence health care decisions by a client, family member, or responsible party.

ACHIEVE and its employees shall not offer waivers of coinsurance or deductible amounts as part of any advertisement or solicitation.

ACHIEVE and its employees shall not routinely waive coinsurance or deductible amounts and shall waive such amounts only after determining in good faith and documenting that the beneficiary is in financial need, or after making reasonable efforts to collect the cost-sharing amounts from the beneficiary.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

209: Gifts and Entertainment

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

It is the policy of ACHIEVE that gifts, entertainment and other benefits will not be provided to Potential Referral Sources (as defined below) and/or to his or her Immediate Family Member (as defined below), except as permitted by this policy. When gifts or entertainment are provided to a Potential Referral Source and/or to his or her Immediate Family Member in accordance with this policy, it is critical that the value of all such gifts and entertainment be carefully tracked as required by this policy.

SCOPE

This Policy and Procedure applies to all employees and representatives of ACHIEVE.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

209: Gifts and Entertainment

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

- I. Definitions.
 1. Gifts and Entertainment. Gifts and Entertainment include items of value given to another free of cost, as well as social events sponsored or hosted by ACHIEVE such as meals, sporting events, theatrical events and receptions. Further examples of Gifts and Entertainment subject to this Policy are set forth below.
 2. Immediate Family Member. An Immediate Family Member of a person includes: (1) the person's spouse; (2) natural or adoptive parent; (3) child or sibling; (4) stepparent, stepchild, stepbrother or stepsister; (5) father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; (6) grandparent or grandchild; and (7) spouse of a grandparent or grandchild.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

209: Gifts and Entertainment

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

3. Potential Referral Source. A Potential Referral Source includes a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry or a chiropractor that could reasonably be a source of Individual referrals for services or treatment to an ACHIEVE facility.
- II. Gifts and Entertainment to Potential Referral Sources.
1. ACHIEVE employees and representatives may not offer a Potential Referral Source and his/her Immediate Family Members Gifts or Entertainment unless the following criteria are met:
 - a. The Gift or Entertainment is not determined in a manner that, directly or indirectly, takes into account the volume or value of referrals or other business generated by the Potential Referral Source;
 - b. The Gift or Entertainment does not consist of cash or cash equivalents, such as gift certificates, checks or stock instruments;
 - c. The Gift or Entertainment is not solicited by the Potential Referral Source or the Potential Referral Source's practice, including the Potential Referral Source's employees and/or staff members;
 - d. The Gift or Entertainment must not exceed current acceptable standards in value or cause the total value of Gifts and Entertainment extended to the same Potential Referral Source and that Potential Referral Source's Immediate Family Members to exceed \$322 for the calendar year;



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

209: Gifts and Entertainment

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

- e. The Gift or Entertainment does not violate the federal Anti-Kickback statute or any state or federal law governing billing or claims submission; and
 - f. Gifts to physician groups are not authorized.
2. All employees and representatives of ACHIEVE must obtain prior approval from the Compliance Officer before extending Gifts or Entertainment to Potential Referral Sources and/or his or her Immediate Family Members.
 3. Gifts and Entertainment must be tracked during the course of the calendar year through the Compliance Officer's use of the "Gifts and Entertainment Log" in the form attached as Appendix A to this Policy to ensure that the annual aggregate value of such Gifts and Entertainment does not exceed current acceptable standards for the calendar year.
 4. Examples of Gifts and Entertainment that must be tracked on the Gifts and Entertainment Log include:
 1. Dinner with a Potential Referral Source and/or his/her Immediate Family Member;
 2. Gifts or flowers to a Potential Referral Source or his/her Immediate Family Member;
 3. Tickets for sporting or cultural events to a Potential Referral Source and/or his or her Immediate Family Member; and
 4. Paying for a Potential Referral Source's Continuing Medical Education costs.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

209: Gifts and Entertainment

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

5. Benefits such as meals or reimbursement for travel incident to a physician employment agreement or personal services agreement that meets the requirements established in ACHIEVE's policy on contractual/financial arrangements with physicians are not considered Gifts and Entertainment and need not be counted toward the current acceptable standards Gifts and Entertainment limit.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

210: Political Contributions/Lobbying

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

Because ACHIEVE is a nonprofit organization operated exclusively for charitable purposes and is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code, ACHIEVE may not engage in any political campaign activities and may not engage in a substantial amount of lobbying. Moreover, ACHIEVE is subject to state laws regarding lobbying and procurement of government contracts. This Policy sets forth procedures to ensure that ACHIEVE retains its tax-exempt status and complies with applicable federal and state laws.

SCOPE

This Policy and Procedure applies to all employees, members of the Board of Directors and other representatives of ACHIEVE.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

210: Political Contributions/Lobbying

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing, and revising as necessary; but no less frequent than annually.

A. PROCEDURE

A. Political Campaign Activities.

a. **Prohibition Against ACHIEVE's Support of or Opposition to Candidates for Public Office.**

Under no circumstances will ACHIEVE directly or indirectly participate in, or intervene in, any political campaign on behalf of or in opposition to any candidate for elective public office. Further, ACHIEVE will not make contributions to political campaign funds or make public statements of position in favor of or in opposition to any candidate for public office.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

210: Political Contributions/Lobbying

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

b. Personal Involvement in Political Campaign Activities.

- i. The organizational prohibition on political campaign activity is not intended to restrict free expression on political matters by employees, members of the Board of Directors or other representatives of ACHIEVE speaking for themselves, as individuals. To avoid potential attribution of individual comments to ACHIEVE, ACHIEVE employees, members of the Board of Directors and other representatives who speak or write on behalf of any candidate for elective office in their individual capacity are required to clearly indicate that their comments are personal and are not intended to represent the views of ACHIEVE. ACHIEVE employees, members of the Board of Directors and other representatives may make personal contributions to candidates for public office. The decision as to whether or not to contribute is at the sole discretion of the individual and any decision not to participate shall have no impact on any personnel actions regarding such individual. Under no circumstances will personal campaign contributions be reimbursed by ACHIEVE or otherwise identified as a business expense by the individual making the contribution.
- ii. Publications identifying ACHIEVE employees, members of the Board of Directors or other individuals associated with ACHIEVE as individuals supporting or opposing any candidate for elective office may indicate the individual's title and affiliation with ACHIEVE, so long as any such publication includes an appropriate disclaimer indicating that the individual's affiliation is provided for identification purposes only and the individual's endorsement, participation or other involvement reflects the individual's views only and not the views of ACHIEVE.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

210: Political Contributions/Lobbying

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

B. Activities Attempting to Influence Legislation.

- a. **Prohibition Against Engaging in a “Substantial” Amount of Lobbying.** Lobbying is attempting to influence legislation. To retain its tax- exempt status ACHIEVE may not engage in a “substantial” amount of lobbying, but still may engage in some lobbying to advocate its position on public issues.

To ensure that ACHIEVE does not risk its tax-exempt status and is in compliance with all laws regulating lobbying activity, all ACHIEVE employees and representatives who participate in lobbying activities on ACHIEVE’s behalf must consult with the Corporate Compliance Officer/Corporate Compliance Committee before any lobbying activities are performed. Moreover, any employee or representative of ACHIEVE participating in lobbying activities on ACHIEVE’s behalf must report all time and expenditures devoted by ACHIEVE to lobbying activities to the Corporate Compliance Officer for tracking purposes.

The Corporate Compliance Officer shall track all time and expenditures devoted by ACHIEVE to lobbying activities to ensure that ACHIEVE does not engage in “substantial” amount of lobbying and for reporting purposes. The Corporate Compliance Officer shall consult with legal counsel as necessary to assess ACHIEVE’s lobbying activities and to determine whether lobbying activities may jeopardize ACHIEVE’s tax exempt status.

- b. **Registration/Reporting.** The Corporate Compliance Officer shall be responsible for maintaining ACHIEVE’s lobbying registration with appropriate state and federal agencies, as required. Moreover, the Compliance Officer shall be responsible for providing any periodic reports required by such agencies.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

210: Political Contributions/Lobbying

Category: Compliance
Section: Element I

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

C. New York Procurement Law.

- a. New York law restricts communications between ACHIEVE or a person acting on behalf of ACHIEVE, including a lobbyist, with the officers and employees of certain State of New York governmental agencies when seeking certain procurement contracts.
- b. Any employee or representative of ACHIEVE involved in the procurement of governmental contracts with the State of New York will adhere to all requirements of New York procurement law, as applicable. Any questions regarding compliance with these requirements should be directed to the Corporate Compliance Officer.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

300: Compliance Program Structure & Oversight

Category:	Compliance	Effective Date:	2005
Section:	Element II	Last Revision Date(s):	2008, 2014, 2017, 2023

Element II: Compliance Program Structure and Oversight Responsibilities

ACHIEVE is committed to the operation of an effective compliance program and has assigned compliance oversight responsibilities to the Executive Management Team. Individuals with day-to-day compliance oversight authority include the General Management Team of ACHIEVE. They are empowered to implement the Corporate Compliance Plan, investigate compliance concerns, report compliance concerns directly to those in higher positions of authority, up to and including, the Chief Executive Officer of ACHIEVE and the Board of Directors.

ACHIEVE has established a Corporate Compliance Committee comprised of key management and operations staff (Executive Management Team) with responsibility to meet regularly to advise the Corporate Compliance Officer, to identify and resolve compliance concerns and to continue to improve and refine ACHIEVE's overall compliance activities. ACHIEVE's Board of Directors is an integral part of the Corporate Compliance Plan and will be knowledgeable about the content and operation of ACHIEVE's Corporate Compliance Plan. The Board will exercise oversight with respect to the implementation and effectiveness of the Corporate Compliance Plan.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

300: Compliance Program Structure & Oversight

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance

Effective Date: 2005

Section: Element II

Last Revision Date(s): 2008, 2014, 2017,
2023

PURPOSE

The purpose of this policy and procedure is to detail the structural components of the ACHIEVE Compliance Program, specifically pertaining to the Compliance Officer (CO) and Compliance Committee (CC).

POLICY

ACHIEVE is committed to conducting business in an ethical and legal manner. The ACHIEVE supports a Compliance Program that will serve as the basis on which a strong corporate culture of compliance to laws and regulations can rest. The ACHIEVE delegates responsibility and authority to the CO and the CC for the oversight of the implementation and operation of the Compliance Program.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance

Effective Date: 2005

Section: Element II

Last Revision Date(s): 2008, 2014, 2017,
2023

Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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)

Compliance Officer: the designated individual serving as the focal point for the required provider's compliance program and is responsible for the day-to-day operation of the compliance program. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4)

Compliance Committee: The designated committee shall be responsible for coordinating with the compliance officer to ensure that the required provider conducts its business ethically and responsibly, consistent with its compliance program. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing, and revising as necessary, but no less frequent than annually.

PROCEDURES



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

The Compliance Officer (CO)

- **Duties of the Compliance Officer**

To aid the CO with their duties, it is the policy of ACHIEVE that the CO has access to all records, documents, information, facilities and affected individuals relevant to carrying out their compliance program activities.

The ACHIEVE maintains a separate Job Description for the CO. In addition to the duties described in the job description, the duties of CO include, but not be limited to, the following:

Oversight and Monitoring the Adoption, Implementation and Maintenance of the Compliance Program

Drafting, Implementing and Updating a Compliance Work Plan:
The CO ensures that the ACHIEVE maintains a Compliance Work Plan that outlines the Chapter's proposed strategy for meeting the requirements of Federal and State statutes, rules, regulations, policies, and standards pertaining to the operation of an effective compliance program and compliance with governing statutes, rules, regulations and standards of the Medical Assistance Program and governing state agencies. (e.g., The Office for People with Developmental Disabilities (OPWDD) and The New York State Department of Health (DOH))



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

The CO updates the Compliance Work Plan at minimum annually or as necessary.

Awareness of Referrals to and From External Agencies: The CO is made aware by the Chapter of any referrals to and from external agencies that pertain to audits, reviews, or disclosures of any nature.

Maintenance of the Written Compliance Program Standards of Conduct, and Policies and Procedures: The CO oversees and monitors the implementation of the written Standards of Conduct and related Compliance Program policies and procedures. The CO revises these documents as changes occur with Federal and State statutes, rules, regulations, and standards. The ACHIEVE Policy on Policy Development provides the procedural basis for new policies to be developed.

Liaison to the Board of Directors, the Compliance Committee (CC) and Chief Executive Officer (CEO): The CO reports on the progress of the ACHIEVE Compliance Program directly to the Board of Directors, CC, and the CEO. At a minimum, this reporting is completed quarterly; but may occur more frequently.

The CO prepares and submits to the Board of Directors a written report on the operation of the Compliance Program during the preceding quarter. The report to the Board of Directors addresses the status of the Compliance Program such as:



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

- A summary of allegations of possible non-compliance submitted to the CO, including a report that details the following: nature of complaint, assessment of risk, status of the report, whether an existing procedural system or operational policy is involved, and whether the complaint was referred to outside counsel.
- A summary of every instance in which discipline was imposed for a violation of the Compliance Program.
- An evaluation of how effectively the disciplinary processes functioned in supporting and strengthening the Compliance Program.
- The results of internal audits and benchmarking surveys conducted during the period with a discussion of the progress, or lack of progress, such results indicate.
- All training sessions performed and a discussion of the effectiveness of the training programs as indicated by comprehension quiz results.
- Recommendations for improvements to be made to the Compliance Program.

The CO presents to the Board of Directors at least annually and more frequently as needed.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance

Effective Date: 2005

Section: Element II

Last Revision Date(s): 2008, 2014, 2017,
2023

All material compliance risks are also reported in a timely manner to the CEO and members of senior leadership as dictated by the Chapter. As determined to be necessary by the CO, the Board of Directors will be notified of emergent compliance issues.

Supporting Risk Assessment: The CO assists the ACHIEVE in routine risk assessment including identifying methods to improve:

- Efficiency in business practices relating to compliance with the Medical Assistance Program
- Quality of services
- Systems to reduce ACHIEVE's vulnerability to fraud, waste, and abuse

Supporting Compliance Program Investigations: The CO designs and coordinates internal investigations pertaining to alleged violations of the Compliance Program. This includes oversight of the documenting and reporting of these investigations. The CO pursues and promptly investigates any employee concerns or complaints received via the Compliance Hotline or other methods of reporting. The CO shall document all compliance complaints or reports brought by affected individuals. The CO reviews recommended corrective actions and works with involved departments and contractors to ensure that the corrective actions are implemented and effective.

Liaison to The Arc New York: The CO may act as a liaison to The Arc New York at the direction of the Chapter. This may include completing attestations required by The Arc New York Chapter



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance

Effective Date: 2005

Section: Element II

Last Revision Date(s): 2008, 2014, 2017,
2023

Manual. The CO is responsible to complete the following attestations with The Arc New York:

- Annual attestation of compliance with the management of client funds consistent with The Arc New York Internal Control Over Cash policy. (Chapter Manual, Section III-4.1.1)
- (LIST OTHER The Arc New York ATTESTATION DUTIES BEGINNING HERE)

Should the Chapter engage in a Compliance Program Effectiveness Review (CPEER) conducted by The Arc New York, the designated CO or their designee participates consistently with The Arc New York Chapter Manual Corporate Compliance Policy. (Section III-15.0, Corporate Compliance)

The ACHIEVE CO notifies The Arc New York State Office compliance staff of any suspected fraud, breach of fiduciary duty, or violation of any statute, rule, regulation, or common law by any employee, contracted agent, or volunteer in accordance with The Arc New York Chapter Manual Corporate Compliance Policy. (Section III-15.0, Corporate Compliance).

Background/Exclusion Checks: The CO will work with the Human Resources Department to ensure that the ACHIEVEACHIEVE does not hire or contract with an individual or entity who has been excluded or debarred from participation in federal and state health programs, including Medicaid, in accordance with the background/exclusion check policies and procedures established by the Chapter.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Audit Responsibilities: The CO shall be responsible for overseeing compliance audits conducted by both internal staff and outside consultants. As directed by the CO or as detailed in policy, ACHIEVE managers and employees will assist with the audits.

Discipline/Enforcement of the Compliance Program: The CO is responsible to ensure that the ACHIEVEACHIEVE imposes appropriate sanctions against an affected individual for violation of the ACHIEVE Compliance Program, the Standards of Conduct and/or statutes, rules, and regulations applicable to the ACHIEVE. The CO also evaluates whether violation is based on a lack of awareness or understanding of a regulatory obligation, policy or procedure and supports a program of education and training of affected individuals.

Disclosure and Internal/External Corrective Action: The CO coordinates and oversee the detecting, correcting, and preventing of non-compliance behaviors. When an internal investigation or report results in the identification of a violation of law, regulations or a ACHIEVE policy or procedure, the CO is responsible to work, as necessary, with the Board of Directors, the CEO, the CC and the management team to ensure that the ACHIEVE conducts the appropriate corrective action, such as making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency and instituting whatever disciplinary action is necessary. In addition, the CO ensures that the ACHIEVEACHIEVE identifies and implements systemic changes



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance

Effective Date: 2005

Section: Element II

Last Revision Date(s): 2008, 2014, 2017,
2023

to prevent a similar violation from recurring in the future when indicated.

Annual Compliance Work Plan: The CO is responsible to prepare an annual Compliance Work Plan for the ACHIEVE to follow to address key areas of risk. The CO updates the workplan as necessary but not less than annually, and reports on its progress no less than quarterly to the CC. The CC approves and assists the CO to achieve the goals of the work plan.

The Compliance Committee

- **Composition and Governance**

Membership: Membership to the CC is approved by the Chair of the Committee with consent of the Board President as described in the Arc NYSARC, Inc. Model Chapter By-Laws. (Chapter Manual, Section II-5.1, Article XI, Section I) The CC will be comprised of no less than [identify number] individuals representing, at a minimum, senior managers from operations, finance, compliance, and human resources. The CC designates a chairperson who serves in such a capacity for no less than one year.

Meetings: The Chair of the CC will set meeting dates, times, and locations; however, the Committee will meet no less than once per quarter of the calendar year and may meet more often as deemed necessary by the Chair or by a majority of the Committee. CC may invite non-members to meet with the Committee. The Chairperson of the CC communicates with the



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

members of the Committee between meetings to inform the members of significant developments or to solicit input.

Agenda: The agenda for regular meetings will be set by the Chair and all members are entitled to add items to the agenda of regular and called meetings as they deem appropriate. Agenda items should include the following: [status of implementation of Compliance Work Plan; potential compliance violations that have been detected; investigations and responses to reported offenses; identification of risk areas and plans for risk reduction; internal, prospective audit reports; evaluation of Compliance Program; Compliance Policy and Procedures review].

Action: Actions of the CC will require approval by a majority of the members, either by verbal or written consent. Members are not required to be physically present in the same location for the CC to act and actions may be taken by telephone conferences, by written communications or by other means of communication.

Minutes: The CC maintains written minutes of meetings and actions. The minutes will be made available to members of the Board of Directors upon request. The CC may appoint a non-member to act as secretary and to prepare minutes of the meetings. Minutes will be archived and retained for seven years from the date of creation.

Confidentiality: The CC will have access to sensitive information regarding the operations of the ACHIEVEACHIEVE. Each member takes appropriate steps to safeguard this information from



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance

Effective Date: 2005

Section: Element II

Last Revision Date(s): 2008, 2014, 2017,
2023

accidental or intentional disclosure and may be required to return or destroy documents related to matters discussed by the CC.

- **Duties of the Compliance Committee**

All activities of the CC are coordinated with the CO.

Maintenance and Improvement of the Written Standards and Policies: The CC reviews Compliance Program policies and procedures on an annual basis and offers recommendations for improving and strengthening the policies, procedures, and commitment to compliance. The CC oversees and approves the continuing development and implementation of policies, procedures, directions, guidelines, and communications that establish compliance standards and further the objectives of the Compliance Program. Members of the CC analyze the regulatory environment and legal requirements with which the Chapter must comply, and specific risk areas for the Chapter. The CC utilizes The Arc New York's Quality and Compliance Department when appropriate in support of the development of standards and policies.

Compliance Training and Education Program: The CC coordinates with the CO to ensure that appropriate and relevant compliance training and education program content is delivered to affected individuals both through initial orientation and annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Liaison to the Board of Directors and ACHIEVE Management: CC regularly communicates with the Board of Directors. The CC is responsible to receive reports from the CO concerning or related to the operation of the Compliance Program such as issues related to training and education, hotline reports/disclosures of wrongdoing, potential or existing government investigations or litigation, internal and external audits, compliance risk assessment and the results of the annual review of the compliance program. The CC will provide support and feedback to the CO and others and will provide strategic direction for the Compliance Program.

The CC issues reports to the CEO and Board of Directors as needed.

Auditing: The CC recommends and monitors in conjunction with the relevant departments, the development of internal systems and controls to carry out the Chapter's standards, policies, and procedures as part of daily operations. The CC evaluates internal and external audits and investigations to identify troublesome issues and deficient areas and implement corrective and preventive action.

Investigations and Receipt of Complaints and Concerns: The CC ensures that the CO has appropriate independence and support for the Compliance Program for investigations and matters related to compliance issues. The CC receives reports related to investigations and complaints under the Compliance Program.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

301-303: Compliance Program Structure

Category: Compliance

Effective Date: 2005

Section: Element II

Last Revision Date(s): 2008, 2014, 2017,
2023

Discipline/Enforcement of the Compliance Program: The CC supports the CO and other management to impose appropriate sanctions for violations of law, regulations and ACHIEVEACHIEVE policies and procedures, including the Compliance Program. The CC advises on whether additional training and education may be needed based on areas of risk that arise.

Disclosure and Internal/External Corrective Action: The CC provides input into any corrective action plan developed by the ACHIEVEACHIEVE, including self-disclosure to a governmental agency. The CC also assists the CO to identify and implement changes to day-to-day policies and procedures to prevent future violations of similar laws, regulations, and policies.

- **Oversight Authorization of the Compliance Committee**

The CC is empowered to advocate for appropriate allocation of funding, resources, and staff for support of and effective implementation of the Compliance Program is made available by the ACHIEVEACHIEVE, including but not limited to funding for internal auditing and monitoring of the effectiveness of the Program. The CC is empowered to advocate for adoption and implementation of required modifications to the Compliance Program.

Fostering a Culture of Compliance: The CO, the CC and the Board of Directors are responsible to foster a culture of compliance supported by the effective implementation of the Compliance Program.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

304: Access to the Compliance Officer

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

ACCESS TO THE COMPLIANCE OFFICER

1. Is confidential
2. Any employee or others who have questions or wish to report non-compliance with the Corporate Compliance Policies must know who and how to access communication with the Corporate Compliance Officer.
3. All staff will be advised of the confidential channel of communication to the Corporate Compliance Officer
 - a. The Corporate Compliance Confidential Hotline: 607-723-8361, Option #8
 - b. Contact via agency website: www.achieveny.org
 - c. Email via agency intranet our Outlook
 - d. Visit the office at 125 Cutler Pond Road Binghamton, NY 13905

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

304: Access to the Compliance Officer

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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)

Compliance Officer: the designated individual serving as the focal point for the required provider's compliance program and is responsible for the day-to-day operation of the compliance program. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4)

Compliance Committee: The designated committee shall be responsible for coordinating with the compliance officer to ensure that the required provider conducts its business ethically and responsibly, consistent with its compliance program. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing, and revising as necessary, but no less frequent than annually.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

POLICY

Documentation of actions taken under the ACHIEVE Corporate Compliance Plan is a key factor in the effectiveness of the Plan. ACHIEVE must be able to demonstrate that actions that are taken throughout the development and implementation of the Corporate Compliance Plan are reasonable in the event that ACHIEVE is investigated by outside regulatory bodies, such as the State of New York Medicaid Program, the Office of People with Developmental Disabilities (OPWDD), the Attorney General's Office, the Federal Centers for Medicare and Medicaid Services (CMS) or the Office of the Medicaid Inspector General (OMIG).

SCOPE

This policy shall apply to all documentation referenced under each policy and procedure of the Corporate Compliance Plan and all other ACHIEVE policies.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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)

PROCEDURE

1. Maintenance and Handling Procedures for Documents
 - a. The Corporate Compliance Officer will create and maintain or oversee the maintenance of all documentation of the Corporate Compliance Plan, including the Corporate Compliance Plan Policies & Procedures, the date on which these policies were adopted and updated, if applicable. The Corporate Compliance Officer will follow the Corporate Compliance Policy on Policy Development in developing, maintaining and disseminating policies and procedures.
 - b. The Corporate Compliance Officer will maintain a log of all compliance related complaints of which he/she is aware. Each version of the Compliance Log should be dated and will be updated as the complaint resolution process progresses. The information reflected on the Compliance Log will be shared with the Corporate Compliance Committee of the ACHIEVE Board of Directors at Committee meetings. Access to information contained in the Compliance Log must be approved by the Chief Executive Officer, any member of the Board of



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

Directors, or any member of the Board Corporate Compliance Committee. (See Appendix for sample Corporate Compliance Officer Log).

- c. Activities related to the Corporate Compliance Plan may result in the creation of receipts of documents that are of a confidential nature. These may include business documents, investigation materials, or records of individuals served that must be protected from general disclosure or distribution. The Corporate Compliance Officer, in consultation with Inside Counsel or Outside Counsel, where necessary, will determine which documents should be designated and maintained as confidential documents. Each page of these documents will be labeled CONFIDENTIAL/DO NOT DUPLICATE.
 - d. Many of the records that will be generated by the Corporate Compliance Officer or obtained in the course of ACHIEVE business will be of a confidential nature as the result of a communication with legal counsel. Those documents will be marked on each page:
“CONFIDENTIAL ATTORNEY-CLIENT PRIVILEGED COMMUNICATION - NOT FOR REDISCLOSURE”
 - e. All efforts will be made to refrain from duplicating documents that are Confidential and/or Attorney-Client Privileged.
 - f. All documents that are Confidential and/or Attorney-Client Privileged will be maintained separately in secured file cabinets in the Corporate Compliance Office. The Board Corporate Compliance Committee will determine which Chapter employees may have access the Confidential and Attorney-Client Privileged documents.
2. Documents to be Maintained/Indexed



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

The Corporate Compliance Officer and other ACHIEVE staff with compliance-related responsibilities will maintain the following types of compliance documents. The following list of compliance documents is illustrative only and is not an exhaustive list:

1. Compliance Program Development
 - a) Board Resolutions(s) and/or minutes establishing the Corporate Compliance Plan, the selection of the Corporate Compliance Officer and the Corporate Compliance Committee, and the ongoing operation of the Corporate Compliance Plan.
 - b) Corporate Compliance Plan implementation schedules/work plans.
2. Results of compliance risk assessment, if any.
3. Written Policies and Procedures/Standards of Conduct.
 - a) Past and current version, including dates reviewed, revision dates and responsible parties of all Corporate Compliance Plan Policies and Procedures.
 - b) ACHIEVE's Code of Ethics (Corporate Compliance File).
4. Corporate Compliance Officer and Corporate Compliance Committee
 - a) Names, titles, and backgrounds for all members of the Board Corporate Compliance Committee is maintained in the agency administrative offices. Corporate Compliance Officer information is contained within the Human Resources Department.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

- b) Job descriptions for the Corporate Compliance Officer, Clinical/Billing Specialist and any other compliance staff.
- c) Agendas and records/minutes of Corporate Compliance Committee meetings.
- d) Copies of reports made to the Board and/or Chief Executive Officer by the Corporate Compliance Officer and the Corporate Compliance Committee.

5. Human Resources

- a) Human Resources and Corporate Compliance Policies and Procedures regarding the hiring of new personnel.
- b) Documentation evidencing each individual's background check, exclusion checks including documentation reflecting individuals refused employment based upon background check findings.
- c) The signed acknowledgement forms of the Code of Ethics for each employee and any signed acknowledgement of specific policies and procedures, when applicable.
- d) Information collected during exit interviews regarding compliance issues.

6. Compliance Training

- a) Information regarding the development and rollout of the training program on the Corporate Compliance Plan.
- b) Information regarding the development and implementation



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

of specialized training for certain groups of personnel.

c) Information regarding attendance at training sessions (e.g. sign in sheets).

d) Agendas and contents of training, including length of session and instructor as well as copies of all training handout materials and instructor guides.

7. Dissemination of Compliance Related Materials

a) Copies of all notices sent to the Board, employees, independent contractors, agents and vendors regarding the ACHIEVE Corporate Compliance Plan and other compliance related topics.

b) Copies of all newsletters and other company publications that address the Corporate Compliance Plan.

8. Monitoring and Auditing

a) Information regarding the number and frequency of audits of claims and documentation requirements.

b) Information regarding any risk assessments or benchmarks and progress made on these.

c) Information (e.g., job titles, other credentials) regarding the individuals that makes up the audit team, if audits are conducted internally.

9. Disciplinary Action



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

- a) Copies of all disciplinary and/or corrective action policies and procedures.
- b) Records of all compliance related disciplinary actions taken, including any individuals terminated for violations of company policy.
- c) Response to and prevention of detected offenses.
- d) Reports on the investigations conducted into areas of potential non-compliance.
- e) Information regarding voluntary self-disclosures and overpayment returns.

10. Contacts with the Government and Payers

- a) Log of all contacts made between ACHIEVE and any government authority including, but not limited to, NY Medicaid, OPWDD, DMS and the OMIG. The log will include the name, title, and agency of the person spoken to, the date of the call, the matter referenced, and the response received from the individual along with information regarding the source of the response. Additional details are provided in the Corporate Compliance Policy on Responding to Government Investigations.
- b) All compliance correspondence to/from a government authority.
- c) Documentation of any response to a request from a government authority for documents, including a summary of any investigation conducted by ACHIEVE prior to responding to government authority.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

305: Documentation of Services

Category: Compliance
Section: Element II

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2023

11. Contracts with Independent Contractors, Agents, Vendors

- a) Copies of all written agreements.
- b) The signed acknowledgement forms of the Code of Ethics for each agent or vendor and of specific policies and procedures, when applicable.



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

306: Policy Development

Category: Compliance
Section: Element II

Effective Date: 2023
Last Revision Date(s): 2023

POLICY

ACHIEVE shall establish a standardized process for policy development, approval, revision and implementation.

SCOPE

This policy applies to all policies developed by ACHIEVE.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

DEFINITIONS

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



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

306: Policy Development

Category: Compliance
Section: Element II

Effective Date: 2023
Last Revision Date(s): 2023

contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

PROCEDURE

A. Development of Policies

Policies shall be developed and/or revised to meet regulatory requirements and to comply with other ACHIEVE policies.

The Compliance Officer will be responsible for the overall coordination and implementation of any new or revised policy. The Chief Operating Officer and other members of 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 assure compliance with regulatory and other ACHIEVE policies.

Administrative and managerial staff in ACHIEVE departments shall be responsible to recommend the timely development, review, revision, and implementation of new and existing policies relating to his or her area of accountability.

Administrative and managerial staff should consult with the Compliance Officer prior to developing any new policy to ensure that the policy is necessary and consistent with overall ACHIEVE operations.

B. Review of Policies

The Executive Leadership team shall conduct a review of all policies on an annual basis and shall recommend the development of new policies or revision of existing policies on an as-needed basis. When it is determined that a policy needs to be



125 Cutler Pond Road,
Binghamton, NY 13905
607-723-8361
achieveny.org

306: Policy Development

Category: Compliance
Section: Element II

Effective Date: 2023
Last Revision Date(s): 2023

created or revised, the leader shall either (a) draft the policy or revise the existing policy; (b) request that leadership from all affected departments collaborate on the drafting process; or (c) shall request that Inside Counsel or Outside Counsel prepare the policy on behalf of ACHIEVE. The Compliance Officer shall utilize the resources of the Arc New York as appropriate to aid in the process.

C. Approval of Policies

All policies shall be approved by the Board of Directors prior to implementation. The date of approval of each policy shall be included on the policy.

D. Maintenance of Policies

Each policy shall be assigned a policy number.

Revised, substitute and current policies shall be maintained. Policies, as they are revised or replaced, shall not be discarded.

Distribution of Policies & Training

The Compliance Officer shall distribute new and revised policies to a standard distribution list which shall include the Board, the Chief Executive Officer and all department heads and, if applicable to their scope of responsibilities, independent contractors, agents and employees.

The Compliance Officer shall develop a plan for informing and educating the independent contractors and staff of ACHIEVE of new and revised policies, which may include obtaining a written certification that each Affected Individual has read and understands each new or revised policy. Copies of these certifications shall be maintained in an individual's personnel file or in the independent contractor's contract file.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

400: Due Care in Assignment of Responsibilities

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

Element III: Due Care in Assignment of Responsibilities - Background Checks

ACHIEVE will use due care not to employ, contract with or delegate substantial discretionary authority to any individual with a propensity to engage in illegal activities. In order to maintain the integrity of our services and financial and business operations, it is critical that ACHIEVE hires and contracts with individuals and entities that have the same respect for applicable legal and ethical obligations as ACHIEVE.

This standard applies to all personnel but especially those in positions with “substantial” control over ACHIEVE, including, but not limited to those having the ability to affect and determine policy and to negotiate contracts. All current and prospective employees will be required to disclose, on a periodic basis, whether he or she has committed a crime, including health care related crimes.

Further, ACHIEVE will check to determine if new hires or existing employees, members of the Board of Directors, Foundation Board Members, Volunteers, Interns, and independent contractors have been excluded from participation in the federal health care programs by checking the OIG’s “List of Excluded Individuals/Entities,” a database which provides a list of parties excluded from participation in federal health care programs. Similarly, the General Services Administration maintains the List of Parties Excluded from Federal Procurement and Nonprocurement Programs, which identifies those parties excluded from receiving federal contracts or certain subcontracts and certain types of federal financial and non-financial assistance and benefits. In addition, the NYS OMIG database lists parties excluded from providing services in New York State.

ACHIEVE will also comply with requirements promulgated under state law with respect to background checks and appropriate screening activities as those requirements apply to personnel within ACHIEVE operations.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

400: Due Care in Assignment of Responsibilities

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

400: Due Care in Assignment of Responsibilities

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

401: Human Resources

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

Human Resources

Human Resources policies and procedures of the organization will be followed by all personnel. The policies and procedures will be retained on file and made easily accessible for staff members. Refer to Human Resources Policies and Procedures.

All personnel records shall be kept on file at the organization in a secure manner. The Chief Human Resources Officer shall be responsible for maintaining all personnel records. Staff members have the right to review their personnel records after making arrangements with the Chief Human Resources Officer.

Corporate Compliance and HIPAA signature forms will be apart of the Personnel file for each individual.

Disciplinary policies and procedures shall be maintained and updated as needed. They will be located in the agency Human Resources Policy and Procedure Manual.

The following areas must be addressed by the Human Resources Department for all staff, Board of Directors, volunteers, contract services, and other individuals who are involved in the care of individuals, including by not limited to:

- Background checks
- Drivers License checks
- Exclusion checks
- References

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

401: Human Resources

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

401: Human Resources

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

POLICY

It is the policy of ACHIEVE to comply with all laws, rules and regulations governing the employment of personnel and use of volunteers in the operations of programs for persons with developmental disabilities. This policy has been adopted to comply with the New York Mental Hygiene laws and the New York State Office of People with Developmental Disabilities (OPWDD) regulations addressing (1) background information that must be obtained from applicants for all employment and volunteer positions; and (2) criminal background checks that must be conducted on every prospective employee and volunteer who will have regular and substantial unsupervised or unrestricted physical contact with Individuals.

SCOPE

Section I of this policy applies to all prospective employees and volunteers. Sections II and III of this policy apply to all prospective employees and volunteers who will have regular and substantial unsupervised or unrestricted physical contact with Individuals, as established in this policy. Current employees and volunteers that will move from a position not involving regular and substantial unsupervised or unrestricted physical contact to a position involving such contact are subject to Sections II and III of this policy. For purposes of this policy "employee" mean any individual directly employed by ACHIEVE as well as any individual providing services substantially similar to those that are or could be provided by someone directly employed by ACHIEVE.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

PROCEDURE

- A. Background Information Required for All Applicants for Employment/Volunteer Positions.
- a. The application process for all employees and volunteers shall include but not be limited to the following requirements:
 - i. A statement or summary of the applicant’s history of employment or related experience. Every effort shall be made to obtain the following information either on a written application or during the interview process:
 - 1. Any prior or current experience as an employee, volunteer or certified provider with OPWDD, any other state agency or any other provider of human services; and
 - 2. Any prior or current experience in direct care work relevant to the position for which an application is being made. b. Names, addresses and, where available, telephone numbers of references who can verify the applicant’s history of employment or related experience, work record and qualifications
 - ii. Names, addresses and, where available, telephone numbers of references who can verify the applicant’s history of employment or related experience, work record and qualifications.
 - iii. Names, addresses and telephone numbers of at least two personal references, other than relatives, who can attest to the applicant’s character, reputation and personal qualifications.
 - iv. A statement or summary of the applicant’s education showing, at a minimum, the highest grade level or degree attained, any additional credits earned and any relevant education or training regarding care of or services to individuals with intellectual and other developmental disabilities. At a minimum the names and addressed of schools and other educational institutions that can



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- verify that the applicant meets the minimum qualifications for the job for which application is being made shall be provided.
- v. Information indicating special skills or completed training/courses, which might aid in the performance of duties of the position for which application is being made. Such information shall include any relevant professional licensure held by the applicant.
 - vi. A statement by the applicant, indicating whether or not he or she has ever been convicted of a misdemeanor or a felony in any jurisdiction, and whether there are any pending criminal charges against the applicant. The statement shall include a description of all convictions and pending criminal charges.
 - vii. A statement by the applicant for a position for which driving is required, indicating whether he or she has ever been convicted of a motor vehicle moving violation, including, but not limited to, alcohol and drug-related offenses. The statement must also indicate any suspension, revocation or occurrence involving harm to human beings or property while driving.
 - viii. For applicants who will have regular and substantial unsupervised or unrestricted physical contact with people receiving services as described in Section II, the applicant shall provide information, statements and fingerprints as required by Section II of this Policy.
 - ix. A statement that all information provided on the application is true. Moreover, application forms must inform the applicant that a false answer to any question in the application process is grounds for immediate dismissal.
- b. Personnel Records
- i. Personnel records shall be maintained in the Human Resources Department to ensure the confidentiality of such records.
 - ii. Personnel records must include application information as required by Section I.a. of this policy and any other ACHIEVE policies.
 - iii. Personnel records shall include a copy or documented verification



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

of any employee or volunteer's academic credential and/or current certification or licensure, if such an academic credential, certification or licensure is a condition of employment or participation.

iv. Personnel records must include documented confirmation of an applicant's last place of employment or related experience.

B. Criminal Background Checks

a. Applicability. New York Law requires that ACHIEVE request a criminal background check on all applicants for employment or volunteer positions who will have substantial unsupervised or unrestricted physical contact with Individuals. The criminal background check request is made to OPWDD and is referred to as a "criminal history record check" by OPWDD.

i. Prospective Employees. ACHIEVE has determined that the following positions have the requisite contacts and thus require a criminal history record check:

1. All staff providing direct care services.
2. Individuals providing line of site supervision of direct care staff;
3. Individuals providing transportation services, whether driving or accompanying Individuals while they are being transported.
4. Job coaches (or equivalent) providing supported employment services.
5. Clinicians providing clinical services to Individuals.
6. In a clinic treatment facility (Article 16 Clinic), clinic treatment coordinators, medical directors and any authorized party as defined in Section 679.99 of the OPWDD Regulations.
7. Individuals whose work assignment location is at a certified site at least some of the time that persons are receiving services.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- ii. Prospective Volunteers. ACHIEVE has determined that any volunteers who will have regular and substantial unsupervised or unrestricted physical contact with Individuals will participate in Background Checks.
 - iii. Current Employees and Volunteers Assuming a New Position. ACHIEVE employees and volunteers who currently have a position or volunteer opportunity which does not involve regular and substantial unsupervised or unrestricted physical contact with Individuals who will be assuming a position or volunteer opportunity which does involve such contact must submit to a criminal history record check as described in this policy.
- b. Requirements Before Submitting a Request for a Criminal History Record Check
- i. ACHIEVE shall inform the prospective employee/volunteer in writing that:
 - 1. ACHIEVE is required to require a check of his or her criminal history information and review the results of such check and;
 - 2. The prospective employee/volunteer has a right to obtain, review and seek correction of his or her criminal history record information pursuant to regulations and procedures established by the New York State Division of Criminal Justice Services.
 - ii. ACHIEVE shall obtain a signed OPWDD Criminal History Record Check Consent Form. (See Appendix G for a copy of this form).
 - iii. Withdrawal of Application. A prospective employee/volunteer may withdraw his or her application at any time before an employment/volunteer position is offered or declined, regardless of whether the individual or ACHIEVE has reviewed the summary of the individual's criminal history record information.
 - iv. Requesting a Criminal History Record Check. The Chief Executive Officer/ The Chief Human Resources Officer will designate an



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

individual or individuals who will be the authorized party(ies) (Authorized Party) to make criminal history record check requests and to receive and review the criminal history summary information. The Authorized Party shall complete an OPWDD “Request for Criminal History Check Form” (See Appendix H) for submission to OPWDD, along with fingerprint information and any other materials required by OPWDD. (See Appendix I).

- v. Designees will also be appointed who are allowed to have access to the results of the criminal history record checks.
- vi. Results of a Criminal Background Check.
 - 1. After making its determination, OPWDD will inform ACHIEVE what actions shall or may be taken and will forward ACHIEVE a summary of the criminal history record information. OPWDD will issue one of two determinations to ACHIEVE:
 - a. A determination that OPWDD is not issuing a denial and is not directing ACHIEVE to issue a denial; or
 - b. A determination that OPWDD is issuing a denial or directing ACHIEVE to do so.
 - 2. No Denial or Direction to ACHIEVE to Issue Denial. Where the OPWDD determination is that no denial is being issued and ACHIEVE is not directed to issue a denial, ACHIEVE must review the summary of the criminal history record information as follows:
 - a. No Criminal History. Where the applicant has no criminal history, ACHIEVE may proceed with approval of employment or volunteer activities involving regular and substantial unsupervised or unrestricted physical contact with Individuals served.
 - b. Some Criminal History. Where the applicant has some criminal history, but a denial is not issued or directed by OPWDD, ACHIEVE must review the summary of the



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

criminal history record information and make a determination to approve or deny the employment/volunteer application. The following factors are to be considered.

- i. Notification by OPWDD that an applicant has some criminal history will not necessarily be a bar to employment.
- ii. In evaluating applicants with criminal convictions, ACHIEVE will consider the relationship between the previous criminal offense and the specific position sought, as well as the risk the applicant poses to property or to the safety and welfare of other, as required by New York law. Specifically, ACHIEVE will consider the following factors:
 1. The public policy of the state to encourage employment of persons previously convicted of one or more criminal offenses.
 2. The specific duties and responsibilities of the position sought.
 3. The bearing the criminal offense(s) will have on the applicant's fitness or ability to perform one or more duties or responsibilities.
 4. The time which elapsed since the conviction.
 5. The age of the person at the time of the conviction.
 6. The seriousness of the criminal offense.
 7. Any information produced by the person



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- or produced on his/her behalf in regard to his/her rehabilitation and good conduct, and
8. The legitimate interest of the employer in protecting property and the safety and welfare of specific individuals or the general public.
 - iii. ACHIEVE will comply with New York law and provide at the request of any applicant who has been previously convicted of one or more criminal offenses, a written statement setting forth the reasons for any denial of employment within thirty (30) days of the request.
 3. OPWDD Issues Denial or Instructs ACHIEVE to Issue Denial. If OPWDD issues a denial or directs ACHIEVE to issue a denial, then ACHIEVE must notify the applicant he/she has been denied the employment/volunteer position based on their criminal history information. The applicant is entitled to receive, upon written request, a copy of the summary of criminal history information provided to ACHIEVE by OPWDD. Provisional status, if any, must be immediately terminated as provided in Section III.
 4. Pending Charges. If the criminal history record information includes a pending charge for a felony or for endangering the welfare of an incompetent or physically disabled person, OPWDD will, and for other crimes may, notify ACHIEVE that it is holding the application until the charge is finally resolved. Upon receiving the notification of any such action, ACHIEVE shall revoke any temporary approval granted pursuant to Section III of this policy.
 5. Pending Potential Denial. Prior to making a determination to



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

issue a denial or to direct ACHIEVE to issue a denial, OPWDD will send certain notifications to the applicant and offer the applicant an opportunity to explain why the application should not be denied. OPWDD will also send notice of the potential denial to ACHIEVE. Upon receipt of notice, ACHIEVE shall immediately revoke any temporary approval granted pursuant to Section III of this policy.

- a. Criminal Charges or Convictions Subsequent to the Initial Criminal History Record Check.
 - i. OPWDD will notify ACHIEVE of any notification received from the New York State Division of Criminal Justice Services subsequent to the initial check indicating that there is a conviction or pending criminal charge against a current employee or volunteer. Upon receiving such notification ACHIEVE shall:
 1. Conduct a safety assessment of the service environment and take all appropriate steps to protect the health and safety of Individuals served. The safety assessment shall be documented.
 2. Monitor the outcome of any pending charge, if the individual continues to have regular and substantial unsupervised or unrestricted physical contact with Individuals served.
 - vii. Required Notifications to OPWDD. No later than fourteen (14) days after the event, ACHIEVE must notify OPWDD when an individual no longer has the requisite contacts with Individuals served to require a criminal history record check. OPWDD has determined that this occurs when:



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

1. An employee or volunteer for whom a criminal history record check was requested is separated from ACHIEVE or is permanently assigned to a position which does not involve regular and substantial unsupervised or unrestricted physical contact with Individuals served. This requirement does not apply to employees or volunteers who work seasonally or have a scheduled break in service of up to one year.
2. An employee or volunteer for whom a criminal history record check was requested withdraws his or her application or is no longer being considered for the position applied for.
- viii. Annual Criminal History Record Check Statement. ACHIEVE must provide an annual criminal history record check statement as required by OPWDD.
- ix. Documentation and Confidentiality Requirements.
 1. Only the Authorized Party, his or her designee and the applicant shall have access to criminal history record information or the summary of criminal history record information received by ACHIEVE, except that criminal history record information may be disclosed to other persons directly participating in any decision regarding the applicant.
 2. ACHIEVE must maintain and keep current the following records:
 - a. A current roster of employees and volunteers subject to criminal history record checks. The roster shall indicate the staffing assignment (for employees only); the date the criminal history record check was requested and the date that the individual was hired or assumed duties, which involved regular and substantial unsupervised or unrestricted physical contact with Individuals served.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- b. A list of individuals who have had a change in status. The list shall indicate the date the criminal history record check was requested and the date OPWDD was notified that the party was no longer subject to criminal history record checks.
- c. For each applicant for whom a request for a criminal history record check was submitted, a copy of their signed consent form, a copy of the request for the criminal history record check, notification of any change of status and the results of the criminal history record check and determination of OPWDD.
- c. Temporarily Approved Provisional Employees and Volunteers.
 - i. Applicability. ACHIEVE may temporarily approve an applicant subject to a criminal history record check for an employment or volunteer opportunity on a provisional basis while the results of the criminal history record check are pending, so long as such party does not have unsupervised physical contact with Individuals served and the requirements of this Policy are met.
 - ii. Information Requiring Denial of Temporary Approval. Temporary approval will be denied if ACHIEVE possesses written documentation, such as a statement provided by the applicant as part of the application process, that the applicant:
 - 1. Has a pending felony charge, or a conviction or pending charge for crimes specified in Section 633.98 of the OPWDD regulations; and/or
 - 2. Has a pending misdemeanor charge or a conviction for any crime other than those specified in Section 633.98 of the OPWDD regulations, unless ACHIEVE documents that temporary approval will not pose a risk of harm to Individuals served.
 - iii. Monitoring. ACHIEVE will assign an employee to monitor provisional



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

employee/volunteer activities based on the layout of the facility, the staffing patterns, employee responsibilities and the individual being served. The monitoring employee is to remain in reasonable physical proximity to the provisional employee/volunteer at all times when the employee/volunteer is in the physical proximity of a Individual served. In addition, the monitoring employee:

1. Must have been employed by ACHIEVE prior to April 1, 2005 or must have had a criminal history record check by OPWDD;
 2. Must have received training in abuse and understand his/her obligations in reporting incidents and abuse allegations and that the failure to intercede on behalf of an individual receiving services constitutes abuse;
 3. Must know who to contact regarding concerns and how the contact is to occur; and
 4. Must be aware of the restrictions placed on provisional employees and volunteers.
- iv. Attestation. The provisional employee/volunteer must provide an attestation that they understand the basic elements of what is considered abuse under Section 624 of OPWDD regulations and that they know the name of the individual to contact, and in what manner, if they have questions about incidents or abuse. The employee/volunteer must also affirm that he/she will not engage in abusive practices or knowingly endanger the physical or emotional well-being of any Individual.
- v. Restrictions on Activities.
1. The provisional employee/volunteer shall not be assigned personal care activities which require Individual privacy (e.g., bathing, dressing and toileting), unless a monitoring employee is always in the same room with the provisional employee/volunteer while personal care activities are occurring.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

402: Background Checks

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

2. The provisional employee/volunteer shall not be assigned to work at a residential facility during the typical nighttime shift (e.g., 11:00 p.m. to 7 a.m.).
 - vi. Removal of Provisional Status. If ACHIEVE receives notice from OPWDD that (i) the agency is issuing a denial or directs ACHIEVE to issue a denial; (ii) the application is being held by OPWDD as a result of pending charges; or (iii) OPWDD has issued a pending potential denial, then ACHIEVE must immediately revoke the temporary approval. When temporary approval is revoked, ACHIEVE must notify OPWDD and confirm the time notification was received and identify the time when temporary approval was revoked.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

403: Exclusion Checks

Category: Corporate Compliance Effective Date: 2005
Department: Element III Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

PURPOSE

This policy and procedure provide information on ACHIEVE's process of identifying any parties that may be excluded from participation in federally funded programs, including Medicare and Medicaid.

POLICY

It is the policy of ACHIEVE not to employ, contract with or otherwise do business with any individual or entity excluded from participation in federally sponsored health care programs, such as Medicare and Medicaid. To avoid affiliation with any such individual or entity, ACHIEVE has established the procedures described below. Conducting exclusions checks is also one aspect of the [Chapter's] system for routine monitoring and identification of compliance risks.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy. For purposes of this Policy, all references to "employees" includes temporary, part-time and full-time employees.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

403: Exclusion Checks

Category:	Corporate Compliance	Effective Date:	2005
Department:	Element III	Last Revision Date(s):	2008, 2014, 2017, 2020, 2023

which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2).

Provider sanctions such as exclusion are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 515.5, 521-1.4(3)(i), and sections 1128 and 1156 of the Social Security Act.

DEFINITIONS

Ineligible Person: an individual or entity currently excluded, suspended, debarred, or otherwise ineligible to participate in Federally funded health care programs or in federal procurement or non-procurement programs. For the purposes of this policy, this includes employees, members of the Board of Directors, contracted agents, and vendors.

Exclusion Check: An Exclusion Check is a search of (1) the U.S. Department of Health and Human Services, Office of Inspector General (“OIG”)’s List of Excluded Individuals/Entities (<https://exclusions.oig.hhs.gov/>); (2) the General Service Administration (“GSA”)’s System for Awards Management’s (“SAM”) Advanced Search - Exclusion (<https://www.sam.gov/SAM/>) and (3) the New York State Office of the Medicaid Inspector General List of Restricted and Excluded Providers on their website (<https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>) to determine if an individual or entity’s name appears on either list.

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



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

403: Exclusion Checks

Category: Corporate Compliance Effective Date: 2005
Department: Element III Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

A. Employee Exclusion Check Procedures

1. Exclusion Checks are performed for all applicants for employment at ACHIEVE as part of the pre-employment background check as set forth in ACHIEVE's Background Check Policy.
2. If the Exclusion Checks indicate that any individual is an Ineligible Person, the individual cannot be hired by ACHIEVE.
3. To protect ACHIEVE against individuals excluded after beginning their employment, an Exclusion Check is performed on all employees at least every thirty (30) days. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4 (3)(i)).
4. Search results for Exclusion Checks are documented and maintained by the Human Resources department. Results of the checks are shared with the Chapter's CO and appropriate compliance personnel. If a current employee appears on one of the lists, an assessment is conducted to



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

403: Exclusion Checks

Category:	Corporate Compliance	Effective Date:	2005
Department:	Element III	Last Revision Date(s):	2008, 2014, 2017, 2020, 2023

determine the employee's eligibility to maintain employment status with the ACHIEVE. ACHIEVE will consult with The Arc New York State Office. Legal Counsel will be included as necessary.

B. Other Individual and Entity Exclusion Checks

1. Exclusion Checks are conducted prior to appointment of any volunteers to the Board of Directors. They are also conducted prior to execution of any contract with a contractor or vendor.
2. If the Exclusion Checks indicate that any volunteer for the Board of Directors is an Ineligible Person, the individual cannot be appointed to the Chapter Board.
3. If the Exclusion Checks indicate that any contracted agent/vendor that will be entering into a contract with the Chapter is an Ineligible Person then the contact cannot be executed.
4. To protect ACHIEVE against Board members, contracted agent, and vendors who are excluded after beginning their appointment to the Board or contract with the Chapter, an Exclusion Check is performed on all Board members, contractors, and vendors at least every thirty (30) days. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4 (3)(i)).

In all cases, the Compliance Program investigates the circumstances surrounding an individual or entities inclusion on an exclusion list and determines if any overpayment exists.

C. Individual/Entity Contract Certification Procedures



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

403: Exclusion Checks

Category: Corporate Compliance Effective Date: 2005
Department: Element III Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

1. Any individual/entity wishing to execute a contract with ACHIEVE is required to certify in its contract that neither it nor any of its employees is an Ineligible Person. Such affected individual certification is made on at least an annual basis.
2. In addition, each individual/entity contract contains a provision requiring the individual/entity to maintain supporting documentation for its own Exclusion Checks and to produce copies of such documentation to ACHIEVE upon ACHIEVE's request.

D. Duty to Report

All individuals/entities have a duty to report any action that would render that individual or entity an Ineligible Person.

E. Pending Actions

1. If any individual/entity is charged with a criminal offense related to healthcare or is proposed to be subject to debarment or exclusion from federal programs, the individual or entity is removed from direct responsibility or involvement in any federally funded health care program while the matter is pending.
2. If resolution of the matter results in conviction, debarment, or exclusion, ACHIEVE immediately terminates its employment or other contractual arrangement with the individual or entity.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

404: Professional Licensure, Certification & Exclusion Verification & Monitoring

Category:	Compliance	Effective Date:	2005
Section:	Element III	Last Revision Date(s):	2008, 2014, 2017, 2023

compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG’s Self-Disclosure Program Guidance.

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

- A. The licensed and/or certified professional is required, as a condition of employment, to obtain and maintain necessary licensure and/or certification.
- B. The application process and enrollment fees are the responsibility of the licensed and/or certified employee or contractor.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

404: Professional Licensure, Certification & Exclusion Verification & Monitoring

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- C. The Human Resources Department will ensure, prior to formal hire, that the individuals have necessary licensure and/or certification, or other required credentials commensurate with their position.
- D. For information regarding individuals excluded from participation in federal funded programs, please see Policy #403.
- E. Management is responsible for ensuring that applicable staff obtain and maintain necessary licensure and/or certification as part of and through ongoing supervision.
- F. Verifying documentation will be printed and archived for a period of 6 years.
- G. For individuals who are found to be unlicensed and/or whose certification has lapsed, the clinician shall apply for required licensure or reinstatement.
- H. The individual may, if appropriate and at the discretion of management, be suspended and not allowed to provide any services that require their licensure and/or certification until such time as it has been restored or reinstated.
- I. An assessment will be made as to what financial and compliance liability the lack of licensure and/or certification might have, both retrospectively and currently, on the agency.
- J. If the clinician refuses to apply for required licensure or reinstatement and ACHIEVE is required to void claims due to failure to keep licensure current, the clinician shall be held personally liable for the amount of such claims subject to void. In addition, their employment or contract with ACHIEVE shall be terminated.
- K. The supervisor of the person whose licensure and/or certification is not current will forward a summary of disciplinary actions taken with the professional to the Human Resources Department and the Compliance Officer for review and tracking.
- L. The Corporate Compliance Officer shall, if appropriate, recommend, suggest or mandate additional disciplinary action, consistent with existing Human Resource and progressive disciplinary policies and procedures, and/or through consultation with the Human Resources Department and/or agency



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

404: Professional Licensure, Certification & Exclusion Verification & Monitoring

Category: Compliance
Section: Element III

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

administration.

- M. Any NYS Education Department Office of Professions professional disciplinary findings regarding a licensed or certified clinician will be communicated immediately to the person's supervisor, the Chief Human Resources Officer and the Chief Executive Officer.
- N. The professional staff person in question may or may not be suspended based on the nature of the actions and the discipline.
- O. Additional agency disciplinary actions will occur as appropriate in conjunction with review by Human Resources and agency administration.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

500: Education & Training

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

Element IV: Education and Training

The Board of Directors, all employees, volunteers and, as applicable, independent contractors, must be informed about regulatory requirements and ACHIEVE policies and procedures that implement these requirements, as they apply to each individual. Therefore, ACHIEVE will adequately train the Board, high-level personnel, substantial authority personnel, employees, volunteers and independent contractors on the organization's standards and procedures. ACHIEVE will continuously identify training topics, including those arising as a result of self-monitoring, audits by regulatory agencies and regulatory developments.

New employees will receive training in ACHIEVE's Code of Ethics, this Corporate Compliance Plan, HIPAA and those policies and procedures relevant to their job duties as part of an orientation program. ACHIEVE will tailor its training based on the roles and responsibilities of each group of individuals and in a manner that the individual can understand.

Existing employees will receive training in ACHIEVE's Corporate Compliance Plan on an annual basis during Annual Update Training.

New Board of Directors will be informed/trained on ACHIEVE's Corporate Compliance Plan during new board member orientation.

Existing Board of Directors will be informed/trained on ACHIEVE's Corporate Compliance Plan on an annual basis.

SCOPE

This policy applies to all ACHIEVE affected individuals identified by ACHIEVE as requiring training. Attendance at training sessions is mandatory and is a condition of continued employment or contracting.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

500: Education & Training

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Compliance program training and education requirements are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521-1.4(d).

DEFINITIONS

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)

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequently than annually.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

501: Board Orientation & Continuing Education

Category: Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

POLICY

It is the policy of ACHIEVE's Board of Directors that all members of the Board are informed and understand the Mission of ACHIEVE, the scope of services being provided, the legal responsibilities, Corporate Compliance, Quality Assurance, HIPAA and Bylaws. The Board will be informed of changes and updates at least annually.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 & 2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

501: Board Orientation & Continuing Education

Category: Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)

Overpayment: any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse, or mistake.

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

- A. Each new ACHIEVE Board of Director Member will:
1. Receive a tour of the facility sites.
 2. Provide their signatures for the receipt and review of:
 - a. The Bylaws
 - b. Corporate Compliance Program
 - c. Code of Ethics
 - d. Conflict of Interest
 - e. HIPAA Compliance
 - f. Whistleblower Policy



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

501: Board Orientation & Continuing Education

Category: Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

3. Have access to Corporate Counsel.
 4. Review the agenda and minutes of the Board meetings for the past 12 months.
 5. Review the Financial audit and annual budgets.
- B. ACHIEVE Board of Directors will support policies that:
1. Promote inclusion, individuality, independence and productivity of the individual served, in the community, workplace and in the home while operating in a fiscally responsible manner.
 2. Demonstrate that ACHIEVE employment practices and programs are in compliance with state and federal standards.
 3. Promote for the provision of quality services to be consistent with the facility type of service offered and resources available.
 4. Provide for bills to be submitted in a timely and accurate manner.
 5. Promote business conducted to be in a manner consistent with its tax-exempt status. As a not-for-profit organization, no individual will benefit financially from its services.
 6. Promote that no funds, assets, or employees' work time will be contributed, loaned or made available to any political party or campaign.
- C. Continuing Education As part of their continuing education, information will be provided to the Board of Directors annually for review of the Corporate Compliance Program responsibilities and any changes in the plan or relevant technology.
- D. Documentation:
1. Agency Administration will maintain a separate file for each board member to include biographical and educational/training information.
 2. Documentation of signatures for receipt and review of The Bylaws, Corporate Compliance Program, Code of Ethics, Conflict of Interest, HIPAA Compliance and the Whistleblower Policy will also be contained within the file.
 3. Each Board Member has access to the most current agency policies and



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

501: Board Orientation & Continuing Education

Category: Compliance

Effective Date: 2005

Section: Element IV

Last Revision Date(s): 2008, 2014, 2017, 2023

procedures electronically.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

502: Compliance Program Training & Education

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

POLICY

ACHIEVE is committed to maintaining and implementing an effective compliance training and education program for all affected individuals.

SCOPE

This policy applies to all ACHIEVE affected individuals identified by ACHIEVE as requiring training. Attendance at training sessions is mandatory and is a condition of continued employment or contracting.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Compliance program training and education requirements are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521-1.4(d).

DEFINITIONS



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

502: Compliance Program Training & Education

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

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)

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequently than annually.

PROCEDURES

A. Compliance Training and Education Program

ACHIEVE maintains and implements a compliance training and education program, which includes ACHIEVE's training plan. The training plan outlines several aspects of the compliance training and education program, to include:

- required compliance-related subjects or topics,
- the timing and frequency of trainings,
- which affected individuals are required to attend each training,
- how training attendance is tracked, and,
- how the effectiveness of the training is periodically evaluated.

ACHIEVE maintains documentation of the compliance training plan for all affected individuals through the creation of a list of all affected individuals that received, and did not receive, required compliance program training. ACHIEVE relies on the following to demonstrate compliance with the regulatory requirements for compliance program training:



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

502: Compliance Program Training & Education

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

- dated Board of Directors meeting minutes and agendas that included such training and who attended
- dated attendance logs showing when such training occurred and who attended
- dated attestations signed by affected individuals that they received training in a form and format that they understood, consistent with federal and state language and other access laws, rules, or policies, and ,
- dated compliance training distribution letters to contractors

The list of all affected individuals that received, and did not receive, required compliance program training and education includes:

- the name of each affected individual,
- the type of the affected individual (i.e., employee, chief executive, senior administrator, manager, contractor, agent, subcontractor, independent contractor, governing body member, and/or corporate officer),
- the type of compliance training(s) received (i.e., annual, orientation, or both; or discrete/incidental),
- how such training was provided,
- date(s) each compliance training was completed; and,
- the date of hire for those who received orientation training.

B. Initial Orientation

As part of their initial orientation, all affected individuals receive training within the first thirty (30) days of employment, Board appointment, or execution of a contract. The purpose of this training is to discuss the goals and objectives of the Compliance Program and familiarize new affected individuals with the Compliance Program.

At the conclusion of the orientation training, new affected individuals will be asked to sign an acknowledgment that they are aware of and will abide by the Compliance Program and Code of Ethics. The Acknowledgment Form is attached to the Code of



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

502: Compliance Program Training & Education

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

Ethics Policy. Copies of the acknowledgement are retained consistent with ACHIEVE's record retention schedule. These files will be subject to review and audit by the CO.

C. Training Frequency and Content

1. Employees

The CO and all employees receive training annually with respect to the Compliance Program and Code of Ethics. Training content includes at a minimum:

- ACHIEVE's risk areas and organizational experience; and,
- the role of the CO and CC; and,
- how employees can ask questions and report potential compliance-related issues to the CO and senior management, including the obligation of affected individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program; and,
- disciplinary standards, with an emphasis on those standards related to the Chapter's Compliance Program and prevention of fraud, waste, and abuse; and,
- how the Chapter responds to compliance issues and implements corrective action plans; and,
- requirements specific to the Medical Assistance Program and the Chapter's categories of service; and,
- billing requirements and best practices, if applicable; and,
- claim development and the submission process, if applicable; and,
- the Code of Ethics; and,
- any applicable policies and procedures and will discuss any changes or suggested changes in these policies and procedures; and,
- changes in state and federal laws and regulations affecting ACHIEVE

Compliance training is conducted at the direction of the CC and CO.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

502: Compliance Program Training & Education

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

At the direction of the CC and the CO, additional training sessions may be held as the need arises to address changes in the Compliance Program, state or federal laws and regulations, or any issues of interest. Additional, specialized training sessions will be conducted for employees who have responsibilities that raise specific compliance issues, such as employees responsible for billing government programs.

An employee returning from extended leave who has missed a regularly scheduled training session, must complete the training session immediately; but no later than thirty (30) days of return. Participation in and attendance at training sessions is mandatory and attendance of training sessions will be one criterion for which employees will be evaluated during performance reviews.

2. Supervisors & Managers

The CO may develop specific training programs for supervisors and managers so that these employees are trained to answer questions and respond to situations regarding the Compliance Program.

3. Contractors, Agents, Subcontractors & Independent Contractors

The CO designs a training program for contractors, agents, subcontractors, and independent contractors consistent with the training provided to employees on the Compliance Program and the Code of Ethics. The CO may require the independent contractor to be trained on areas of risk that touch upon the services provided by contractors. If the training curriculum is distributed in a self-study format, ACHIEVE shall distribute all training material with a compliance training distribution letter that includes the date the letter was sent.

D. Acknowledgement Forms

All affected individuals will be asked to sign attendance sheets immediately after each training session. The individual conducting the training will take attendance at all training sessions with a sign-in sheet and will maintain a record of course attendance at any training session which is performed as part of the Compliance



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

502: Compliance Program Training & Education

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

Program. The Chapter maintains a file with copies of attendance forms for all affected individuals.

E. Testing

At the discretion of the CO and the CC, ACHIEVE uses post-training tests following training sessions to evaluate comprehension. Individuals who do not receive an acceptable score either must attend another training session or receive additional one-on-one training at the discretion of the CO.

F. Reports

The CO maintains a record of all training conducted at the ACHIEVE and makes this information available to the Board of Directors and the CC during meetings.

G. Development of Training Programs & Materials

The CO and the CC shall be responsible for monitoring, developing, and conducting the training curriculum and orientation sessions.

In the presentation of its training, ACHIEVE endeavors to utilize available technology, when appropriate, different formats for efficiently and effectively conducting Compliance Program training sessions, such as in-person seminars, compliance training videos, computer-based instructional programs, and intranet websites.

The trainers who offer Compliance Training shall be knowledgeable about the Compliance Program and related policies and procedures, including the Code of Ethics and those federal and state laws and regulations that are the subject of the topic being addressed in a training session. Trainers who are asked questions about areas that they are not able to answer shall arrange for follow-up to be conducted by another member of ACHIEVE management team who is familiar with the answer to these areas.

In addition to traditional forms of training, ACHIEVE uses periodic newsletters and emails to update employees on compliance related issues, as appropriate, to remind employees that they need to be cognizant of compliance issues.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

502: Compliance Program Training & Education

Category: Corporate Compliance
Section: Element IV

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

H. Enforcement

Affected individuals are informed during training that strict compliance with the Compliance Program and the Code of Ethics is a condition of employment and that compliance with the Compliance Program and the Code of Ethics is one criterion upon which employees will be evaluated. Independent contractors identified by the CO as needing training shall be required to attend training as a condition for the continuation of their arrangement with ACHIEVE.

Failure to attend a training session conducted pursuant to the Compliance Program shall result in disciplinary procedures, up to and including discharge or termination from employment or termination of an independent contractor arrangement.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

600: Auditing & Reporting

Category: Compliance

Effective Date: 2005

Section: Element V

Last Revision Date(s): 2008, 2014, 2017, 2023

Element V: Auditing and Reporting

A. Internal Auditing and Monitoring

ACHIEVE is committed to routinely conducting internal audits of concerns that have regulatory or compliance implications. Appropriate individuals in key management positions will be responsible for engaging in self-monitoring processes conducted within specific departments/divisions. These include but are not limited to reviews such as Residential Habilitation and billing, Day Habilitation utilization, individual ledger review, etc. ACHIEVE believes that a combination of various compliance reviews will permit us to maintain a consistent conformity to relevant laws and regulations, while fulfilling a commitment to identify and share best practices.

B. Reporting by Employees

Each employee has a responsibility to report through the compliance processes any activity by any colleague, clinician, independent contractor or individual that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice or the Corporate Compliance Plan. ACHIEVE encourages a culture in which all employees feel free to report behaviors or actions, which they believe, should be reported. Therefore, the effectiveness of the Corporate Compliance Plan depends on the willingness and good faith of employees who come forward with questions and concerns. Likewise, ACHIEVE's agency administration and Corporate Compliance Officer are committed to making every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports a concern in good faith.

It is expected good practice, when a person is comfortable with it, and thinks it is appropriate under the circumstances, for concerns to be raised first with a supervisor and through the chain of command. If this is not comfortable or not a viable option, then employees are encouraged to contact the Corporate Compliance Hotline at 607-723-8361, Menu Option #8 where reports may be made confidentially.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

600: Auditing & Reporting

Category: Compliance
Section: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

An employee who intentionally makes a false accusation with the purpose of harming or retaliating against a colleague will be subject to appropriate disciplinary action.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 & 2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

600: Auditing & Reporting

Category: Compliance

Effective Date: 2005

Section: Element V

Last Revision Date(s): 2008, 2014, 2017, 2023

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

601: Financial

Category: Compliance

Effective Date: 2005

Section: Element V

Last Revision Date(s): 2008, 2014, 2017, 2023

POLICY

It is the policy of ACHIEVE to perform individual billing for services in a manner that is ethical, fair and in compliance with all OIG, CMS, OPWDD, and state, local and other regulatory agencies. ACHIEVE will strive to ensure the accuracy of all information submitted to third party payers, and to verify the submission accurately reflects the work performed and the payment to which the agency may be entitled.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

601: Financial

Category: Compliance

Effective Date: 2005

Section: Element V

Last Revision Date(s): 2008, 2014, 2017, 2023

provide the Corporate Compliance Officer with appropriate documentation in order to track the error/training of the staff.

- The Chief Financial Officer and Corporate Compliance Officer will review and approve the amendment to the billing process.
- The Corporate Compliance Officer will track staff errors / re-training and provide recommendations for disciplinary action to the Chief Human Resources Officer.

◆ Altered or falsifying agency records to include but not limited to:

- Individual Records
- ACHIEVE Records
- Billing Records

- IMMEDIATELY action must be taken upon identification of alteration or falsification of the record. An investigation must be initiated to determine if the alteration was a mistake. If it is identified as a:

- ⇒ Mistake - the staff will receive education that will be documented.

- ⇒ Fraudulent act - Immediate disciplinary must be taken based on the Human Resources policies and procedures up to and including termination and reporting to the appropriate governmental agencies.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

602: Reporting Compliance Concerns & Whistleblower Protections

Category: Corporate Compliance
Department: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

POLICY

Strict adherence to ACHIEVE’s Corporate Compliance Plan and Code of Conduct is vital. ACHIEVE requires all employees, directors, officers, volunteers, and independent contractors (hereafter identified as “covered parties”) to promptly report any known or suspected violation(s) of the Corporate Compliance Plan, Code of Conduct, policies, and procedures or any of the federal, state, or local statute, rules, or regulations, executive order, or any judicial or any administrative decision by which ACHIEVE is governed. This policy governs the procedure used by covered parties to report compliance concerns and seeks to ensure that ACHIEVE provides an environment that encourages individuals to report any suspected violations without fear of retaliation, intimidation, or retribution. Former employees are also covered under the protection from retaliation/intimidation section of this document.

This policy applies and is distributed to all covered parties of ACHIEVE. Distribution is satisfied by posting this policy to ACHIEVE’s website or at the corporate offices in a conspicuous location available to all covered parties. The ACHIEVE Board of Directors oversees implementation of and compliance with this policy.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy. For purposes of this Policy, all references to “employees” includes temporary, part-time and full-time employees.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

602: Reporting Compliance Concerns & Whistleblower Protections

Category: Corporate Compliance
Department: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2).

Provider sanctions such as exclusion are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 515.5, 521-1.4(3)(i), and sections 1128 and 1156 of the Social Security Act.

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

602: Reporting Compliance Concerns & Whistleblower Protections

Category: Corporate Compliance
Department: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

PROCEDURE

A. Duty to Report.

Covered parties are encouraged to report any known or suspected violations of the aforementioned areas by which ACHIEVE is governed to their supervisor, manager, the Compliance Officer or through ACHIEVE's Compliance Hotline. This duty has limited exemptions to report, as detailed in section B of this policy.

1. Reporting Through ACHIEVE's Compliance Hotline

Covered parties may report their compliance concerns confidentially to the ACHIEVE Compliance Hotline. The Compliance Hotline telephone number is 607-723-8361, Option #8. Callers to the Compliance Hotline may make reports anonymously. No caller is required to disclose their identity, and no attempt should be made to trace the source of the call or identity of the caller when the caller requests anonymity.

If a caller has revealed their identity, confidentiality is maintained to the extent practicable and allowed by law. However, callers should be aware The Compliance Hotline telephone number is visibly posted in a manner consistent with employee notification in locations frequented by ACHIEVE employees, directors, officers, and volunteers.

2. Confidentiality of Reports

ACHIEVE treats all reports made under this policy confidentially and works to protect the identity of the individual who has made a report to the maximum extent possible consistent with fair and vigorous enforcement of the Corporate Compliance Program and Code of Conduct while also fulfilling



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

602: Reporting Compliance Concerns & Whistleblower Protections

Category: Corporate Compliance
Department: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

ACHIEVE's obligation to disclose matters to governmental agencies, as necessary.

3. Tracking/Investigation of Reports

Any manager or supervisor who receives a report of a suspected violation shall complete a form. A copy of the completed form shall be immediately directed to the Compliance Officer. In addition, the Compliance Officer or their designee completes a Complaint Form for all reports received through the Compliance Office, ACHIEVE's Compliance Hotline or otherwise.

Upon receipt of a violation of Corporate Compliance Policies Form, the Compliance Officer or their designee investigates the complaint in accordance with ACHIEVE's compliance investigation policy.

The Compliance Officer or their designee prepares a report to the Corporate Compliance Committee annually summarizing incidents reported, investigatory findings and any corrective actions taken.

The person who is the subject of the whistleblower complaint may not be present or participate in board or committee deliberations or vote on the matter relating to the complaint (except that nothing prohibits the person from providing background information or answering questions before deliberations/voting begin).

B. Protection from Retaliation/Intimidation

1. General Principles

ACHIEVE does not threaten or impose any adverse employment action, including discharge, suspension, demotion, intimidation, harassment, discrimination, or any other adverse action as defined in Section 740 of New



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

602: Reporting Compliance Concerns & Whistleblower Protections

Category: Corporate Compliance
Department: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

York Labor Law in retaliation to a covered party or former employee who discloses or threatens to disclose to any public body as defined in Section 740 of New York Labor law, whether within the scope of their job duties. This includes employment action that adversely impacts a former employee's current or future employment. Specifically, no adverse employment action will be taken when a covered party or former employee discloses or threatens to disclose any violation of any aforementioned areas governed by ACHIEVE. This includes, but is not limited to, any activity, policy, or practice by ACHIEVE that the covered party reasonably believes presents a substantial and specific danger to public health or safety, constitutes improper quality of care to people receiving supports and services, or constitutes health care fraud.

The protections within this section apply when a covered party makes a good faith effort to notify ACHIEVE of any known or suspected violation(s) of the aforementioned areas governing the Chapter. "Good faith" means the individual believes the potential violation occurred while reporting it. The covered party must adhere to the reporting procedures in this policy with the exception of circumstances where there is an imminent and serious danger to public health or safety, the covered party believes that reporting to the Chapter would result in the destruction of evidence or concealment of the known/suspected violation(s), the known/suspected violation could reasonably be expected to lead to endangering the welfare of a minor or the physical harm to the covered party or any other person, or the covered party reasonably believes that the Chapter is already aware of the known/suspected violation(s) and will not take corrective action.

A covered party may seek remedy for alleged retaliatory action for up to two years after the alleged retaliatory action occurred.

ACHIEVE prohibits adverse employment actions when employees object to or



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

602: Reporting Compliance Concerns & Whistleblower Protections

Category: Corporate Compliance
Department: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

refuse to participate in any activity, policy, or practice in violation of a law, rule, or regulation. All covered parties are prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in retaliation or retribution against, or intimidation of, any individual for reporting their concerns relating to a possible violation of any aforementioned areas by which ACHIEVE is governed.

Further, ACHIEVE does not impose any disciplinary or other action in retaliation, including intimidation, harassment, and discrimination, against individuals who provide information or testify before any public body conducting an investigation, hearing, or inquiry into any violation of law, rule, or regulation by ACHIEVE.

This Policy's non-intimidation/non-retaliation provisions do not permit covered parties to avoid the consequences of their wrongdoing by reporting such wrongdoing. Disciplinary actions taken against a covered party who reports their own wrongdoing result from the wrongdoing itself, not the reporting of such wrongdoing and, therefore, are not considered acts of intimidation, retaliation, or retribution. However, self-reporting may be considered in determining the appropriate disciplinary action to be taken.

2. Reporting Complaints.

If an ACHIEVE covered party believes in good faith that they have been intimidated or retaliated against for initiating a report or complaint or for participating in any investigation, hearing, or inquiry related to such report or complaint, then the covered party should report the intimidation/retaliation to their supervisor, manager, the Compliance Officer or ACHIEVE's Compliance Hotline as soon as possible. The report should provide a thorough account of the incident(s); it should include names, dates of specific events (if available), names of any witnesses and



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

602: Reporting Compliance Concerns & Whistleblower Protections

Category: Corporate Compliance
Department: Element V

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

the location or name of any document in support of the alleged retaliation.

ACHIEVE conducts a thorough and objective investigation of the incident(s).

Adverse actions in retaliation for a covered parties' report or complaint may result in discipline, up to and including termination.

3. Discipline.

Any disciplinary action for violation of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which ACHIEVE is governed are imposed under ACHIEVE's [Discipline Policy].

If a covered party makes a frivolous, malicious, or knowingly false report or complaint under this Policy, the covered party is subject to appropriate discipline, up to and including termination of employment and/or contract.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

603: HIPAA

Category: Compliance
Section: Element V

Effective Date: 2018
Last Revision Date(s): 2023

POLICY

ACHIEVE is committed to maintaining PHI confidential and secure. The employees of ACHIEVE are expected to adhere to the policy and procedures pertaining to HIPAA. The policies and procedures pertaining to HIPAA outline the protected information that is included, maintaining confidentiality, and reporting of any potential HIPAA breaches throughout the agency.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to the identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE has adopted a HIPAA Manual that can be referenced for more specific information.

DEFINITIONS

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)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

700: Disciplinary Action & Incentives

Category:	Compliance	Effective Date:	2005
Section:	Element VI	Last Revision Date(s):	2008, 2014, 2017, 2020, 2023

regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

701: Disciplining & Incentive Program

Category: Compliance Effective Date: 2005
Section: Element VI Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

POLICY

ACHIEVE is committed to creating and fostering a culture in which compliant behavior is encouraged and rewarded so that when instances of noncompliant behavior occur, the ACHIEVE can respond swiftly and seriously. Employees and independent contractors who, upon investigation, are found to have committed violations of applicable laws and regulations, the Corporate Compliance Plan, the Code of Conduct or the policies and procedures of ACHIEVE will be subject to appropriate disciplinary action, up to and including termination.

This policy applies to all employees and all independent contractors of ACHIEVE. Disciplinary actions applicable to the Board of Directors will be handled in accordance with the Board's governing documents (e.g., the Bylaws).

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to the identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

701: Disciplining & Incentive Program

Category: Compliance Effective Date: 2005
Section: Element VI Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

701: Disciplining & Incentive Program

Category: Compliance Effective Date: 2005
Section: Element VI Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

A. Discipline

1. Violations Resulting in Disciplinary Action

Examples of when disciplinary actions may be taken include: (a) authorization of or participation in actions that violate law, regulations and the Corporate Compliance Plan, including the Code of Conduct and all related policies and procedures; (b) failure to report any violation by a peer or a subordinate; (c) failure to cooperate in an investigation; (d) retaliation against an individual for reporting a possible violation; and (e) failure to act as an honest, reliable and trustworthy service provider.

2. Determining Appropriate Disciplinary Action

Factors that ACHIEVE may consider in determining the level of disciplinary action to be taken include: (a) whether the violation was committed knowingly; (b) whether the individual lied or was otherwise dishonest during the investigation; (c) whether there was a pattern of misconduct; (d) whether the individual attempted to cover up the violation; (e) whether the violation involved retaliation against other persons who reported violations in good faith; (f) whether the employee deliberately failed to check whether a particular course of action was prohibited; (g) whether the violation was criminal in nature; (h) whether the individual cooperated with the investigation of the violation; (i) whether the individual received personal benefit; (j) whether the individual voluntarily reported the violation; (k) the seriousness of the damage caused by the violation; and (l) whether a



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

701: Disciplining & Incentive Program

Category: Compliance Effective Date: 2005
Section: Element VI Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

client was or could have been harmed as a result of the violation.

ACHIEVE shall apply progressive discipline consistent with the violation. Examples of 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/warning; (b) counseling with written warning; (c) retraining; (d) reassignment/demotion; (e) suspension without pay; and (f) termination (of employment or of an arrangement with a contractor). ACHIEVE may wish to report the employee or independent contractor to the appropriate federal or state regulatory agency for civil and/or criminal prosecution.

The Compliance Officer and/or [Human Resources representative] shall consult with the Compliance Committee, the [Executive Director] and Inside Counsel or Outside Counsel, as appropriate to determine the appropriate response to a violation, including those by an independent contractor.

3. Similar Punishment for Similar Offenses

Throughout the process of determining the appropriate disciplinary action to be taken in each instance of non-compliance, the Compliance Officer and Human Resources Representative will be responsible for ensuring that the disciplinary action to be taken is consistent with that taken in similar instances of non-compliance.

a. Collaboration Between the Corporate Compliance Officer and Human Resources

To the extent possible, disciplinary action shall be taken in compliance with the ACHIEVE's Employee Policy Manual. In addition,



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

701: Disciplining & Incentive Program

Category: Compliance Effective Date: 2005
Section: Element VI Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

when the conduct is related to [every/any serious] violation of compliance-related standards, the Compliance Officer and the appropriate supervisor/manager will meet to discuss any appropriate disciplinary actions. The Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.

The Compliance Officer shall serve as a liaison between the Compliance Department and the Human Resources Department in developing policies and procedures related to disciplinary actions. The Vice President Human Resources will consult with the Compliance Officer on all matters related to the implementation of an effective Compliance Program. The Vice President of Human Resources is responsible to report to the Compliance Officer those disciplinary actions taken as a result of violations of the Corporate Compliance Plan.

b. Independent Contractors

The Compliance Officer shall serve as a liaison with ACHIEVE representative who is responsible for the engagement with an independent contractor who has committed a violation as described in this policy. ACHIEVE representative is responsible to report to the Compliance Officer when an independent contractor commits a violation.

c. Reports to the Board and/or the Compliance Committee

When determination is made that a compliance violation has occurred, the Compliance Officer will notify ACHIEVE's Chief



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

701: Disciplining & Incentive Program

Category: Compliance Effective Date: 2005
Section: Element VI Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

Executive Officer and the individual’s supervisor or contracting contact. If appropriate, the Compliance Officer may wish to notify the Board or the Compliance Committee before the next regularly scheduled meeting when a full report would otherwise be presented and, as necessary, consult with the Committee prior to the determination of disciplinary action.

d. Documentation of Disciplinary Action

Documentation of disciplinary measures for violations will be retained in the disciplined employee’s personnel file (or in the independent contractor’s file) and will be considered during regular and promotional evaluations.

The Compliance Officer will maintain records of all disciplinary actions, including verbal warnings, taken for compliance violations along with the nature of the violation and will reference these records as necessary to ensure consistency in application.

4. Incentive Programs for Compliant Behavior

As part of the Chapter’s commitment to recognizing those who are exemplary in compliance with ACHIEVE’s Corporate Compliance Plan, the following incentives may be used to encourage and reward employee and independent contractor behavior:

- i. Staff appreciation and recognition programs for meeting goals and objectives;



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

701: Disciplining & Incentive Program

Category: Compliance Effective Date: 2005
Section: Element VI Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

- ii. Situation-specific recognitions of staff contributions or assistance, including special awards;
- iii. Handwritten notes of appreciation from supervisors, managers and/or the Compliance Officer;
 - iv. Public recognition in the agency newsletter or community newspaper;
 - v. Celebration of successes (e.g., a great audit);
 - vi. Performance reviews and positive feedback;
 - vii. Continuing education opportunities;
 - viii. Opportunities for career advancement;
 - ix. Serving as a verification of good services provided by a service provider; and
 - x. Continued use of a contractor's services.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

800: Detection & Response

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

Element VII: Detection and Response

ACHIEVE is committed to fostering our culture of compliance through first and foremost prevention of non-compliance behaviors. Detection and correction of non-compliance behaviors will be part of the culture of the agency. Through the process of our corporate compliance reporting structure and the articulation of compliance-related roles and responsibilities at every level of ACHIEVE's operations, detection and correction of problems is expedited.

Should an internal investigation substantiate a reported violation, then it is our policy to engage in a two-fold process: (1) to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary; and (2) implementing systemic changes to prevent a similar violation from recurring in the future.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to the identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

800: Detection & Response

Category:	Compliance	Effective Date:	2005
Section:	Element VII	Last Revision Date(s):	2008, 2014, 2017, 2020, 2023

programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

801: Exit Interviews

Category: Corporate Compliance
Department: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

POLICY

ACHIEVE will conduct an exit interview and/or exit survey with departing employees to gain data and feedback for improving working conditions, retaining employees and learning about any compliance concerns that the employee might have upon his or her departure.

SCOPE

This policy applies to all departing employees of ACHIEVE and shall be applied in accordance with all Human Resources policies and procedures.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 & 2)

DEFINITIONS

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)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
Achieveny.org

801: Exit Interviews

Category: Corporate Compliance
Department: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

The exit interview is a questionnaire provided to the employee that the employee can submit to ACHIEVE, either with his or her name or anonymously. The exit interview can also be conducted as a face-to-face meeting with the Human Resources Department using the questionnaire as a script for such face-to-face meeting.

The exit interview should be conducted with respect and should not become confrontational. If the employee wishes to terminate the exit interview, then the supervisor or designee should do so.

If the findings of the exit interview relate to any compliance matters, then the findings shall be forwarded to the Corporate Compliance Officer as appropriate.

ACHIEVE will follow all other human resources/employment related policies and procedures with respect to termination of employees.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

802: Detecting and Responding to Violations; Voluntary Disclosure

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

POLICY

ACHIEVE will respond appropriately to violations of law, regulations and ACHIEVE's Corporate Compliance Plan to protect ACHIEVE and to continue to improve upon the Chapter's reputation as a reliable and trustworthy organization.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and the ACHIEVE Compliance Program.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

802: Detecting and Responding to Violations; Voluntary Disclosure

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

Provider voluntary disclosures are governed by the Affordable Care Act (ACA) of 2010 §6402, Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2), SOS § 363-d(6) and (7), Title 18 of NYCRR Subpart 521-3 and the OMIG's Self-Disclosure Program Guidance.

DEFINITIONS

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)

Overpayment: any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse, or mistake.

RESPONSIBILITIES

This policy and procedure are overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURE

- A. Identification of and Response to a Violation



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

802: Detecting and Responding to Violations; Voluntary Disclosure

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

Potential violations of the Compliance Program or an applicable local, state, and/or federal law or regulation may be identified through various avenues, including but not limited to voluntary disclosures by employees; calls to the Compliance Hotline; self-auditing and monitoring; outside investigations by consultants, government agencies or accrediting bodies; and any other means.

Upon learning of a potential violation, the Compliance Officer (CO) initiates activities consistent with the Chapter's Compliance Investigation policy and procedures. The investigation seeks to identify the root cause of the identified overpayment and explores the potential existence of any additional overpayments.

Upon confirmation by the CO, the Compliance Committee (CC) or the ACHIEVE management that violation(s) has occurred, the CO coordinates the [Chapter's] response by evaluating each alleged violation and promptly implementing action consistent with the following:

- ✓ Development and implementation of a Corrective Action Plan;
- ✓ Prompt notification to the CC of the violation, if they are unaware;
- ✓ Disclosure to state or federal regulatory agencies, if applicable;
- ✓ Making restitution of any overpayments to the appropriate payer (e.g., a commercial health plan, a government payor or an individual or their family)

B. Development of a Corrective Action Plan

The [department manager] provides input to the development of an appropriate Corrective Action Plan; however, final approval is made by the CO, CC, Chief Executive Officer (CEO) and/or Board of Directors depending on the scope and severity of the violation.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

802: Detecting and Responding to Violations; Voluntary Disclosure

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

Corrective Action Plans will be stated in measurable terms, with progress monitored on regularly (e.g., monthly or quarterly), as appropriate. Language in the Corrective Action Plan should reflect every effort by ACHIEVE to comply with applicable statutes, rules, regulations, and federal healthcare program requirements. The CO is responsible for ensuring that the Corrective Action Plans are followed and that feedback is provided to the area or department manager on the plan progress.

Elements that may be included in a Corrective Action Plan include, but are not limited to, disciplinary action against employees and other affected individuals responsible, revising or developing policies and procedures, systems, or processes in response, or training specific to the violation.

The CO or representatives from affected programs present progress reports on Corrective Action Plans to the CC during regularly scheduled meetings with a copy to the Board of Directors and the CEO. Upon request by the Board of Directors, the CC, or the CEO, more frequent updates may be submitted.

C. Voluntary Disclosure of Violations

The CO, in consultation with the CEO and the CC, evaluates the violation to determine if a voluntary disclosure of the violation is appropriate. The CO may consult with The Arc New York State Office and/or internal/external counsel on the notification of relevant government officials, private payors, or other entities in the event of a violation where voluntary disclosure of the violation may be appropriate. Notification is made within a reasonable period, but no later than 60 days absent waiver by the authorized federal or state agency,



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

802: Detecting and Responding to Violations; Voluntary Disclosure

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

after discovering the violation. Repayment of monies paid by the applicable state or federal agency, payor, or other entity is also made as necessary.

Overpayments: Exploration of a potential violation of the Compliance Program or an applicable local, state, and/or federal statute, rule, or regulation may sometimes reveal an overpayment received from a state or federal payor.

All overpayments are reported, returned, and explained in accordance with applicable state and federal statutes, rules, and regulations.

Medicaid overpayments are managed in accordance with the Medicaid self-disclosure program requirements, including procedures and timeframes as directed by Social Services Law 363-d and New York regulations at Title 18, Part 521-3 (Self-Disclosure Program). Specifically, ACHIEVE will report, return, and explain any Medicaid overpayments received within 60 days of identification or by the date any corresponding cost report is due, whichever is later. For the purposes of this policy, 'identification' is defined as, "*The Chapter has determined that they have received an overpayment and quantified the amount and scope of the overpayment.*"

Guidance on the Office of the Medicaid Inspector General's (OMIG's) Self-Disclosure Program can be viewed on their website at: www.omig.ny.gov.

The Chapter may seek support from The Arc New York State Office Compliance Department on matters pertaining to potential violations, including those that may result in voluntary disclosure. The Chapter reports to The Arc New York State Office compliance staff every occurrence or discovery of an internal matter that results in a self-disclosure or referral to a state or federal oversight or regulatory agency or body, including but not limited to, a self-disclosure or referral to the NYS Office of Medicaid Inspector General (OMIG) or the Medicaid



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8361
achieveny.org

802: Detecting and Responding to Violations; Voluntary Disclosure

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2020,
2023

Fraud Control Unit (MFCU) of the NYS Attorney General's Office. The notification to The Arc New York State Office compliance staff is made no later than five (5) business days after the self-disclosure or referral. It includes a copy of the self-disclosure letter or other documentation. If no written self-disclosure document exists, the notification to The Arc New York includes a summary of the events as described to the state or federal agency.

D. Documentation of Corrective Action

Documentation should reflect every effort by ACHIEVE to comply with applicable statutes, regulations, and federal healthcare program requirements.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

POLICY

It is the policy of ACHIEVE to fully cooperate with reasonable requests of government officials. The purpose of this policy is to provide a uniform method by which employees of ACHIEVE are to respond in the event that any government employee (Federal or State) contacts an ACHIEVE employee, either during office hours or at home, for information regarding ACHIEVE or any ACHIEVE entity or affiliated individual.

SCOPE

This policy and procedure are applicable and made available/accessible to all employees unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2).



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

Compliance Program expectations for investigations, including response to external investigations, are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 18 NYCRR § 521-1.4(h).

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure is overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary, but no less frequently than once a year.

PROCEDURES

A. General Procedures

1. If at any time an investigative demand letter, subpoena, or search warrant is received by an employee, the employee immediately notifies the Compliance Officer (CO). If the CO cannot be reached, the employee must immediately notify the Chief Operating Officer.
2. The CO coordinates ACHIEVE's response to the government.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

3. No ACHIEVE employee releases or copies documents in connection with or in response to an investigative demand letter, subpoena, or search warrant without the authorization of the CO.
4. If an investigator or other government representative appears in person, employees contact their supervisor or the CO to request assistance with engaging the representative. The employee then asks to see and make a copy of the government representative's identification and business card. If these materials are unavailable, employees ask for the person's name and office, address and telephone number, and identification number. Call the government representative's office to confirm their identity and authority. If more than one representative appears, determine which representative is in charge and ask for their identifying information.

B. Search Warrants

1. A search of ACHIEVE's premises by government representatives may not be conducted without a legally valid search warrant. A search warrant is a legal document that permits authorized law enforcement agents to search a person, location or vehicle for evidence of unlawful action. A search warrant also permits the seizure of tangible property if described in the search warrant or located in an area specifically identified as covered by the search warrant.
2. If a government representative presents a search warrant, employees must make a copy of the document and immediately request that the government representative allow them to contact the CO to determine the validity of the warrant. The CO decides on the need to engage legal counsel. If the government representative has a legally valid search warrant, employees



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

- may not stop the search. Once the validity of the warrant has been determined, the CO will instruct employees on how to proceed.
3. After the CO has determined that the search warrant is valid, the following procedures are followed:
 - I. The CO appoints an on-site ACHIEVE employee to be in charge. That person will be responsible for communicating with the government representative.
 - II. All employees must remain calm, polite and observant. Remember, it is a crime to obstruct an agent in the lawful execution of a valid search warrant.. Employees may ask questions.
 - III. The following actions are prohibited:
 - a. Alteration or destruction of any documents pr tangible items sought in an investigation;
 - b. Falsely denying knowledge of information;
 - c. Intimidating a witness with the intent of influencing behavior. If this behavior is observed, notification to the CO is made immediately; or,
 - d. Corruptly influencing another person to exercise the privilege against self-incrimination.
 4. It is very important to keep a thorough list of all documents and/or items that the government representative is seizing or copying. An employee is assigned by the CO to accompany each government representative during their search. That employee takes detailed notes of everything the government representatives inspect but does not seize or copy. The



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

- employee also takes detailed notes of any conversations between or among the government representatives and all conversations between the government representatives and other employees.
5. The employee requests a detailed receipt from the government representative of all documents/items of which the government has obtained a copy, including the number of pages copied for reimbursement purposes. If the government representative wishes to take original documents, they are asked if those documents may first be copied. If the government representative will not allow copies to be made, notification is made to the CO. If the CO is unavailable, a request is made to the government representative to first make a list of all documents the government is taking.
 6. The government representatives may seek to seize documents or items whose loss will impede the day-to-day operations of ACHIEVE, including records of people supported and computers. If the representative wants to seize any computers, a request is made for the Chapter to make a copy of all files. Notification is made to the CO to inform them that the government is seizing computers. If the government representatives wish to seize records of people supported, a request is made that those records may be copied so that confidentiality of the person supported will not be compromised. Notification is made to the CO that the government is seizing records of people supported.
 7. Employees are required to answer questions concerning the location of documents or items if they know the location in question.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

8. Employees are not required to answer other questions. Employees may tell the government representative that they prefer to wait until counsel is present.
9. If a request is made to sign an affidavit of any kind, employees do not comment as to the validity of its contents and explain that they are not authorized to sign any document prior to review by ACHIEVE's legal counsel.
10. It is important that all employees (1) cooperate with the government representatives and (2) provide accurate information to the government representatives. Providing inaccurate statements to government representatives may result in obstruction of justice charges.

C. Requests for Interviews

1. It is important to know that during a government representative's first encounter with ACHIEVE, the government representative may suggest that employees must speak with them or consent to an interview. **That is not true.**
2. Government representatives may not threaten employees in any way or require an employee to speak with them immediately. Employees have the right to schedule an appointment at a later time to speak with the government representative. Employees also have the right to decline to be interviewed altogether.
3. Employees are entitled to have someone with them during an interview with a government representative. ACHIEVE will arrange to have the organization's attorney present at no cost, or the employee may choose to consult an attorney separately at their own expense. It must be made



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

clear to the employee that an attorney hired by ACHIEVE does not represent the employee individually.

4. Employees are, of course, free to speak with the government representatives. If an employee speaks with the government representatives before notifying the CO, the employee makes the notification as soon as possible after the interview. Employees are strongly encouraged to take notes during the interview.
5. During the interview, employees should follow these guidelines:
 - I. Always tell the truth. If an employee cannot recall something, is uncertain or has no knowledge about the topic being discussed, they should say so.
 - II. Employees should be careful to answer questions completely, accurately, and concisely so that there will be no misunderstandings as to what they are saying. Employees should indicate whether the information they provide is first-hand knowledge, something they have heard, or speculation.
 - III. It is good practice to avoid speculation, but if an employee must speculate, it is important to make sure they let the government representatives know that they are speculating.
 - IV. Contact the CO as soon as possible after the interview.

D. Communications Regarding a Government Inquiry or Investigation

1. Employees do not discuss this matter with anyone without first receiving permission from the CO. Innocent parties may be hurt by rumors



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

803: Responding to Government Investigations

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

regarding the government contact, and ACHIEVE will not condone the spreading of such rumors.

-
2. If an employee receives any inquiries from the media, a person, or organization, they refer the inquiries to the CO. No attempt is made to provide any explanation other than to state that the questions regarding the investigation will be answered by the CO.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

POLICY

ACHIEVE is committed to prompt, complete and accurate billing of all services provided to consumers. ACHIEVE and its employees, contractors and agents shall not make or submit any false or misleading entries on any bills or claim forms, and no employee, contractor or agent shall engage in any arrangement or participate in such an arrangement at the direction of another person, including any supervisor or manager, that results in such prohibited acts.

Further, it is the policy of ACHIEVE to detect and prevent fraud, waste and abuse in federal healthcare programs. This Policy explains the Federal False Claims Act (31U.S.C. §§ 3729 - 3733), the Federal Program Fraud Civil Remedies Act (31 USC §§3801- 3812), the Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119), 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. This policy also sets forth the procedures ACHIEVE has put into place to prevent any violations of federal or New York State laws regarding fraud or abuse in its health care programs.

SCOPE

This Policy applies to all employees, including management, and all contractors and agents.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2).

DEFINITIONS

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)

RESPONSIBILITIES

This policy and procedure is overseen by the ACHIEVE designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary, but no less frequently than once a year.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

PROCEDURE

I. Overview of Relevant Laws

A. Federal False Claims Act (31 U.S.C. §§ 3729 - 3733).

Overview. The False Claims Act is one of the laws the Government uses to prevent and detect fraud, waste and abuse in federal health care programs. The False Claims Act establishes liability for any person who “knowingly” submits a false claim either (1) directly to the Government or (2) to a contractor or grantee of the Government, if the money or property is to be spent or used on the Government’s behalf or to advance a Government program or interest. A violation of the False Claims Act can result in a civil penalty for each false claim submitted, plus up to three times the amount of the damages sustained by the Government due to the violation(s). The False Claims Act defines “knowingly” to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Specifically, the False Claims Act may be violated by the following acts:

- a. Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval;
- b. Knowingly making or using, or causing to be made or used, a false record or statement material to a false claim;



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance
Section: Element VII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017, 2023

- c. Conspiring to commit a violation of the False Claims Act;
or
 - d. Knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay money or transmit property to the Government, or knowingly concealing or avoiding or decreasing an obligation to pay money or transmit property to the Government.
2. Applicability. Among other things, the False Claims Act applies to claims submitted for payment by federal health care programs, including Medicare and Medicaid.
3. Examples. A few examples of actions that violate the False Claims Act include knowingly:
 - a. Billing for services that were not actually rendered;
 - b. Charging more than once for the same service;
 - c. Billing for medically unnecessary services; and
 - d. Falsifying time records used to bill Medicaid.
4. Methods of Enforcement. The Government, or an individual citizen acting on behalf of the Government (a “Relator”), can bring actions under the False Claims Act. If a Relator brings an action under the False Claims Act, the Government has a period of time to investigate the allegations and decide whether to join the lawsuit. If the Government elects to join the lawsuit, the Relator is entitled to 15-25% of any recovery.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

If the Government elects not to join the lawsuit, the Relator may still proceed with the action and is entitled to 25-30% of any recovery.

5. Employee Protection. The False Claims Act prohibits discrimination by ACHIEVE against an employee, contractor or agent for taking lawful actions in furtherance of an action under the False Claims Act. Under the False Claims Act, any employee, contractor or agent who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee, contractor or agent whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorneys' fees.

An overview of the FCA, including civil penalty amounts, can be found at: <https://www.justice.gov/civil/false-claims-act>

- B. Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812). The Program Fraud Civil Remedies Act of 1986 is a federal law that provides 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. Violations of this law are investigated by the Department of Health and Human Services and monetary sanctions may be imposed in an administrative hearing setting. Monetary



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance Effective Date: 2005
Section: Element VII Last Revision Date(s): 2008, 2014, 2017, 2023

sanctions may include penalties for each claim and damages of twice the amount of the original claim.

- C. Patient Protection and Affordable Care Act “PPACA” (Pub. L. No. 111-148, 124 Stat. 119). The Patient Protection and Affordable Care Act of 2010 is a federal healthcare law that through amendments expanded provisions of the Federal False Claims Act. Most significantly, PPACA expanded FCA liability for possession of overpayments (42 U.S.C. § 1320a-7k). The law clarified that an overpayment must be reported and returned by 60 days after the date on which the overpayment was identified. Overpayments retained after the deadline are considered an obligation as defined in the FCA imposing FCA liability.

- D. New York State False Claims Laws
 - 1. New York State False Claims Act (State Finance Law §§187-194). The New York State False Claims Act was modeled after the Federal False Claims Act and its provisions are very similar. This Act provides that anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties between \$6,000 and \$12,000 for each false claim submitted. The False Claims Act defines “knowingly” to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

The Government, or an individual citizen acting on behalf of the Government (a “Relator”), can bring actions under the New York State False Claims Act. In addition, the New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

2. Social Service Law §145-b. Under this section it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. In the event of a violation of this law, the local Social services district or the State has a right to recover civil damages equal 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 damages (or \$5,000, whichever is greater) sustained by the government due to the violation. In addition, the Department of Health may impose a monetary penalty of up to \$10,000 per violation unless a penalty under the section has been imposed within the previous five years, in which case the penalty may be up to \$30,000.
3. Social Services Law § 145-c. Under this section, if any person individually or as a member of a family applies for or receives public assistance, including Medicaid, by intentionally making a



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

false or misleading statement, or intending to do so, then the needs of that person shall not be taken into account for determining the needs of that person or those of his or her family:

(i) for a period of 6 months if a first offense; (ii) for a period of 12 months if a second offense, or upon an offense which resulted in the wrongful receipt of benefits in an amount of between \$1,000 and \$3,900; and (iii) for a period of 18 months if a third offense or upon an offense which resulted in the wrongful receipt of benefits in excess of \$3,900, and 5 years for any subsequent occasion of any such offense.

4. Social Services law §145. Under this section, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. This crime is punishable by fines and by imprisonment up to one year.
5. Social Service Law § 366-b. Under this section any person who, with intent to defraud, presents for payment any false or fraudulent claim for services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which he/she is legally entitled to shall be guilty of a class A misdemeanor.
6. Penal Law Article 155. Under this Article, the crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or similar behavior. This Article has been



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

applied to Medicaid fraud cases. This crime is punishable by fines and imprisonment up to twenty-five years.

7. Penal Law Article 175. Under this Article, four crimes relating to falsifying business records or filing a false instrument have been applied in Medicaid fraud prosecutions. These crimes are punishable by fines and imprisonment up to four years.

8. Penal Law Article 176. This Article establishes the crime of insurance fraud. A person commits such a crime when he/she intentionally files a health insurance claim, including Medicaid, knowing that it is false. This crime is punishable by fines and imprisonment up to twenty-five years.

9. Penal Law Article 177. 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), he/she knowingly and willfully provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health care fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

10. Labor Law §740. In addition to provisions contained in the Federal and New York State False Claim Acts, this section offers protections to employees who may notice and report inappropriate activities. Under New York State Labor Law §740, an employer may not take any retaliatory personnel action against an employee because the employee:

- 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, or which constitutes health care fraud;
- 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 such employer; or
- objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

To bring an action under this provision, the employee must first bring the alleged violation to the attention of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. The law also provides that employees who bring an action without basis in law or fact may be held liable to the employer for its attorney's fees and costs.

11. Labor Law §741. Under this section, an employer may not take



125 Cutler Pond Road
Binghamton, NY 13905
607-723-8631
Achieveny.org

804: False Claims

Category: Compliance

Effective Date: 2005

Section: Element VII

Last Revision Date(s): 2008, 2014, 2017, 2023

any retaliatory personnel 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. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gives 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. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs.

II. Procedures

A. General Principles

1. ACHIEVE provides training to all its employees, contractors and agents regarding this policy
2. Billing activities are performed in a manner consistent with Medicare, Medicaid and other payor regulations and requirements and in accordance with ACHIEVE's Documentation Policy.



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

805: Compliance Investigations

Category: Compliance
Section: Element VII

Effective Date: 2023
Last Revision Date(s): 2023

PURPOSE

This policy and procedure provide information on ACHIEVE’s process for completing thorough investigations into matters of non-compliance.

POLICY

ACHIEVE promptly responds to reports or reasonable indications of suspected noncompliance with federal, state, and local statutes, rules, regulations, Medicaid Program requirements, or the Compliance Program (hereafter referred to as “compliance issues”) by commencing a prompt investigation of the allegations to determine whether a violation has, in fact, occurred.

SCOPE

This policy applies to all investigations conducted to evaluate possible non-compliance with compliance issues.

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

805: Compliance Investigations

Category: Compliance
Section: Element VII

Effective Date: 2023
Last Revision Date(s): 2023

Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Compliance program investigation requirements are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521-1.4(h) and Part 521-1.4(h)(1).

DEFINITIONS

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)

RESPONSIBILITIES

All affected individuals are expected to participate fully in investigation of compliance issues.

This policy and procedure are overseen by ACHIEVE's designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

PROCEDURES

The Investigation

The Compliance Officer (CO) is empowered to investigate and independently act on matters related to the Compliance Program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, and other affected individuals. The CO has the authority to engage outside experts, auditors,



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

805: Compliance Investigations

Category: Compliance
Section: Element VII

Effective Date: 2023
Last Revision Date(s): 2023

legal counsel, or other consultants, as needed. The CO considers whether the investigation should be conducted under privilege.

Depending upon the type of possible non-compliance, the CO determines what personnel possess the requisite skill sets to examine the compliance issues and will assemble a team of investigators, as needed. The CO decides whether ACHIEVE has sufficient internal resources to conduct the investigation or whether external resources are also needed.

If appropriate, the CO recommends the cessation of internal activities that may be the cause of the possible non-compliance.

Before investigating the particular facts surrounding the issue, the CO obtains an understanding of the relevant statutes, rules, regulations, Medicaid Program requirements, and government issuances.

The CO works with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation, which may include, but not be limited to an audit of billing practices and interviews. Interviews include the “Who, What, When, Where, and Why” of the circumstances. All interview notes and notes from the documents reviewed are kept as part of the investigation file.

Post-Investigation

Upon receipt of the results from the investigation, depending on the scope and severity of any identified violations, the CO may consult with legal counsel, the Chief Executive Officer, and/or the Compliance Committee (CC) in order to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions; (b) the completeness, objectivity and adequacy of the results and findings; and/or (c) further actions to be taken as necessary and appropriate.



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

805: Compliance Investigations

Category: Compliance
Section: Element VII

Effective Date: 2023
Last Revision Date(s): 2023

If the Chapter identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Chapter promptly reports the violation to the appropriate government entity. The Chapter also makes notification to The Arc New York compliance staff immediately, but no later than five (5) business days of the self-disclosure or referral and includes a copy of the self-disclosure letter or other documentation. If no written self-disclosure document exists, the notification to The Arc New York includes a summary of the events as described to the state or federal agency. The CO receives and retains copies of any such reports.

Overpayments Identified as a Result of an Investigation

The investigation concludes that the Chapter received a Medicaid Program overpayment this is reported, returned, and explained to the department of the Office of Medicaid Inspector General (OMIG). This obligation is satisfied by making a disclosure through OMIG's Self-Disclosure Program (if eligible), complying with the requirements as specified in section 521-3.4, and returning the overpayment and interest (if required) to the department in accordance with the provisions of section 521-3.5. Please see ACHIEVE's Voluntary Disclosures policy and procedure for additional details.

The investigation seeks to identify the root cause of the identified overpayment and explores the potential existence of any additional overpayments.

Investigations into additional potential overpayments use up to a six-year look-back period and a look-ahead period up to the point of implementation of the corrective action addressing the non-compliance contributing to the existence of the overpayment. The CO determines what additional activities are warranted to explore the potential existence of additional overpayments (e.g., Chapter conducted audits, seeking outside consultation and audit support) as well as the scope of the audits (e.g., the look-back and look ahead periods, what records are reviewed).



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

805: Compliance Investigations

Category: Compliance
Section: Element VII

Effective Date: 2023
Last Revision Date(s): 2023

Documentation

At the conclusion of the investigation, the CO organizes the information in a manner that enables ACHIEVE to determine whether an infraction did, in fact, occur. Documentation includes the alleged violations, a description of the investigation process, copies of interview notes, other documents essential for demonstrating that the Chapter completed a thorough investigation and the disciplinary action and corrective action implemented. The CO tracks the investigation, including responsible parties and due dates in a central logbook. The logbook includes a notation of “closed” (or other similar notation) when the matter has been investigated and/or fully resolved.

Reporting

The CO is responsible for reporting all investigations to the Chief Executive Officer, the CC, and the Board of Directors.



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

901: Non-Retaliation/Non-Retribution

Category: Compliance
Section: Element VIII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

POLICY

ACHIEVE will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith regarding a practice that the individual believes may violate ACHIEVE’s Corporate Compliance Plan, Code of Ethics, its Compliance Policies, or any of the laws, rules or regulations by which ACHIEVE is governed. “Good faith” means the individual believes the potential violation actually occurred as they are reporting it.

SCOPE

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

REFERENCES

ACHIEVE is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

901: Non-Retaliation/Non-Retribution

Category: Compliance
Section: Element VIII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

Compliance program investigation requirements are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521-1.4(h) and Part 521-1.4(h)(1).

DEFINITIONS

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)

RESPONSIBILITIES

All affected individuals are expected to participate fully in investigation of compliance issues.

This policy and procedure are overseen by ACHIEVE's designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

A. Non-Retaliation/Non Retribution

All employees of ACHIEVE are strictly prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation or retribution against any employee for reporting his or her concerns relating to a possible violation of ACHIEVE's Corporate Compliance Plan, Code of Ethics, its Compliance Policies or any of the laws, rules or regulations by which ACHIEVE is governed.

No director, officer, employee or volunteer shall suffer intimidation, harassment, discrimination or other retaliation, or in the case of employees, adverse employment consequences.



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

901: Non-Retaliation/Non-Retribution

Category: Compliance
Section: Element VIII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

The non-retribution/non-retaliation provisions of this Policy do not permit employees to avoid the consequences of their own wrongdoing by reporting such wrongdoing. Disciplinary actions taken against an employee who reports his or her own wrongdoing will be a result of the wrongdoing itself, not the reporting of such wrongdoing and, therefore, are not to be considered retaliation or retribution. Self-reporting may, however, be taken into account in determining the appropriate disciplinary action to be taken.

B. Reporting Complaints

If an ACHIEVE employee, director, officer or volunteer believes in good faith that they have been retaliated against for initiating a report or complaint or for participating in any investigation related to such report or complaint, then the ACHIEVE employee, director, officer or volunteer should report the retaliation to his or her supervisor, manager, the Corporate Compliance Officer or ACHIEVE's Compliance Hotline as soon as possible. The report should provide a thorough account of the incident(s) and should include names, dates of specific events (if available), the names of any witnesses and the location or name of any document in support of the alleged retaliation.

ACHIEVE will conduct a thorough and objective investigation of the incident(s).

Adverse actions in retaliation for an employee's report or complaint may result in discipline, up to and including termination.

C. Discipline

Any disciplinary action for violation of the Corporate Compliance Plan, Code of Ethics, policies and procedures or any of the laws, rules or regulations by which ACHIEVE is governed shall be imposed in accordance with ACHIEVE's Human Resources Policies and Procedures or the Bylaws of the Board of Directors.



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

901: Non-Retaliation/Non-Retribution

Category: Compliance
Section: Element VIII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

In the event an employee, Director, officer or volunteer makes a frivolous, malicious or knowingly false report or complaint under this Policy, they will be subject to appropriate discipline, up to and including termination.

WHISTLEBLOWER POLICY

Pursuant to the Federal False Claims Act (31 U.S.C. §§ 3729-3733), Federal Program Fraud Remedies Act (31 U.S.C. §§ 3308-3812), New York State False Claims Act (State Finance Law (§§ 3308-3812)), Social Service Law (§ 145-b), Social Service Law (§ 36-b) Penal Law Article 177 and Labor Law (§ 740), the following protections are provided to all Agents of ACHIEVE, to include employees, former employees, volunteers, independent contractors, Board Members and individuals whose affiliation allows them to serve as a representative of ACHIEVE.

ACHIEVE is required to communicate to all parties the protections, rights and obligations under New York Labor Law (§ 740).

1. Discrimination by ACHIEVE against an employee, former employee, independent contractor, director, officer or volunteers for taking lawful actions in furtherance of an action under the False Claims Act is prohibited.
2. No director, officer, employee, former employee, independent contractor or volunteer shall suffer intimidation, harassment, discrimination or other retaliation, or in the case of employees, adverse employment consequences.
3. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole. Such relief may include reinstatement with double back pay, and compensation for any damages, including litigation costs and reasonable attorney's fees.



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

901: Non-Retaliation/Non-Retribution

Category: Compliance
Section: Element VIII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

4. ACHIEVE may not take any retaliatory action against an employee, former employee, independent contractor, director, officer or volunteer who discloses or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the agency that they reasonably believe is in violation of the law, rule or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud.

5. ACHIEVE may not take any retaliatory action against an employee, former employee, independent contractor, director, officer or volunteer who provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of law, rule or regulation by the agency.

6. ACHIEVE may not take any retaliatory action against an employee, former employee, independent contractor, director, officer or volunteer who objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

To bring an action under this provision, the employee, former employee, independent contractor, director, officer or volunteer must first make a good faith effort to bring the alleged violation to the attention of ACHIEVE and give the agency a reasonable opportunity to correct the allegedly unlawful practice. Such employer notification shall now be required where: (a) there is an imminent and serious danger to the public health or safety; (b) the employee reasonably believes that reporting to the supervisor would result in a destruction of evidence or other concealment of the activity, policy or practice; (c) such activity, policy or practice could reasonably be expected to lead to endangering the welfare of a minor; (d) the employee reasonably believes that reporting to the supervisor would result in physical harm to the employee or any other person; or € the employee reasonably believes that the supervisor is already aware of the activity, policy or practice and will not correct such activity, policy or practices. The law allows employees, former employees, independent contractors, directors, officers or volunteers, who are the subject of a



125 Cutler Pond Road
Binghamton, NY 13905
Achieveny.org

901: Non-Retaliation/Non-Retribution

Category: Compliance
Section: Element VIII

Effective Date: 2005
Last Revision Date(s): 2008, 2014, 2017,
2020, 2023

retaliatory action to bring a civil action in court, including the right to a jury trial, and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back pay, compensation for emotional distress of reasonable costs and civil penalties of up to \$10,000 if they receive a favorable judgment related to a retaliation claim. The law also provides that employees, former employees, independent contractors, directors, officers and volunteers who bring an action without basis in law or fact may be held liable to the agency for its attorney's fees and costs.

Corporate Compliance concerns may be reported to the Director of Performance Improvement & Corporate Compliance in person at 125 Cutler Pond Road, Binghamton, NY; via the Compliance Hotline: 607-723-8361 (menu option #8); via email at jbush@achieveny.org; or via the agency website at www.achieveny.org through the Say Something portal.

I have read, understand and agree to abide by the ACHIEVE Whistleblower Policy as detailed above.

Signature/Title

Date

APPENDIX A

TYPES OF BUSINESS ARRANGEMENTS SUBJECT TO THE STARK II BAN*

In the final version of its Compliance Guidance for Individual and Small Group Physician Practices issued on September 25, 2000, the Office of Inspector General of the Department of Health and Human Services advised physicians to have all business arrangements that involve referrals reviewed by legal counsel familiar with the antikickback and Stark laws. Additionally, on June 8, 2004, the OIG issued a supplemental guidance for hospitals, which also focuses on physician and hospital relationships under Stark. Business arrangements that should be reviewed for compliance with the Stark II ban generally and the Phase I and Phase II regulations include, but are not limited to, the following:

- All physician employment and independent contractor arrangements. The Phase I final regulations modify the permissible methodologies for compensating physicians subject to Stark II. Accordingly, all compensation formulas should be reviewed in light of these regulations.
- The organizational and operational structures of all group practices. Qualifying as a "group practice" under Stark II enables physicians to take advantage of certain exceptions, including the physician services exception and the in-office ancillary services exception. Group practices that provide DHS should review Stark's group practice requirements to make sure they qualify under the definition, in order to protect their referrals under the in-office ancillary services exception.
- All group practice compensation arrangements, including all arrangements for the provision of ancillary services and all employment and independent contractor arrangements entered into by group practices with physicians. The methodologies used by group practices for distributing profits from the provision of designated health services and for paying productivity bonuses to physicians should be particularly scrutinized for compliance with the regulations.
- All administrative service contracts entered into by physicians, such as medical director agreements. Note that the regulations create a safe harbor provision for DHS entities making payments to a physician for his or her personal services. Notably, this safe harbor provision provides that an hourly payment for a physician's personal services (not services performed by employees, contractors, or others) shall be considered fair market value if the hourly payment is established using either of the following methods:
 - The hourly rate is less than or equal to the average hourly rate for emergency room physician services in the relevant physician market, provided that there are at least three (3) hospitals providing emergency room services in the market; or
 - The hourly rate is determined by averaging the 50th percentile national compensation level for physicians with the same physician specialty (or if a specialty is not identified, for general practice) in at least four surveys (as identified in the regulations), divided by 2,000 hours.

- All space and equipment leases. Among the changes in the Phase I final regulations potentially impacting office space leases entered into by group practices is the tightening of the requirements in the often relied upon Stark II exception for in-office ancillary services governing the location where designated health services may be performed.
- Office sharing agreements and time-share arrangements.
- All economic relationships between physicians and the hospitals to which they make designated health service referrals, including loan agreements, hospital guaranties of physician obligations, physician recruitment arrangements, independent contractor arrangements and employment agreements. Notably, Phase II made significant revisions to physician recruitment provisions. The Phase II regulations went into effect on July 26, 2004, and govern even preexisting arrangements. Therefore, many physician and hospital arrangements will need to be amended to reflect compliance with the new regulations.
- Practice acquisitions.

*This information is set forth for informational purposes only. It is not intended to be legal advice nor should it be interpreted as such

APPENDIX C

Corporate Compliance Committee

The following are members of the Corporate Compliance Committee

Director of Performance Improvement & Corporate Compliance	Julye Bush	jbush@achieveny.org
Chief Executive Officer	Amy Howard	ahoward@achieveny.org
Chief Financial Officer	Ann Yeager	ayeager@achieveny.org
Chief Operating Officer	Lisa Whitney	lwhitney@achieveny.org
VP Human Resources	Wendy Glanville	wglanville@achieveny.org
VP Programs	Laura Thompson	lthompson@achieveny.org
VP Programs	Matt Rouff	mrouff@achieveny.org
VP Development & Donor Relations	Preston Evans	pevans@achieveny.org
VP Clinical Services & Innovation	Brittany Gaynor	bgaynor@achieveny.org
*IT Director	Sandy Mock	smock@achieveny.org
*Legal Counsel	Margaret Surowka, Barclay Damon	Legal Services related to Corporate Compliance

*As needed basis

APPENDIX D

Corporate Compliance Officer Log

Confidential- Do Not Duplicate - Confidential - Do Not Duplicate

DATE OF COMPLIANT/ REPORT	CASE ID	TYPE OF CONTACT (E.G., DIRECT, COMPLIANCE HOTLINE, MANAGER)	FOLLOW-UP INVESTIGATION	FORWARD TO OUTSIDE COUNSEL YES/NO (DATE, IF APPLICABLE)	CORRECTIVE ACTION TAKEN

APPENDIX E

Criminal History Record Check Consent Form

Referenced in Element III - Background Checks; Policy #402

B. Criminal Background Checks

1. Applicability.

Does not reference a specific form

APPENDIX F

Request for Criminal History Record Check

Referenced in Element III - Background Checks; Policy #402

B. Criminal Background Checks

1. Applicability.

Does not reference a specific form

APPENDIX G

Information for Fingerprint Submission

Referenced in Element III - Background Checks; Policy #402

B. Criminal Background Checks

1. Applicability.

Does not reference a specific form

APPENDIX H

ACHIEVE Vendor Contractor Certification Form

It is the policy of ACHIEVE not to employ, contract with or otherwise do business with any individual or entity excluded from participation in federally sponsored health care programs, such as Medicare or Medicaid. See link to the HHS Office of Inspector General Exclusion Program for further explanation.

(<http://oig.hhs.gov/fraud/exclusions/aboutexclusions.html>).

To assure compliance with this policy and the HHS Office of Inspector General Exclusion Program, ACHIEVE requests Vendor/Contractor Certification Procedures.

Any vendor/contractor wishing to enter into a contract with ACHIEVE is required to certify in its contract that neither it nor any of its employees is an Ineligible Person. Such vendor/contractor certification shall be made on **at least an annual basis**.

In addition, each vendor/contractor contract shall contain a provision requiring the vendor/contractor to maintain supporting documentation for its exclusion checks and to produce copies of such documentation to ACHIEVE upon ACHIEVE's request.

Your signature below verifies your commitment to abiding by the regulations.

Contractor (Company): _____

Signature: _____

Date: _____

APPENDIX I

CONFIDENTIALITY AGREEMENT (Agent of ACHIEVE)

As an employee, volunteer, consultant/contractor or representative of ACHIEVE, I may have access to “confidential information”. I understand as an agent of ACHIEVE, I have obligations to protect the confidentiality of information to which I may have access.

Confidential information may include, but is not limited to:

- Information regarding Individual or personal representative, or family members of the Individual.
- Employee, volunteer, consultant/contractual information.
- Financial information relating to ACHIEVE or other companies or agencies that ACHIEVE is involved with.

Confidential information is valuable and sensitive and is protected by law and by the policies of ACHIEVE. Confidential information must remain confidential and only the minimum necessary will be used to accomplish the agency’s mission of providing services to individuals with developmental disabilities.

I will conduct myself in strict conformance with applicable laws and ACHIEVE’s policies regarding confidentiality. I will read and abide by HIPAA, Corporate Compliance and OPWDD standards. I understand that violation of these policies and regulations may lead to disciplinary actions that may include but is not limited to verbal or written warning or termination of employment, and legal liability.

As an agent of ACHIEVE, I understand that I will have access to confidential information. This information may include but is not limited to:

- Protected health information for Individual and/or workforce members.
- Employee salaries, employment records, disciplinary actions.
- Organizational information including: financial, statistical records, strategic planning, internal reports, memos, contracts, peer review, communications, computer information, and proprietary information.
- Third party information (computer programs, vendor proprietary information).

I understand that access to confidential information may be in the form of, but not limited to:

- Paper records
- Computer generated records
- Electronic Information
- Verbal (Formal, informal, incidental communication).
-

As an employee, volunteer, consultant/contractor or representative of ACHIEVE,
I AGREE TO THE FOLLOWING:

- I will read and review the confidentiality policies and procedures of ACHIEVE.
- I will only access confidential information, which I need to know to complete my job.
- I will not release/divulge/destroy confidential information in any form, without the appropriate authorization that is within the scope of my job responsibilities.
- I will keep my worksite secure in order to prevent unnecessary disclosure of confidential information.
- I will limit the possibility of incidental disclosure by verbal, visual or other means.
- I understand that my responsibility to maintain confidentiality of information continues after termination of employment at ACHIEVE.
- I will assume responsibility for misuse or wrongful disclosure of confidential information and for my failure to safeguard my access clearance or confidential information.
- I understand that failure to comply with this agreement may result in disciplinary action, termination of employment from ACHIEVE, or legal action.

Signature

Title

Date

APPENDIX J

ACHIEVE NOTICE OF PRIVACY PRACTICES

This notice describes the privacy practices of NYSARC, Inc, Broome-Chenango-Tioga Counties Chapter, dba ACHIEVE (Organization) and the privacy rights of the people we serve. It will describe how information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy rule DOES NOT CHANGE the way you get services from the Organization, or the privacy rights you have always had under New York State Mental Hygiene Law. The Privacy rule adds some details about how you can exercise your rights.

PLEASE REVIEW THIS NOTICE CAREFULLY.

This notice is effective as of December 1, 2013

Our Privacy Commitment to You:

The Organization provides many different services to you. We understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. The Organization is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. This notice tells you how the Organization uses and discloses information about you. It describes your rights and what the Organization's responsibilities are concerning information about you. When we use the word "you" in this Notice, we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may mean your guardian, your health care proxy, or your involved parent, spouse, or involved adult family member.

If you have questions about any part of this notice or if you want more information about the privacy practices at the Organization, please contact:

**Julye Bush, Director of Performance Improvement &
Corporate Compliance**
Address: 125 Cutler Pond Rd, Binghamton, NY 13905
Phone: Corporate Compliance Hotline (607) 723-8361,
Menu Option #8
E-mail: jbush@achieveny.org

Who will follow this Notice:

All people who work for the Organization will follow this notice. This includes employees, persons the Organization contracts with who are authorized to enter information in your record or need to review your record to provide services to you, and volunteers who the Organization allows to assist you.

What information is protected:

All information that we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, your medical information, your service or treatment plan, and other information (including photographs or other images) about your care in our programs, is considered protected information. In this Notice, we refer to protected information as protected health information or "PHI". We create and collect information about you and we keep a record of the care and services you receive through this agency. The information about you is kept in a record; it may be in the form of paper documents in a chart or on a computer. We refer to the information that we create, collect, and keep as a "record" in this Notice.

Your Health Information Rights:

Unless otherwise required by law, your record is the physical property of the Organization, but the information in it belongs to you and you have the right to have your information kept confidential. You have the following rights concerning your PHI:

- You have a right to see or inspect your PHI and obtain a copy of the information. Some exceptions apply, such as information compiled for use in court or administration proceedings. NOTE: The Organization requires you to make your request for records in writing to the Privacy Officer. You may request copies in paper format or in an electronic form such as a CD, portable device, or memory stick. In some instances, the Agency may charge you for copies.
- If we deny your request to see your information, you have the right to request a review of that denial. The CEO/designee will appoint a licensed health care professional to review the record and decide if you may have access to the record.
- You have the right to ask the Organization to change or amend information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by the Organization or if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosures that the Organization has made of your PHI. The list, however, does not include certain disclosures, such as those made for treatment, payment, and health care operations, or disclosures made to you or made to others with your permission.
- You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, health care operations, and disclosures to involved family. The Organization, however, is not required to agree to your request.
- You have the right to request that the Organization communicates with you in a way that will help keep your information confidential. You may request alternate ways of communication with you or request that communications are forwarded to alternative locations.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you.

- To request access to your clinical information or to request any of the rights listed here, you may contact:

Julve Bush, Director of Performance Improvement & Corporate Compliance
Address: 125 Cutler Pond Rd, Binghamton, NY 13905
Phone: Corporate Compliance Hotline (607) 723-8361,
Menu Option #8 E-mail: jbush@achieveny.org

We will require you to submit your requests in writing to the Privacy Officer.

NOTE: Other regulations may restrict access to HIV/AIDS information and federally protected drug and alcohol information. See any special authorizations or consent forms that will specify what information may be released and when, or contact the Privacy Officer listed above.

Our Responsibilities to You:

We are required to:

- **Maintain the privacy of your information in accordance with federal and state laws.**
- **Give you this Notice that tells you how we will keep your information private.**
- **Tell you if we are unable to agree to a limit on the use or disclosure that you request.**
- **Carry out reasonable requests to communicate information to you by special means or at other locations.**
- **Get your written permission to use or disclose your information except for the reasons explained in this notice.**
- **We have the right to change our practices regarding the information we keep. If practices are changed, we will tell you by giving you a new notice. Notices will be posted on our website:
www.achieveny.org**

How Organization Uses and Discloses Your Health Information:

The Organization may use and disclose information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- **Treatment:** The Organization will use your information to provide you with treatment and services. We may disclose information to doctors, nurses, psychologists, social workers, and other Organization personnel, volunteers, or interns who are involved in providing your care. For example, involved staff may discuss your information to develop and carry out your treatment or service plan and other Organization staff may share your information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your information to other providers outside of the Organization who are responsible for providing you with services.
- **Payment:** The Organization will use your information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid, or other government agencies. For example, we may need to provide your health care

insurer with information about the services you received in our agency or through one of our programs so they will pay us for the services. In addition, we may disclose your information to receive prior approval for payment for services you may need.

- **Health Care Operations:** The Organization will use clinical information for administrative operations. These uses and disclosures are necessary to operate Organization programs and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you.

We may also disclose information to clinicians and other personnel for on-the-job training. We will share your health information with other Organization staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Program. We may also disclose information to our business partners who need access to the information to perform professional services on our behalf.

Other Uses and Disclosures that Do Not Require your Permission:

In addition to treatment, payment, and health care operations, the Organization will use your information without your permission for the following reasons:

- When we are **required to do so by federal or state law.**
- For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- To report **domestic violence and adult abuse or neglect** to government authorities if necessary to prevent serious harm.
- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject.
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose information if the judge or presiding officer orders us to share the information.
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse.
- Upon your death, to **coroners or medical examiners** for identification purposes or to determine cause of death, and to **funeral directors** to allow them to carry out their duties.
- To organ procurement organizations to accomplish cadaver, eye, tissue, or **organ donations** in compliance with state law.
- For **research** purposes when you have agreed to participate in the research and the Privacy Oversight Committee has approved the use of the clinical information for the research purposes.
- To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's.

- To authorized federal officials for intelligence and other **national security** activities authorized by law or to provide **protective services to the President** and other officials.
- To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.

Uses and Disclosures that Require Your Agreement:

The Organization may disclose information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.
- For **fundraising** purposes, we may disclose information to a charitable program that assists us in fundraising with your permission. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising.
- For marketing of health- related services, we will not use your health information for marketing communications without your permission.

Authorization Required For All Other Uses and Disclosures:

- For all other types of uses and disclosures not described in this Notice, Organization will use or disclose information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for use and disclosure for marketing purposes, such as agency newsletters and press releases.

Note: If you cannot give permission due to an emergency, the Organization may release information in your best interest. We must tell you as soon possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain information that indicates the services we have provided to you.

Changes to this Notice:

We reserve the right to change this Notice. We reserve the right to make changes to terms described in this Notice and to make the new notice terms effective to all information that the Organization maintains. We will post the new notice with the effective date on our website at www.achieveny.org and in our facilities. In addition, we will offer you a copy of the revised notice at your next scheduled service planning meeting.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with:

- Julye Bush, Director of Performance Improvement & Corporate Compliance
- Address: 125 Cutler Pond Rd, Binghamton, NY 13905
- Phone: Corporate Compliance Hotline (607) 723-8361, Menu Option #8
- E-mail: jbush@achieveny.org
- Or, you may contact the Director of Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, and Secretary of the Department of Health and Human Services. You may call them at (877) 696-6775 or write to them at 200 Independence Ave. S.W., HHH Building Room 509H, Washington DC, 20201.
- You may file a grievance with the Office of Civil Rights by calling or writing Region II - US Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278, Voice Phone (800) 368-1019, FAX (212) 264-3039, TDD (800) 537-7697.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Acknowledgement of Receipt of Notice

**Broome-Chenango-Tioga Counties Chapter
NYSARC, Inc, dba ACHIEVE
125 Cutler Pond Road, Binghamton, NY. 13905**

Privacy Officer: (Name) Julye Bush Phone: (607) 723-8361, Menu Option #8
I hereby acknowledge that I have received a copy of **Broome-Chenango-Tioga Counties Chapter NYSARC, Inc, dba ACHIEVE** Notice of Privacy Practices.

I hereby acknowledge that I have received a copy of **Broome-Chenango-Tioga Counties Chapter NYSARC, Inc, dba ACHIEVE** Notice of Privacy Practices.

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices at: _____

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the individual, please indicate relationship:

- _____ Parent or guardian of individual
- _____ Health Care Proxy or Agent
- _____ Beneficiary or personal representative of deceased individual
- _____ Other

Name of Individual: _____

For Office Use Only:

Signed form received by: _____

Acknowledgement refused:

Efforts to obtain:

Reasons for refusal:

APPENDIX K

Certification of Receipt of ACHIEVE Corporate Compliance Program Information and Training

As a provider of service for ACHIEVE, I understand that I am obligated to provide quality services in an ethical manner. In order to achieve this, I understand that I must be committed to abide by the Corporate Compliance Plan. This includes but is not limited to: providing services in an ethical, respectful and honest manner; documentation of the services and response to service as dictated by policy and procedure; reporting violations of policy and procedure.

I certify that I have received the ACHIEVE Corporate Compliance Training. I understand the content of the information and agree to comply with the guidelines, policies and procedures of the Corporate Compliance Program. I understand that the Corporate Compliance Manual is available in hardcopy at my worksite and that I can access the manual on line in the Public Drive at ACHIEVE. I understand that a violation of policy and procedure will lead to disciplinary action up to and including the termination of my employment, contract or participation as a committee member.

Date of Training: _____ Orientation _____ Annual _____ Update

Trainer: _____

Name of Person: (PRINT) _____

Title: _____ Location: _____

Department: _____

Signature: _____ Date: _____