COORDINATED BEHAVIORAL CARE

CBC'S COMPLIANCE PLAN

POLICY AND PROCEDURE MANUAL

NYS OMIG Part 521

NYS SS Law 363-d

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Contents

Introduction

CBC is committed to establishing and maintaining an effective compliance program that is committed to maintaining compliance with applicable federal, state, and local laws, rules, and regulations as well as healthcare industry standards and ethical standards of business conduct. The purpose to our Compliance Program and policies is.

- Detect and correct payment and billing mistakes and fraud.
- Organize CBC resources to resolve payment discrepancies and detect inaccurate billing
- Make corrections/improvements quickly and efficiently in order to prevent compliance issues going forward.
- Create and operate a system of checks and balances to prevent recurrences.
- Operationalize a system to identify and address risks.
- Maintain appropriate processes to repay overpayments, regardless of the cause.
- Build on and expand existing management control structures so that integrity of operations is demonstrated.
- Ensure compliance programs are compatible with a provider's characteristics.
- Create a culture of compliance throughout the organization
- Demonstrate to your constituencies a commitment to integrity operations.

CBC's Compliance Policies and Procedures are reviewed and updated at least annually, and when there are significant changes to applicable federal and state laws, regulations, or program requirements. The processes defined within this policy may be modified by CBC based upon the unique circumstances of specific plan contracts.

Relevant Statutes and Standards

New York State Social Services Law §363-d
18 NYCRR Part 515 & 521
42 USC §1396(a)(68) (Federal Deficit Reduction Act)
31 U.S.C. 3729-3733, excluding 3730; 3801-3812 et. seq. (Federal False Claims Act)
New York Social Services Law §145, 145-b, 145-c (Penalties, False Statements, Sanctions)
New York Social Services Law §366-b (Penalties for Fraudulent Practices)
New York State Finance Law §§187-194 (State False Claims Act)
New York State Labor Laws §§740, 741
New York State Penal Law §155 (Larceny)
New York State Penal Law §175 (False Written Statements)
New York State Penal Law §176 (Insurance Fraud)
New York State Penal Law §177 (Health Care Fraud)

Definitions

For purposes of the compliance policy directive:

(1) *Abuse* means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

(2) *Affected Individuals* include: all affected employees, affected Contractors/Subcontractors/Independent Contractors (Contractors), Executives and Governing Body members, and any person or affiliate who is involved in any way with CBC in a way that contributes to CBC's risk areas/entitlement to payment under the Medical Assistance Program who does not fall into the previous categories (e.g., interns, students, volunteers, and vendors).

(3) *Claim* means any request for money that is submitted to the federal government or its contractors for the payment of goods and services rendered.

(4) *Compliance Program* means a proactive and reactive system of internal controls, operating procedures, and organizational policies to ensure that the rules that apply to a provider are regularly followed.

(5) *Compliance Officer* means the designated OMH Medicaid Compliance Officer.

(6) *Contractors* collectively means contractors, agents, subcontractors and independent contractors that are subject to the CBC's Compliance Program requirements to the extent it is related to their contracted role and responsibilities within CBC's identified risk areas.

(7) *Effective Compliance Program* means a compliance program adopted and implemented by the required provider that, at minimum, satisfies the requirements of this Subpart 521-1 and that is (i) well-integrated into CBC's operations and supported by the highest levels of the organization, (ii) promotes adherence to the required legal and ethical obligations, and (iii) is reasonably designed and implemented to prevent, detect, and correct non-compliance, including fraud, waste, and abuse most likely to occur based off of CBC's risk areas and organizational experience.

(8) *Employee* means any person responsible for complying with this policy directive.

(9) *Executive is the chief executive officer and all senior administrators and managers regardless of specific title.*

(10) *Fraud* means intentional misrepresentation, omission or concealment calculated to deceive or knowingly presenting or causing to be presented a false record or false claim for payment.

(11) *Governing Body is the Board of Directors*

(12) *Intimidation* means any form of coercion or threatening behavior aimed at compelling an employee not to report actual or suspected fraudulent activity

(13) *Insufficiency means the failure to meet one or more of the 8 elements for compliance, or one or more of the requirements under the eight elements.*

(14) *Knowingly* as defined in the Federal Civil False Claims Act refers to a person who has actual knowledge or the information, acts in deliberate ignorance of the truth of falsity of the information, or acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required.

(15) *OMIG* means the NYS Office of the Medicaid Inspector General.
(16) *Organizational Experience* refers to CBC's (i) knowledge, skill, practice and understanding in operating its compliance program, (ii) identification of any issues or risk areas in the course of CBC's internal monitoring and auditing activities, (iii) experience, knowledge, skill, practice and understanding of results of any audits, investigations, or reviews, or (iv) awareness of any issues CBC should have reasonably become aware based off services provided.
(17) *Periodic/periodically* means a regular interval which is no less than annually, but the context may require a more frequent interval.
(18) *Retaliation* means harassing, threatening to take, or taking an adverse employment action against an employee for reporting actual or suspected fraudulent activity. Examples include, but are not limited to, disciplinary action, failure to promote, reassignment, denial of time off, or ignoring or shunning an employee who has reported Medicaid misconduct.
(19) *Risk Areas* are areas of operation affected by the compliance program and shall apply to: Billing, Payments, Ordered Services, Medical Necessity, Quality of Care, Governance, Mandatory Reporting, Credentialing, Contractors Oversight, Other risk areas that are or should reasonably be identified by the provider through its organizational experience (e.g. eligibility and appropriateness, consents, core services, assessments, plans of care, documentation, billing, etc.).
(20) *Vendors*. The term "Vendors" includes vendors, suppliers, consultants, other care providers, referral sources, manufacturers, payors and other third parties seeking to do, or that are currently engaged in, business with any CBC Entity.
(21) *Waste* means the overutilization of services, or other practices that directly or indirectly, result in unnecessary cost to the Medicaid program.

Effective Compliance Program

New York State Social Services Law §363-d requires providers that operate under a license issued by OMH/OASAS/OPWDD and DOHMH, or providers which order, provide, bill or claim $1,000,000,000 or more from Medicaid in a 12-month period, have an effective compliance program. An "effective compliance program" is one that satisfies all the mandatory elements in SSL §363-d as supplemented by regulations at 18 NYCRR Part 521.

According to New York State Social Services Law §363-d (2) and 18 NYCRR Part 521-1.4 the required elements of an "effective compliance program" include:

(1) **written policies and procedures** that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved. CBC maintains a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and

remedial actions, and reporting to appropriate officials as provided in sections 740 and 741 of the Labor Law.

(2) designate a **Compliance Officer** vested with responsibility for the day-to-day operation of the compliance program; such employee's duties may solely relate to compliance or may be combined with other duties so long as compliance responsibilities are satisfactorily carried out; such employee shall report directly to the entity's chief executive or other senior administrator designated by the chief executive and shall periodically report directly to the governing body on the activities of the compliance program;

(3) **training and education** of all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations, and the compliance program operation; such training shall occur periodically and shall be made a part of the orientation for a new employee, appointee or associate, executive and governing body member.

(4) **lines of communication** to the responsible compliance position, as described in paragraph (2) of this subdivision, which are accessible to all affected individuals, to allow compliance issues to be reported; such communication lines shall include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

(5) **disciplinary standards** to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assist in their resolution and outline sanctions for:

i. failing to report suspected problems.
ii. participating in non-compliant behavior; or
iii. encouraging, directing, facilitating, or permitting either actively or passively non-compliant behavior; such disciplinary policies shall be fairly and firmly enforced.

(6) an **auditing and monitoring** system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including but not limited to internal audits and as appropriate external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits, credentialing of providers and persons associated with providers, mandatory reporting, governance, and quality of care of medical assistance program beneficiaries.

(7) a system for **responding to compliance issues** as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the department or the Office of Medicaid Inspector General; and refunding overpayments.

In addition, 18 NYCRR § 521.3 (a) identifies risk areas that all compliance programs must be applicable to:

1. Billings

2. Payments
3. Ordered services
4. Medical necessity
5. Quality of care
6. Governance
7. Mandatory reporting
8. Credentialing
9. Contractor, Subcontractor, Agent or Independent contract oversight
10. Other risk areas that are or should with due diligence be identified by the provider

Who is subject to the compliance program?

All affected individuals are subject to CBC's compliance program. All affected individuals includes affected employee [all healthcare, billing, fiscal and HR program staff], Executives, Governing Body members, any person or affiliate who is involved in any way with CBC, such that the person or affiliate contributes to CBC's entitlement to payment under Medical Assistance Program and who is not an employee, Executive, or Governing Body member of CBC (e.g., independent contractors, interns, students, volunteers and vendors). Individuals who are at least a 5% owner of CBC shall be considered persons associated with the provider.

All of the following elements and requirements for mandatory compliance programs must apply to all Affected Individuals. CBC will consider each requirement's applicability to all Affected Individuals.

18 NYCRR 521.3 (c):

18 NYCRR 521.3 (c)(1) states "employees and others." BOC interprets this to be "all affected individuals," as used in 18 NYCRR 521.3 (c)(5), which is consistent with requirements found in other elements that address all affected employees, appointees, and persons associated with the Required Provider, Executives, and governing body members.

Element 1: Written Standards, Policies and Procedures

As documented by New York State Social Services Law §363-d and 18 NYCRR 521.3, the written policies and procedures must describe compliance expectations as embodied in CBC's values and code of conduct or code of ethics, located in CBC's Employee Handbook. The code of conduct or code of ethics applies to all affected individuals.

Minimum Requirements

The policies and procedures must be in writing and accessible/applicable to all affected individuals. When changes to the written standards, policies and procedures are needed to address a new or revised law, regulation, or program requirement, either an existing policy will be revised, or a new policy will be drafted and added to the existing policies and procedures.

Whenever a standard, policy or procedure is drafted:

- The Policy and Procedure template will be utilized.
- Requirements and responsibilities will be outlined in the draft policy.
- Policies will comply with applicable federal and state standards, and identify governing laws and regulations applicable to risk areas as needed (Section 521-1.4(a)(2)(i)).
- Once a draft policy is created, it will be reviewed and approved by
    - Staff Compliance Committee and,
    - Program Leadership for the affected area(s).
- The draft policy will then be routed to the CEO for review, as needed, to ensure that there are no conflicts with other business policies and procedures.
- The Compliance Officer (CO) will conduct a final review of the draft policy and make any revisions, before sending to the Governing Body for final approval. Once revisions are completed, the CO is responsible to disseminate the policy throughout the organization utilizing multiple formats: email, webex and/or staff meetings. The policy will then be loaded onto the Compliance Shared Drive and/or uploaded to the CBC Website as applicable.
    - Changes and/or additions to the Compliance Plan require staff attestation of receipt and understanding.

Maintenance and Review of Existing Policies and Procedures

Existing Compliance Policies and Procedures and the Compliance Plan are reviewed at least annually and revised if needed, or when there are legal, regulatory, or program changes that require Policy and Procedure revisions. When existing policies are updated:

- Updates are noted via track changes in the document.
- The revised document is submitted to the appropriate member or members of the Compliance Department for review and comment. Legal Counsel may be consulted for additional review and input.
- The Compliance Officer will conduct a final review of the draft policy and make any revisions before sending to the Governing Body for final approval. Once approved, the policy can be implemented as a final policy and will be loaded to the Compliance Share Drive.

Storage and Communication of Policies and Procedures

A. Compliance Policies and Procedures, including the Compliance Plan, are maintained on CBC's intranet or shared drive portal which is accessible on an ongoing basis to all program employees, managers, interns and C-Suite.
B. Compliance Policies and Procedures are communicated to employees who support Medicaid/Medicare/Medicaid Managed Care business within 30 days of hire and annually thereafter. In addition to these policy communications, CBC's other foundational documents as defined below are also communicated at these same

timeframes.

C. Policy changes are circulated through various mechanisms: staff meetings; compliance presentations; intranet postings, compliance alerts, etc.

Record Retention

When a new policy is created that replaces an existing policy, the obsolete policy is archived in accordance with CBC's Records Retention Schedule and CMS requirements.

1.1 Written policies and procedures describe compliance expectations as they are embodied in the code of conduct or code of ethics.

a) CBC and all affected individuals are required to act in ways to meet the requirements of the mandatory compliance program law and regulation. CBC expects to conduct business in a manner that supports integrity in all operations.

b) Conduct contrary to the expectation is considered a violation of the compliance program.

c) CBC has a Medicaid Code of Conduct that frames and informs these policies and CBC's expectations. The code of conduct must be signed annually and as part of onboarding.

1.2 Written policies and procedures are in effect that implement the operation of the compliance program.

1. CBC has developed and implemented The Part 521/363-d Compliance Policies and procedures to support the operation of its compliance program.

2. Evidence that CBC's compliance program is operational exists by virtue of the fact that:

a) CBC and all affected individuals will act in such a way as to meet the requirements of the compliance program law and regulation as demonstrated by compliance committee meeting minutes, corrective action plans, root cause analysis, trainings, compliance shared drive and disciplinary actions.

b) The written policies and procedures have been distributed to all affected individuals by handing out a hard copy; sending emails to staff with instructions on how to obtain an electronic version through the shared drive/folder and/or CBC Website. Additionally, all hard copies whether original document, amendment or update require a signed receipt.

c) Work product demonstrates that the written policies and procedures are operational. Examples include audit plans, meeting schedules and minutes, training sign in sheets and certificates, compliance and training logs, investigations, corrective action plans and audit. Additionally, there is a budget for the compliance function.

1.3 Written policies and procedures are in effect that provide guidance to all affected individuals on how to deal with potential compliance issues.

The policies and procedures, CBC website, flyers and public postings all include instruction and methods about how to deal with potential compliance issues for all categories of affected individuals.

4.1 Written policies and procedures are in effect that identify how to communicate compliance issues to appropriate compliance personnel. (This cross-references with Element 4.)

1. The written policies and procedures identify Tracie Jones as the appropriate compliance person to whom communication about compliance matters is directed.

2. While not every category of affected individuals will choose to communicate in the same way, the compliance program makes all reporting mechanisms available to all affected individuals. Policies and procedures, CBC website, flyers and training materials identify the different methods available to affected individuals to communicate with appropriate compliance personnel. To include anonymous fax, phone, email, interoffice mail, USPS mail, web portal as well as direct contact through email and phone.

At CBC, a vendor is used to provide hotline services. The vendor is not permitted to filter reports and notifies the CBC CO immediately and no more than 12 business hours via email when a report is completed.

7.1 Written policies and procedures are in effect that provide guidance on how potential compliance problems are investigated and resolved. (This cross-references with Element 7.)

CBC maintains a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in sections 740 and 741 of the Labor Law. This policy is applies to all affected individuals (Section 521-1.4(a)(2)(vii)).

1. CBC's written policy is committed to the investigation of potential compliance problems through the steps laid out in element 7, including how to identify the appropriate investigator, and how to conduct and document the investigation.
2. There is a written commitment to resolve confirmed compliance problems through the implementation of plans of correction; reporting results of investigations to the CEO and Governing Body; and through the monitoring of plans of correction as well as modifying or correcting any policies or practices indicated.

Element 2: Designation of a Compliance Officer and Resources

As documented by New York State Social Services Law §363-d and 18 NYCRR 521.3, CBC must designate an employee to be vested with day-to-day responsibility for the compliance program. CBC should also appoint a Governing Body Compliance Committee and Staff Compliance Committee to oversee the compliance program.

CBC has designated a Compliance Officer (Tracie Jones), a Governing Body Audit & Compliance Committees (BACC), subcommittee of the full board, and a Staff Compliance Committee (SCC) to oversee the compliance program.

2.1 Designate an employee that is vested with the responsibility for the day-to-day operation of the compliance program.

a) The Compliance Officer Tracie Jones is a w2 employee according to NYS or federal employment tax law.
b) Evidence that an employee has been vested with responsibility for the day-to-day operation of the compliance program is seen in: Governing Body minutes; letter of appointment and job description, organizational chart, and employee performance review for the individual that specifies operational and management responsibility for the compliance program. Additionally, operationalism of these responsibilities are reflected in communications and planning documents.
c) The employee vested with responsibility for the day-to-day operation of the compliance program is neither in the legal department or in the finance department so as to minimize any opportunity for conflict of interest.

Compliance Officer

2.2 Are the designated employee's duties related solely to compliance?

The Compliance Officer, Tracie Jones is the individual designated with the responsibility for operating the compliance program. The Compliance Officer has job responsibilities outside of compliance, and those responsibilities are clearly delineated and separated in her job description that separates the compliance and non-compliance positions. The Compliance Officer's role and position as well as other responsibilities are reflected in the agency's organizational charts and delineate separate reporting lines. CBC Quality Performance Management (QPM) activities are seen as a function of risk management and therefore share their work with compliance.

2.3 Are the compliance responsibilities satisfactorily carried out?

1. CBC conducts ongoing performance management to ensure that compliance responsibilities are satisfactorily carried out. Evidence of this includes:
    a. A compliance work plan and logs, reports, and risk analyses.
    b. Annual self-assessment of the compliance program and related policies and procedures and risk analyses.

c. Completion of OMIG Certification Statement for Provider Billing Medicaid (ETIN) form(s), completed on annual recertification date(s).
d. Evidence of initial and ongoing compliance training.
e. Completion of investigations, including implementation and monitoring of plans of correction for compliance issues.

The Compliance Officer has responsibilities other than operation of the compliance program, but the logs and results of compliance activities evidence that the Compliance Officer has sufficient time and attention to devote to satisfactorily carrying out compliance responsibilities. The CEO and Board query on a bi-annual basis the compliance productivity, self-assessment insufficiencies, risk management and timeliness of investigations, as it relates to Compliance Officer resources to include time, other staff, consultants, and financial resources.

If there are multiple insufficiencies in other elements, specifically 3, 6, and 7, then CBC CEO and Board addresses that compliance responsibilities are not being carried out properly either through resource allocation and/or disciplinary action.

2. The Compliance Officer has access to and interaction with documentation relative to the seven areas in order to fully evaluate risk. This is evidenced through email, reports, logs, meeting min.

3. The Compliance Officer will be primarily responsible for the following activities:
   a. Overseeing and monitoring the adoption, implementation, and maintenance of the Medicaid Compliance Program and evaluating its effectiveness.
   b. Develop an annual compliance workplan that outlines strategy for meeting compliance program requirements and addresses all elements.
   c. Reporting the progress of implementing the various elements and components of the Medicaid Compliance Program to the BCC at regularly scheduled biannual meetings.
   d. Develop, revise, maintain, implement, and distribute compliance-related policies,
   e. Procedures, systems, and other materials for all Affected Individuals.
   f. Work with the certifying official (e.g., chief executive) identified on the annual SSL certification(s) to ensure accurate completion of the certification on OMIG's website.
   g. Foster appropriate environment within the organization to promote participation in the compliance program by all Affected Individuals.
   h. Establish and maintain open lines of communication within the organization so potential compliance problems may be reported promptly.
   i. Monitor all methods of communication, including anonymous and confidential methods
   j. Create and maintain appropriate documentation (e.g., logs, spreadsheets and records) of compliance activities.
   k. Chair management compliance committee (if any) that oversees operation of the compliance program.

l. If applicable, supervise assigned staff to ensure compliance-related duties are satisfactorily carried out.
m. Report Periodically on compliance activities to the chief executive or other senior administrator and the Governing Body.
n. Develop, provide, coordinate, and/or track compliance training and education for orientation and Periodic training for all Affected Individuals
o. Monitor results of compliance-related disciplinary actions to confirm fair and firm enforcement.
p. Develop, manage, and report on the annual compliance work plan, including routine identification of compliance risk areas and trends.
q. Monitor credentialing and conduct monthly checks of the federal and state exclusion lists.
r. Conduct and/or oversee and review results of internal and external audits and self-evaluations of compliance risk areas, as well as the resulting evaluations of potential or actual non-compliance.
s. Investigate and independently act on matters related to the compliance program, including designing, coordinating, documenting and reporting internal investigations.
t. Ensure prompt and thorough resolution of compliance issues, including implementation of policies, procedures, systems, and necessary training of all Affected Individuals to reduce the potential for recurrence.
u. Pursue and monitor plans of corrective action with all internal departments, contractors, and the State to confirm problems have been resolved or new plans of correction are required.
v. Report compliance issues to MCOs, DOH and/or OMIG.
w. Coordinate the implementation of the fraud, waste, and abuse prevention program with the director and lead investigator of the MCOs' special investigation unit pursuant to SubPart 521-2 (if applicable).
x. Oversee self-disclosures and refunding of overpayments.

2.4 Does the designated employee report directly to CBC's chief executive or another senior administrator?

A Compliance Officer has been appointed by the Governing Body and President/CEO. *The Compliance Officer reports directly to both the President/CEO and the Governing Body (President/CEO)*. The President/CEO and Governing Board are responsible to evaluate annually the Compliance Officer for effectiveness and ensure that they have sufficient resources to meet all the responsibilities of the job. They are all responsible to ensure that other "noncompliance" duties are not impeding the Compliance Officer's ability to meet the responsibilities specific to Medicaid Compliance.

The incumbent serves as Chair of the staff compliance committee and is responsible to direct and oversee the day-to-day operations of the compliance program. The Compliance Officer is primarily responsible for overseeing compliance within an organization, and ensuring compliance with laws, regulatory requirements, policies and procedures. Should

the Compliance Officer become aware of a compliance issue the incumbent will inform the Governing Body and the President/CEO as soon as they are able but no later than 3 business days.

Communications from the Compliance Officer

- The Compliance Officer will communicate key initiatives and changes, including new and revised policies and procedures and updates to the Medicaid/Medicare Compliance Plan, to Executives/Governing Body /Employees/Interns/Vendors and/or Contracted Staff/Volunteers through various Compliance communications which may include any combination of the following: Compliance Regulatory Alerts, Compliance intranet site, training programs, verbal and written communications, and telephonic announcements.
- Medicaid/Medicare Compliance may periodically develop and post intranet-based communication (e.g., newsletters, etc.) to be accessed by employees. Such communications may include key reporting requirements and information about the various methods available for reporting.
- Compliance Officer will distribute statutory, regulatory, and sub-regulatory changes through a distribution and tracking tool. Distribution lists are maintained on an ongoing basis and are verified at least annually to ensure communications are accurately directed. Business leads are expected to communicate guidance, as applicable, to relevant CBC.
- The Compliance Officer ensures the reporting of Medicaid/Medicare/Medicaid Managed Care related compliance issues on a regular basis to the Committee, the Governing Body or the Compliance Committee of the Governing Bodies, as well as to any accountable business leads as necessary.

CBC Staff Compliance Committee

The Governing Body has authorized the establishment of a Staff Compliance Committee (SCC), which is responsible for working with the Compliance Officer on implementing and monitoring CBC's compliance program and promoting responsible and ethical decision-making by all employees. The SCC is comprised of Program Directors (OMH/OASAS/DOH/DOHMH), Human Resources, Billing, Compliance support staff and is chaired by the Compliance Officer or their designee. Other personnel designated by the Compliance Officer can also be invited to specific meetings. The CEO and Compliance Officer may appoint members to the Staff Compliance Committee with varying backgrounds and experience to ensure that the Compliance Committee has the expertise to handle the full range of clinical, administrative, operational, and legal issues relevant to the Program.

The committee is held responsible for the following:

- Meet no less than quarterly.

The SCC has a committee charter that outlines the duties, responsibilities, membership, designation of a chair and frequency of meetings, which is reviewed at minimum annually (Section 521-1.4(c)(2)).

- Members must attend regularly scheduled and special meetings of the SCC in their discretion.
- Request that certain CBC personnel and subject matter experts attend meetings as a guest to provide specific information to the Committee as warranted.
- Oversee the compliance plan and ensure that potential issues or violations presented directly to the SCC or through a member of the management team are logged, investigated, and addressed.
- Review all audits/reviews and quality assurance activities both internally and externally to ensure corrective action while identifying patterns and trends that need to be addressed on a larger scale.
- Ensure both risk assessments and the OMIG annual self-assessment is completed and that the results inform the current and following years work.
- Advocates for the allocation of sufficient funding, resources and staff for the Compliance Officer to fully perform their responsibilities.
- Advocates for the adoption and implementation of required modifications to the compliance program.
- Oversight also includes (examples only) developing employee education, investigating complaints or reports, implementing internal audit recommendations when applicable to the Committee's work plans, managing audits by outside professional firms applicable to compliance matters, preparing and providing annual reports to the Governing Body, and other functions as needed to meet the requirements of the compliance program.

2.5 Does the designated employee periodically report directly to the Governing Body on the activities of the compliance program?

The Governing Body Audit & Compliance Committee (BACC)

The BACC committee of the Governing Body is responsible to oversee and approve the policies, activities, and results related to implementation of the Medicaid Compliance Plan and receive written reports from the Compliance Officer periodically, but no less than annually.

- The BACC meets no less than quarterly.
- The BACC has a committee charter that outlines the duties, responsibilities, membership, designation of a chair and frequency of meetings, which is reviewed at minimum annually. In addition, it includes the responsibility to ensure the Compliance Officer is allocated sufficient funding, resources and staff to fully perform their duties (Section 521-1.4(c)(1)(iii), Section 521-1.4(c)(2)).
- The BACC has an executive session with the Compliance Officer only at least once a year to have an opportunity for confidential discussion, which can occur via webex, conference call and or as part of a Board meeting. Meeting minutes are kept separate from regular Board minutes in the sole custody of the Board President.
- The Compliance Officer will also provide the BACC email updates, when needed, for issues or concerns that arise. The Governing Body is responsible for contributing to the job evaluation of the compliance officer and ensure that they have adequate resources to perform their job.

Employee/Executives/Governing Body/Volunteer/Intern Responsibility

Responsibility for the Medicaid Compliance Program includes not only the commitment of the Governing Body and CBC management, but also the participation and commitment of all Employees/Executives/Governing Body/Interns/Volunteers.
Employees/Executives/Governing Body/Interns/Volunteers are personally responsible to read, understand, question, and adhere to the most current compliance program, HR employee manual and agency policies and procedures. They will also be expected to conduct themselves in a manner that complies with the highest ethical standards and is consistent with all applicable law and all CBC policies to include reporting all actual and suspected deviation from the articulated standards of this document. Individuals who have knowledge of actual or suspected violations of law or agency policy, operating procedures, or conduct, which might reasonably constitute fraud, waste, abuse, corruption, or misconduct must report what they know or suspect as soon as possible, to the Compliance Officer. You may include your supervisor as part of your reporting process but know supervisors have an obligation to report known or suspected compliance issues to the Compliance Officer even if it is hearsay.

Employees and Executives; upon hire, volunteers, and Governing Board members; upon acceptance and interns upon placement, are responsible to read the compliance plan and attest that they have read it and understand it. They are required to attest annually thereafter. Upon termination of employment/acceptance/placement employees, volunteers and or interns must complete a Termination attestation that states they have not, nor currently have any knowledge of actual or suspected non-compliance with the plan by themselves or others.

If at any time an employee/executive/governing body member/intern or volunteer suspects noncompliance they may report it to the Compliance Officer in any of the methods below. Not all methods are anonymous, if you wish to report anonymously use the US postal service with no return address or the web portal, which is hosted by a third-party vender and does not record your IP address:
Email – tjones@cbcare.org
Phone – 646-823-6987
ComplianceLine (anonymous reporting available)

- Phone – 844-718-6396
- Web Portal – MyComplianceReport.com: Compliance and Ethics Reporting

US Postal Service by writing to – 55 Broadway, Suite 701, NY, NY, 10006

You may also report suspected noncompliance directly to NYSDOH and NYS OMIG by website File an Allegation | Office of the Medicaid Inspector General
Mail: NYS OMIG Bureau of Fraud Allegations, 800 North Pearl Street, Albany, New York 12204

Fax: (518) 408-0480
The form needed to report to OMIG is attached to this policy.

Other Affected Individuals (e.g. Vendors/Contracted Parties)

Responsibility for the Medicaid Compliance Program includes participation and commitment of all affected individuals to include vendors, contractors, subcontractors and independent contractors ("vendors/contracted parties") as it relates to their intersection with Medicaid/Medicare and Managed Care services. Vendors/Contracted Parties are responsible, individually and on behalf of their designees to read, understand, question, and adhere to the most current Medicaid Compliance Plan. They will also be expected to conduct themselves in a manner that complies with the highest ethical standards and is consistent with all applicable law and all CBC policies to include reporting all actual or suspected deviation from what the articulated standards of this document are. If Vendors/Contracted Parties or their designee, suspect fraud, waste or abuse they should contact the compliance officer or NYS OMIG directly. Not all methods are anonymous, if you wish to report anonymously use the US postal service with no return address or the web portal, which is hosted by a third-party vender and does not record your IP address:
Email – tjones@cbcare.org
Phone – 646-823-6987
ComplianceLine (anonymous reporting available)

- Phone – 844-718-6396
- Web Portal – MyComplianceReport.com: Compliance and Ethics Reporting

US Postal Service by writing to – 55 Broadway, Suite 701, NY, NY, 10006

You may also report suspected noncompliance directly to NYSDOH and/or NYS OMIG by website File an Allegation | Office of the Medicaid Inspector General
Mail: NYS OMIG Bureau of Fraud Allegations, 800 North Pearl Street, Albany, New York, 12204
Fax: (518) 408-0480

**The form needed to report to OMIG is attached to this policy.*
An attestation of regulatory applicability and or compliance is required as part of contracting and annually thereafter.

Element 3: Training and Education of all affected parties

3.1 CBC conducts training and education on compliance issues, expectations and the compliance program as documented by New York State Social Services Law §363-d and 18 NYCRR 521.3.

3.2 Compliance training is included as part of the orientation process and at minimum annually thereafter.

1. Purpose of Training and Education

CBC regularly communicates its Medicaid Compliance standards and policies to all affected individuals associated with CBC, including Executives, Governing Body, Employees/Interns/Vendors and/or Contracted Staff/Volunteers on compliance issues, expectations, and the compliance program operation. Training occurs annually, periodically throughout the year as well as episodically when circumstances warrant. CBC is required to develop and maintain a Compliance Program Training Plan that outlines the required subjects and topics relevant to the CBC's risk areas, the frequency of training, which affected individuals are required to attend, how attendance is tracked, and how effectiveness of the training is evaluated. Training methodologies are also documented to include on-the-job supervision, classroom (in-person) instruction, self-taught manuals, electronic communication of compliance alerts and announcements via e-mail and the intranet.

2. Compliance training content/materials include the following minimum requirements:

The Medicaid Compliance Program's education and training component includes a review of applicable law, including applicable provisions of the False Claims Act. As additional areas or matters are identified they will be added to the educational component of the compliance program by the Compliance Officer.

CBC will regularly update its training policies and programs to ensure that they are current, consistent with applicable law and provisions of the Medicaid Compliance Program and incorporates the findings and results of CBC's ongoing evaluation, auditing, and monitoring of the Medicaid Compliance Program. CBC will review trainings to ensure they are in a form and format accessible and understandable to all affected individuals, inclusive of their preferred language consistent with federal and state language and other access laws, rules or policies (Section 521-1.4(d)(3)).

The sub-sections that follow highlights the scope and range of the education and training activities implemented as part of the Medicaid Compliance Program.

Employees/Executives/Contracted Parties (1099)/Volunteers/Interns

An orientation program is provided to all new and current application Executives, Governing Body, Employees/Interns/Vendors and/or Contracted Parties (e.g. contractors, subcontractors, independent contractors)/Volunteers of CBC, and will include an overview of the general provisions, practices, code of conduct and standards of the Compliance Program as well as a review of CBC's policies and applicable laws. In addition, there will be a discussion, and review of the applicable responsibilities of Executives, Governing Body, Employees/Interns/Vendors and/or Contracted Parties/Volunteers in complying with the provisions of the Medicaid Compliance Program. All Executives, Governing Body, Employees/Interns/Vendors and/or Contracted Parties/Volunteers will be provided with a copy of the Compliance Plan and will be instructed on how to access the policy via electronic means through CBC's intranet or shared portal.

All newly hired applicable Executives/Governing Body /Employees/Interns/Vendors and/or Contracted Parties/Volunteers will be required to participate in the Orientation program. All Executives/Employees/Interns/Volunteers must complete training within 30 days of hire and must pass the Compliance posttest with a score of 70% or higher prior to billing for any service rendered. Prior to the completion of training and subsequent post test score of 70 or better the program supervisor must review and sign every billable note prior to it being sent out for payment.

All applicable employees/interns/contracted parties/vendors/volunteers in the health care operations of Agency Name will be provided a copy of the Compliance Plan and access to the Compliance Plan via intranet or shared drive.

CBC's Executives/Governing Body/Employees/Interns/Vendors and/or Contracted Parties/Volunteers who fail to participate and complete the Orientation program will be required to take supplemental training and pass the Compliance posttest within an additional 30 days. Failure to pass the second test may result in discharge in accordance with CBC introductory period policies.

Vendors

Vendors receive Compliance information as part of the contracting process to include a *Business Associate Agreement*, Vendor Part 521/363-d, with inclusion of Title 42 United States Code §1396-a(a)(68) Training, and a vendor's attestation and are responsible to orient themselves to the compliance process. Failure to do so can result in immediate termination of the contract for cause.

The CO is responsible to ensure vendors receive and understand compliance training material and reporting mechanisms. The CO makes themselves available for any questions vendors may have.

Governing Body

Onboarding and annual training of CBC's Governing Body must complete a general Compliance Fraud, Waste, and Abuse training within 90 days of appointment and then

annually thereafter. The training materials are provided to the Board Members in their Board Orientation Packet along with a posttest, and in advance of live training annually thereafter. The Compliance Officer or their designee delivers the training together with an acknowledgment form. Upon completion of the course, Compliance Officer collects the completed acknowledgments. The acknowledgments include confirmation of Compliance awareness, completion of CBC's Compliance Trainings, agreement to comply with these standards, a copy of the Medicaid Compliance Plan/Code of Conduct and disclosure of any conflict of interest.

3. Periodic Education/Training material reflects current information about the compliance program.

The Compliance Officer will oversee the training plan, development and scheduling of periodic education/training throughout the year on compliance issues, expectations, and the compliance program operations to CBC applicable affected individuals (e.g. employees/executives/interns/ governing body/contracted parties/volunteers). These sessions may be regularly scheduled and delivered in varying modalities.

The Compliance Officer or designee will also review all health care fraud alerts issued by the Office of the Inspector General, US Office of Civil Rights, U.S. Department of Health and Human Services, and other newly released guidance regarding compliance issues, and will communicate relevant information to all applicable affected individuals.

Periodic education/training may occur at staff meetings, through email communications, or via webex.

4. Episodic Education/Training

Applicable Executives/Governing Body /Employees/Interns/Vendors and/or Contracted Staff/Volunteers assigned to particularly sensitive positions or functions may require additional topic specific episodic training. Such targeted specialty and topic-specific training may be identified through the compliance hotline, and/or the routine audits and reviews of the Compliance Program. The need for additional training may also be determined because of new requirements promulgated under applicable law. It will be the responsibility of the Compliance Officer to identify, evaluate and implement such specialty and such topic-specific training as necessary and required.

Examples of specialized training that may be developed include, but are not limited to:
1) Handling Complaints, Grievances and Appeals
2) Marketing to Medicaid/Medicaid/Medicare/Medicaid Managed Care beneficiaries
3) Medicaid/Medicare Regulatory Guidance Distribution & Validation process
4) CMS Requirements for CBC
5) OIG & SAM Exclusion Screenings
6) CBC Compliance Program Requirements

Upon successful completion of a specialty or topic-specific training session, the training Instructor will complete, sign, and forward certification to the Compliance Officer for Executives/Governing Body /Employees/Interns/Vendors and/or Contracted Staff/Volunteers who complete the training.

5.Evidence of the subject matter and delivery of training must be readily available.

Training Acknowledgement Form

CBC will document training provided to applicable affected individuals, including the name and job title of the individual, date of training, subject and nature of training provided. Upon successful completion of training under the Medicaid Compliance Program, the training instructor will ensure that each affected individual completes and signs a training acknowledgement form. A copy of this form will be forwarded to the Compliance Officer. CBC is required to retain evidence of training completion (e.g., training logs, employee certifications, etc.) for a period of no less than ten (10) years, and to make this evidence available to CBC and/or CMS, upon request (i.e., for audits, etc.).

The acknowledgement certifies that the affected individuals who have received and reviewed the policy agrees to participate fully with the Medicaid Compliance Program. The Compliance Officer will monitor the return of the Acknowledgement forms from applicable affected individuals so that a copy is placed within each staff person's individual compliance and/or personnel file. Should an affected individual fail to return the policy Acknowledgement Form within the prescribed timeframe, this will be considered non-compliance with the Compliance Program such as to require that appropriate disciplinary action is implemented.

Distributing the compliance-related policies and procedures alone does not qualify as training and education.

Both in training programs and throughout the year, affected individuals have the opportunity to ask questions and receive responses on anything covered in the training programs or that have arisen through day-to-day operations by emailing the compliance officer directly.

Element 4: Lines of Communication to and from the Compliance Officer

As documented by New York State Social Services Law §363-d and 18 NYCRR 521.3, CBC must have open lines of communication to the Compliance Officer to allow compliance issues to be reported promptly.

Summary

In an effort to keep the communication lines to the Compliance Officer accessible to all affected individuals, CBC provides a variety of methods that all affected parties and others may use to report potential compliance issues as soon as they are suspected and or identified. *This includes a method for anonymous and confidential good faith reporting* as well as information on how to report directly to NYS DOH and or OMIG.

4.1 Reporting Mechanisms

In order to provide multiple anonymous reporting options to all affected parties CBC has contracted with an outside vendor to manage all reporting mechanisms thus adding a level of confidentiality to all reporting mechanisms.

4.2 Accessible lines of communication exist to the designated compliance employee or entity

The following methods are available for reporting suspected compliance misconduct, which will be detailed in training materials and in the compliance plan.

a) If you are comfortable, you can discuss the question or concern first with the direct supervisor. Supervisors be aware that any reports of actual or suspected non-compliance in the course of supervision, conversation or observation considered by federal law to be reportable to the Compliance Officer and *must be reported immediately* upon knowledge to the agency compliance officer and tracked in the compliance log.
   All affected parties are always able to speak first and directly to the agency Compliance Officer, contact NYS OMIG directly or utilize one of the anonymous or confidential reporting mechanisms listed below. All methods are included in trainings, on the CBC website and flyers.

b) Call the Compliance Officer directly at 646-823-6987 [not anonymous].

c) Call the Compliance Hotline (844-718-6396) where details can be left on the voicemail anonymously and confidentially as only the outside company has access to retrieve these messages and does not record or document incoming call numbers. All reports via the confidential method will be kept confidential, whether so requested or not, additionally, if a caller chooses to identify him/herself, the Compliance Officer will keep the caller's identity confidential and will disclose the caller's identity on a "need to know" basis. In general, once a caller chooses to disclose his/her identity, "need to know" means that further disclosure of his/her identity will be made only to the extent necessary to allow for a full investigation of reports of suspected misconduct and for the implementation of any appropriate corrective actions or disciplinary sanctions or the matter is turned over to law enforcement.

d) Email compliance correspondences to:
   a. Compliance Officer at: Tracie Jones [not anonymous].

e) Make a report through the U.S. Postal Service by writing to: Compliance. If you wish to be anonymous use the agency return address and do not use your name.

f) Make an online report at MyComplianceReport.com: Compliance and Ethics Reporting click on BEGIN REPORT in the center of the screen. The web portal is designed to not record IP addresses and in fact takes your report removes your IP address and forwards only the report to the vendor. This is completely anonymous UNLESS you chose to include your name or email in the report form. If you wish to be contacted regarding the outcome of the investigation please include an email address, [if you do so, the report will NOT be anonymous.]
g) Report the matter to DOH/OMIG based on findings specific to medical necessity, governance, quality of care, overpayment or underpayment to Medicaid
    a. Report to OMIG at 1-877-87FRAUD (1-877-873-7283) or via their website at File an Allegation | Office of the Medicaid Inspector General;
    b. Report to DOH at https://www.health.ny.gov/
h) Report all compliance issues to the OMIG at 1-877-87FRAUD (1-877-873-7283) or via their website at www.omig.ny.gov;
    1. Report the matter to the Office of the Inspector General by phone at 1-800-DO-RICBC T (1-800-367-4448) or by email to inspector.general@ig.ny.gov.
    2. Report the matter to the NYS Attorney General's Medicaid Fraud Control Unit at 1-800-771-7755.

4.3 Methods exist for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

Confidentiality of Reports/Complaints

All reports received through the Compliance reporting mechanisms will be maintained by the Compliance Office. If you have chosen to NOT report anonymously CBC will attempt to protect the confidentiality of those applicable affected individuals in the course of all investigations. Those that report using their name, but request confidentiality may have reasonable expectation that their communication will be kept confidential unless required by law enforcement. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding; referred to, or under investigation by, MFCU (Medicaid Fraud Control Unit), OMIG, or law enforcement; or disclosure is required during a legal proceeding (18 NYCRR 521-1.4(e)(4). In those instances, confidentiality may not be withheld but such persons shall be protected under a policy of non-intimidation and non-retaliation. If the matter is turned over to law enforcement, it is possible that confidentiality will not be able to be maintained.

Anonymous Reports/Complaints

All anonymous reports to either the U.S. Mail, or web portal do not document the identity of the reporter. Reports will be maintained in a secure and confidential manner so as to protect the confidentiality of the reports/complaints.

All reports via the anonymous method are kept confidential whether requested or not.

Responding to Reports/Complaints

Upon receiving an oral or written report of known or suspected noncompliance the Compliance Officer will log the complaint on a Compliance Log and begin an investigation. All affected individuals are expected to participate fully and cooperate with all investigations. The Compliance Officer will complete a Response Form for each report and/or complaints received without delay and implement the following actions as appropriate. In cases where it is determined that the reported issue does not concern a compliance issue related to the Medicaid Compliance Program, the Compliance Officer will refer the issue to the appropriate manager and/or department. Documenting the determination, follow-up and resolution of the issue will be required in every case referred to the manager and the Compliance Officer will maintain a record of all such reports. In cases where a reported concern and/or complaint is deemed to be an actual or probable violation of the Medicaid Compliance Program, the Compliance Officer will thoroughly investigate the matter to determine:

(a) if the issue reported has a basis in fact,
(b) if a self-disclosure to NYS OMIG is required and
(c) whether modifications should be made to the Medicaid Compliance Plan and/or CBC policies, trainings, and/or procedures which may help prevent similar compliance issues in the future.

*<u>*For the full investigative process please refer to element 7 in this plan.*</u>

Policy of non-intimidation and non-retaliation for Good Faith Participation in the Compliance Program

As documented by New York State Social Services Law §363-d and 18 NYCRR 521.3, CBC must create, maintain and enforce a policy of non-intimidation and non-retaliation. In accordance with New York State Labor Laws §§ 740, 741, CBC must not discharge, suspend, demote or otherwise retaliate against an employee because the employee discloses an unlawful activity, policy or practice that presents a danger to public health or safety to a supervisor or to a government body. Following these laws and regulations fosters the good faith participation of employees in the compliance program, meaning that employees feel comfortable reporting possible violations accurately and in a timely matter because they do not fear grave repercussions.

Good faith participation in the compliance program includes but is not limited to: a) reporting potential issues; b) investigating issues; c) self-evaluations; d) audits; e) remedial actions, and f) reporting to appropriate officials as provided in sections 740 and 741 of the NYS Labor Law.

Summary

The CBC's compliance policy follows the Federal False Claims Act (31 U.S.C § 3730(h)) has a qui tam provision, also referred to as the "whistleblower" provision as well as NYS Labor Laws 740 and 741 on non-intimidation and non-retaliation to protect individuals from <u>intimidation and retaliation</u> and maintain confidentiality in respect to all concerns raised. All executives,

managers, supervisors, board members, employees, interns and volunteers may not be intimidated or retaliated against for good faith participation in the compliance program, including but not limited to:

Reporting potential compliance issues

Investigating issues

Self-evaluations

Audits

Remedial actions

Reporting instances of intimidation or retaliation; and

Reporting potential fraud, waste, or abuse to appropriate officials as provided in sections NYS Labor Law 740 and 741 in connection with non-intimidation and non-retaliation expectations.

To engage in any intimidation and retaliation activities including but not limited to harassment, blackmail, theft of property, and termination. Any individual(s) who engages in such retribution, intimidation, retaliation, or harassment is subject to discipline, in accordance with his or her level of intimidation or retaliation, up to and including termination/removal. For contractors and vendors, such actions may lead to the termination of the contract under which their services are provided to CBC.

CBC management will ensure that there is no intimidation or retaliation taken against an applicable Employee/Intern/Contracted Party/volunteer/ Governing Body member for reporting what an applicable Employee/Intern/ Contracted Party/volunteer/Governing Body member reasonably believed to be a violation of the Medicaid Compliance Program. However, in those circumstances where the CBC has reasonably concluded that the Employee/Intern/Contracted Party/Volunteer/Governing Body member knowingly fabricated, distorted, exaggerated, or minimized a report of a violation to either damage another individual, to protect himself/herself or others, or if the report contains admissions of personal wrongdoing, CBC management may, to the extent consistent with applicable laws and pursuant to the advice of legal counsel, as necessary, implement disciplinary or corrective action against those involved (see Element 5).

Element 5: Disciplinary Policies to encourage Good Faith participation

As documented by New York State Social Services Law §363-d and 18 NYCRR 521.3, CBC must have disciplinary procedures in place to encourage good faith participation in the compliance program.

Summary

The purpose of any disciplinary action involving applicable affected individuals will be to correct any behaviors or practices that
1) result in a violation of the Medicaid Compliance Program,
2) jeopardize the fair, equitable and/or professional treatment of a person served,
3) compromise the integrity and accountability of CBC's financial reporting and/or billing practices, and/or
4) place at risk the financial stability, and/or overall operations of CBC.

Relevant Statutes and Standards
42 USC §1396(a)(68) (Federal Deficit Reduction Act)*
31 U.S.C. 3729-3733, excluding 3730; 3801-3812 et. seq. (Federal False Claims Act)
New York Social Services Law §145, 145-b, 145-c (Penalties, False Statements, Sanctions)
New York Social Services Law §366-b (Penalties for Fraudulent Practices)
New York State Finance Law §§187-194 (State False Claims Act)
New York State Labor Laws §§740, 741
New York State Penal Law §155 (Larceny)
New York State Penal Law §175 (False Written Statements)
New York State Penal Law §176 (Insurance Fraud)
New York State Penal Law §177 (Health Care Fraud)

*A copy is also available for copying and inspection at OMIG, 800 North Pearl Street, 2nd Floor, Albany, NY 12204)

5.1 Encouraging good faith participation

Disciplinary policies are in effect in the compliance program by all Affected Individuals. Affected individuals may be subject to disciplinary action and or sanctions for the following compliance violations:

- Failure to perform any obligation or duty required of personnel relating to compliance with this Manual or applicable laws or regulations.
    - To include but not limited to mandatory training and post testing
- Promoting, permitting or facilitating conduct that is contrary to CBC policies, applicable laws or regulations, or payer requirements; and/or
- Failure of supervisory or management personnel to enforce compliance-related requirements or detect non-compliance with applicable policies and legal requirements and the Compliance Program where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any violations or problems or implement appropriate corrective actions.
- Falsification of business records (e.g. signature, date of service/time, contacts)
- Backdating
- Falsification of a timecard
- The creation of fictitious clients and or services
- Issuing false certificates or financial statements

- Threatening another staff/intern in misrepresentation of service delivery
- Colluding with other staff/intern in the misrepresentation of service delivery
- Insurance fraud
- Larceny – theft of property through various means (e.g. embezzlement, false pretense, extortion)

The above list is for illustration only and does not limit CBC and or state/federal entities from applying disciplinary action/sanctions for other compliance violations.

Disciplinary Procedures

Employees/Contracted Parties

Employees and/or Contracted Staff who engage in fraud, waste or abuse, or other misconduct are subject to disciplinary action. Any disciplinary action imposed related to compliance violations will be carried out by Human Resources in consultation with the Compliance Officer and legal counsel when appropriate.

There are certain circumstances which may help to mitigate the severity of the disciplinary action/sanctions recommended by the Compliance Officer against the applicable Employees/Interns/Volunteers and/or Contracted Staff, including, but not limited to (a) the prompt reporting by the applicable Employee/Intern/ of any violation(s) of the Medicaid Compliance Program, (b) a positive work record including no previous history of violations under the Medicaid Compliance Program, (c) cooperating fully as required, with the investigation and correction of the violation, and/or (d) other compelling factors reviewed with the Compliance Officer and Human Resources.

Alternatively, there are certain circumstances which may require an escalation of disciplinary action based on response to non-compliance, with intention or reckless behavior, resulting in more significant sanctions.

Disciplinary action/sanctions for any compliance violation may include, but is not limited to:

- Oral warning,
- Counseling, [which must be documented]
- Written warning placed in personnel's personnel file, and/or
- Suspension or termination of employment/contract.

Executive Management

In cases involving a member executive management, the Compliance Officer will work directly with the Board President. CBC will remove the executive from any operations related to programs and services rendering, billing or being paid by Medicaid/ Medicare or Managed Medicaid and Medicare, and the deliberation of company business related to those programs until a full investigation has been conducted by the Compliance Officer and legal counsel. Once the investigation is concluded, if it is determined that the allegation of misconduct is

indicated, the Compliance Officer will inform CBC's Board President that the Executive should be terminated. The Board President will then inform the director of his/her termination. If the alleged misconduct is not substantiated by any evidence, the Compliance Officer will recommend to the Board President that the Executive be reinstated. CBC will also comply with any and all reporting requirements associated with the substantiated misconduct.

Governing Body

In cases involving a member of the Governing Body, CBC will remove the Trustee/Director from the Board and the deliberation of company business until a full investigation has been conducted by the Compliance department and legal counsel. Once the investigation is concluded, if it is determined that the allegation of misconduct is indicated, the Compliance Officer will inform CBC's Board President that the Director should be removed. The Board President will then inform the director of his/her permanent removal. If the alleged misconduct is not substantiated by any evidence, the Compliance Officer will recommend to the Board President that the Director be reinstated. CBC will also comply with any and all reporting requirements associated with the substantiated misconduct. CBC will consult counsel when misconduct allegations involve Board members. If the misconduct involves the Board President, the Compliance Officer will work directly with the Board legal committee.

Interns

In cases involving Interns the Intern's supervisor will be notified immediately of any allegations and the intern will be removed from any Medicaid/Medicare and Managed Care activities until the investigation is complete. It is the responsibility of the intern's supervisor to notify the Educational Institution that provided the intern of the allegation and investigation. If the intern is cleared, they may resume their normal duties, if the allegation is substantiated their placement at CBC will be immediately terminated.

Volunteers

In cases involving Volunteers the Compliance Officer will contact CBC personnel responsible for the management of the volunteer placement. The Volunteer will be removed from any Medicaid/Medicare and Managed Care activities until the investigation is complete. It is the responsibility of the volunteer's supervisor to notify the referring agency; when applicable, of the allegation and investigation. If the volunteer is cleared, they may resume their normal duties, if the allegation is substantiated their placement at CBC will be immediately terminated. It may also indicate a need for termination of the engagement with the Volunteer or institution responsible for them.

Vendors

In cases involving a Vendor, CBC will halt all contracted activities until such time as an investigation can be completed. CBC will retain legal counsel for all allegations involving

Vendor. If the vendor is cleared, they may resume their normal activities, if the allegation is substantiated their contract with CBC will be immediately terminated for cause.

The President/Chief Executive Officer and/or Human Resources will be responsible for reviewing and approving any remedial or disciplinary action recommended and implemented against applicable Employees/Interns/Volunteers/Vendors and Contracted Parties to correct violations of the Medicaid Compliance Program.

Human Resources

Human Resources is responsible for overseeing all hearings and disciplinary actions implemented in matters relating to the Medicaid Compliance Program and will seek to ensure that they are consistent with CBC policies and applicable law. The Compliance Officer will report on all Human Resources actions relating to the Medicaid Compliance Program to the Senior Management, Department Directors, as well as any external bodies requiring a plan of corrective action.

Excluded Provider Screening

New Employees/Volunteers/Interns/Contracted Parties

CBC screens all prospective employees/volunteers/interns/contracted parties against state and federal exclusion lists before extending a conditional offer of employment/placement. Facilities are instructed to contact the Human Resources immediately if a prospective individual is identified as being an excluded provider. A conditional offer of employment/placement cannot be extended to any individual identified as being an excluded provider on any state or federal exclusion list.

Current Employees

CBC checks all employees/volunteers/interns and contracted parties against state and federal exclusions lists on a monthly basis. In the event that an individual is identified as an excluded provider (i.e., they are not a recurring match), CBC Human Resources works with the identified employee's program, legal counsel, and the Compliance Officer to take appropriate action to ensure that the individual is not providing services for which CBC obtains reimbursement from federal health insurance programs either directly or indirectly. *Being placed on any of the 3 exclusions lists is a terminable offence.*

Vendors

New vendors are screened by CBC, in the case of direct care staff, or are required to submit an attestation indicating that the vendor has completed the requisite exclusion screenings. The CBC boilerplate contract, which is used for nearly all contracts for goods and services, contains language requiring compliance with exclusion screening procedures. CBC will not make employment or contract offers to an individual or business that is verified to be excluded from participation in federal health insurance programs.

CBC checks all vendors against state and federal exclusions lists on a monthly basis. In the event that a vendor or one of their employees is identified as an excluded provider (i.e., they are not a recurring match), CBC will terminate the contract for cause.

Exit Statements

The Human Resources Department administers an exit interview program to solicit and obtain information from applicable Employees relating to their reasons for terminating employment. As part of this Compliance Program, upon termination of employment (for any reason) Human Resources will ensure that applicable Employees sign a termination of attestation form certifying that she/he has reported any known or suspected violations of the Medicaid Compliance Program. Human Resources is also responsible for documenting those instances when an exit interview is not possible.

A similar exit interview process will be implemented for Volunteers/Interns/Contracted Staff upon their discontinuation of providing services to CBC. In these cases, the Human Resources at CBC is responsible for conducting the exit interview, part of the exit interview must include inquiry into fraudulent activities. If none are disclosed the employee must sign an attestation to that effect. If they report noncompliance the Human Resources person is to immediately contact Compliance.

5.2 Expectations for reporting compliance issues

All Applicable Employees/Interns/Contracted Parties and volunteers are responsible for promptly reporting known or suspected violations of the Medicaid Compliance Program whether committed by that Workforce Member or by someone else, to the Compliance Officer. Supervisors should be aware that reports of actual or suspected noncompliance made to them in the course of supervision, conversation or observation are considered by federal law to be reportable to the Compliance Officer and must be reported immediately upon knowledge. These reports can be made directly to the Compliance Officer or anonymously via the Compliance Hotline. Applicable Employees/Interns/Contracted Parties and volunteers are encouraged to discuss any observed non-compliance with their immediate superiors or Program Directors before reporting to the Compliance Officer, unless the individual is reporting an alleged violation committed by said individuals. CBC will maintain the confidentiality of all reports it receives to the extent that applicable law requires such confidentiality. CBC will also make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct.

5.3 Expectations for assisting in the resolution of compliance

All applicable parties who have or may have knowledge of potential non-compliance are expected to participate in any investigation of same, and to assist in the resolution of any compliance issues. Failure to do so is in itself an act of non-compliance and will result in disciplinary action to include termination of employment, placement and or contract.

5.4 Sanctions

Affected individuals who knowingly submit false claims to the government (see compliance violations in 5.1) are liable for disciplinary action and or damages plus a penalty for each false claim.

Disciplinary Action

Failure of applicable Employees/Interns/Contracted Parties and volunteers to report suspected or actual non-compliance is subject to disciplinary action that includes, but is not limited to:

- Counseling, [which must be documented]
  - Up to 3 verbal warnings related to the same topic or content may be issued before a written warning is required.
- Written warning placed in personnel's personnel file,
  - Up to 2 written warnings may be issued before suspension and or termination is required
- Suspension
- Termination of employment, placement and or contract
- Report to legal authorities/ OMIG/CMS and or DOHMH

Implementation of disciplinary actions must be coordinated with the employee's supervisor, Human Resources, and Executive Management as appropriate to the violation. The disciplinary actions detailed in this section are guidelines and can vary based on aggravating or mitigating circumstances. CBC is encouraged to follow these guidelines at a minimum. CBC, at its discretion, can combine these disciplinary actions with criminal or legal action as appropriate to the violation.

All affected individuals can be subject to civil or criminal penalties based on the identified compliance violation(s).

Civil Penalties

- Up to treble damages (3x the amount defrauded)
- Between $14,308 - $28,619 (2025 inflation-adjusted figures) per false claim or statement

Criminal Penalties

- Class A misdemeanor to Class B felony (fraud over $1 million) depending on the offense.
- Disqualification from programs (e.g. Exclusion Lists).

For detailed information of certain statutes regarding liability and penalties, please refer to Attachment H.

5.5 Disciplinary policies are fairly and firmly enforced

Disciplinary standards are enforced fairly and consistently, and the same disciplinary action applies to all levels of personnel (521-1.4(f)(2). See 5.1 above.

Element 6: System for Identification of Compliance Risk

As documented by New York State Social Services Law §363-d and 18 NYCRR 521.3, CBC must put a system in place for the routine identification of compliance risk areas and non-compliance.

6.1 A system is in effect for routine identification of compliance risk areas specific to CBC's provider type

Code of Conduct

CBC is committed to maintaining the highest quality services for all persons served. To this end, CBC has adopted and incorporated the Code of Conduct into all of its program operations. CBC has established written policies and procedures for documentation and billing [see program and fiscal manuals] that demonstrates our commitment to complying with all applicable federal and state statutory, regulatory, and other requirements. These policies and procedures are a critical component of CBC efforts to detect, prevent, and control fraud, waste and abuse. **CBC will review all Compliance Policies and Procedures annually and update as necessary to remain current with legal and other current developments.** These standards apply to all applicable affected individuals of CBC. The code of conduct has been disseminated to ensure that CBC's applicable Employees/Interns/Vendors/Governing Body/Contracted Staff/Volunteers promote the mission of CBC; protect the rights of persons served; and perform in an ethical manner at all times while carrying out their job responsibilities.

Applicable affected individuals will be required to carefully review the Code of Conduct/vender Attestation on an annual basis and will be advised that any violation of these provisions may be grounds for disciplinary action, up to and including termination from employment or any contract. Applicable affected individuals are encouraged to discuss any questions about these guidelines with their immediate supervisor or the compliance officer. Vendors and Contracted Parties are encouraged to discuss any questions with the Compliance Department.

Failure by any employee to comply with applicable compliance regulation or CBC's policies and procedures will subject the Applicable Affected Individuals, who ignore or fail to detect misconduct or who have knowledge of the conduct and fail to correct it, to disciplinary action up to and including termination from employment. The CBC's policies and procedures manual set forth the degrees of disciplinary action that may be imposed on employees for failing to comply with CBC's policies. Intentional or reckless noncompliance will subject the Applicable Affected Individuals to more significant sanctions than unintentional noncompliance or honest mistakes (see 5.4). Disciplinary action will be taken on a fair and equitable basis and will be applied in an appropriate and consistent manner - all levels of employees are subject to the same disciplinary action for the commission of similar offenses.

Prohibited Activities

CBC's applicable affected individuals are expected at all times to carry out their responsibilities in a highly ethical manner consistent with CBC Code of Conduct. CBC's applicable affected individuals are strictly prohibited from directly and indirectly engaging or participating in any of the following activities:

- Submission of Improper Claims for Medical Care – Presenting or causing to be presented to the United States government, any other healthcare payer, individual, government agency or funding source a claim for a medical or other service that was not provided as claimed and such violations were committed either knowingly, or with reckless disregard of the truth.
- Fraudulent Statements – Making, using or causing to be made or used any false record, statement or representation of material fact for use in determining rights to any benefit or payment under any health program or service; or executing or attempting to execute a scheme or artifice to defraud any healthcare benefit program, or to obtain, by means of false, fictitious or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody of, any healthcare benefit program.
- Failure to Report Violations to Compliance Officer – Failing to report to the Compliance Officer or designee any instance of conduct of which CBC employee knows or suspects to be a violation of the Medicaid Compliance Program or should, in the ordinary course of carrying out his/her duties, known to be a violation of the Medicaid Compliance Program.

6.2 A system is in effect for self-evaluation of the risk areas identified in 6.1, including internal audits and, as appropriate, external audits.

Audits and Monitoring of the Compliance Plan

CBC will implement the necessary management systems and controls to ensure the overall integrity of the Medicaid Compliance Program and monitor all applicable activities and compliance requirements.

These auditing and monitoring activities will be designed to address compliance with laws governing DSM-5 and ICD-10 coding, [or whatever is current at the time] claim development and submission, reimbursement, cost reporting, and marketing. In addition, the auditing activities will focus on compliance with specific rules and policies that have been identified by Medicaid, Medicaid/Medicare, the OIG, or the Fiscal Intermediary as high -risk areas. Any overpayments discovered as a result of our auditing activities shall be promptly refunded to the applicable payer with appropriate documentation and an explanation of the reason for the refund.

Overpayments

Overpayments must be reported immediately to the Compliance Officer. The Compliance Officer must ensure that each genuine instance of overpayment is recorded in the compliance log. The Compliance Officer must coordinate the return of the monies to Medicaid. Additionally, via investigation, the Compliance Officer must determine the root cause of the overpayment, how widespread the overpayment issue is and if there is a genuine issue of purposeful intent to commit fraud. If the Compliance Officer discovers that the overpayment issue is widespread and systematic, the Compliance Officer must disclose this fact to OMIG using OMIG's self-disclosure procedures. Additionally, the Compliance Officer must disclose any overpayments to OMIG and or the applicable Managed Care Organization(s) using OMIG's self-disclosure procedure. The Compliance Officer will consult legal counsel if need when reporting and resolving an overpayment.

Auditing the Compliance Program

The Compliance Officer will be responsible to ensure a comprehensive audit and review of the Compliance Program at least annually but can occur more frequently as needed. The scope of this audit will focus on CBC's programs and operations, specifically those with substantive exposure to government enforcement actions. The audit will address CBC's compliance with laws governing billing, coding, claim development and submission, and reimbursement. Additionally, there will be an evaluation of the extent to which CBC's applicable Employees/Interns/Contracted Parties and Volunteers have implemented and complied with the Medicaid Compliance Program.

This comprehensive audit will be administered principally by the Compliance staff along with designated staff utilizing the NYS OMIG Compliance Program Self-Assessment Tool. An audit summary report, including findings, results and recommendations will be reviewed by the Compliance Officer and submitted to the President/Chief Executive Director and Governing Body.

In addition to the annual audit of the Medicaid Compliance Program, the Compliance Officer and Program Directors are required to audit regularly for quality and compliance. The Quality Management staff will also be responsible for overseeing, on an ongoing basis throughout the year, inspections, compliance reviews and evaluation of activities related to the Medicaid Compliance Program and entering them into the compliance log. The Quality Assurance staff will report to the Compliance Officer and the result of these reviews will be shared with the SCC and senior management. All staff conducting audits must have the necessary knowledge and expertise to evaluate the effectiveness of the compliance of the program that they are reviewing and are independent from the functions being reviewed.

Audits by Outside Parties

In addition to the internal reviews and audits, CBC's operations and programs are regularly subject to review, inspection and audit by outside parties. To the extent that the findings resulting from such audits relate to activities and standards covered by the Medicaid Compliance Program, such findings will be reported to the Compliance Officer and

President/Chief Executive Officer, who in turn will arrange for the Board to receive a copy of such reports. The findings will also be entered into the compliance log and reviewed as part of the Staff Compliance Committee meetings.

Inventory/Schedule of Audits

The Compliance Officer will be responsible for coordinating and maintaining a schedule of all reviews and audits which relate directly to the Medicaid Compliance Program.

6.3 A system is in effect for evaluation of potential or actual non-compliance as a result of audits and self-evaluations identified in 6.2

Reporting Results of Compliance Plan Reviews and Audits

The results of all reviews and audits of and relating to the Medicaid Compliance Program will be provided to the Compliance Officer, and President/Chief Executive Officer for consideration and follow-up as part of the Staff Compliance Committee meetings. The purpose of the review, by any one of these parties, will be to (1) consider the overall effectiveness of the Medicaid Compliance Program; (2) determine the need for any plan of corrective action in the operations and/or professional or business practices of the organization, and (3) consider the need for organizational change and modifications and/or additions to policies as it relates to the Medicaid Compliance Program.

Follow-Up and Response to Audits & Reviews

The Compliance Officer will be responsible for developing corrective action in those areas where reviews and audits indicate violations, inconsistencies, or deviations from the compliance standards covered in the Medicaid Compliance Program. The Compliance Officer will seek to remedy any instances of non-compliance immediately and will work with program leadership to ensure implementation of corrective actions without delay. If more than one department is involved in the implementation of a corrective action, the Compliance Officer will facilitate root cause analysis meetings between the affected individuals and/or affected departments to ensure that the corrective action is implemented correctly and thoroughly. At the meetings, each department will show evidence that the department has implemented the needed fixes properly and thoroughly. Each department's evidence will serve as a check of the other departments' implementation of the needed fixes which will reduce the likelihood that the issue will reoccur. And, once each department is satisfied that the fixes have been properly implemented, the departments will jointly design and run a test to ensure that the issue has been adequately corrected. All corrective action plan development and implementation will be part of staff compliance committee meetings.

The President/Chief Executive Officer and Governing Body will be informed of any actions implemented in response to either an internal or external audit or monitoring review. The Compliance Officer along with the Quality Management staff will be responsible for overseeing such responses and plans of correction are in compliance with CBC's policies.

The Compliance Officer is responsible to ensure all corrective actions are audits post implementation to ensure continued compliance.

Element 7 – System for Responding to Compliance Issues

As documented by New York State Social Services Law §363-d and 18 NYCRR 521.3, CBC must put a system in place for responding to compliance issues when they are reported.

Summary

Violations of the Medicaid Compliance Program can potentially jeopardize and place at risk the operations, reputation, financial and legal status of CBC. Consequently, upon reports of known or suspected violations of the Medicaid Compliance Program or other reasonable indications of violations of the Compliance Program, the Compliance Officer or their designee will promptly investigate the conduct in question to determine whether a violation of the Medicaid Compliance Program has occurred. If such a violation has occurred, corrective action will be promptly implemented, and disciplinary action taken that is appropriate to the materiality of the violation consistent with Element 5 (Section 521-1.4(h)(1)).

All affected individuals are required to participate willingly and fully with any and all investigations.

7.1 Written policies and procedures are in effect that provide guidance on how potential compliance problems are investigated and resolved.

CBC has established written policies and procedures to promptly respond to compliance issues as they are raised, investigate potential compliance problems identified in the course of internal auditing and monitoring, correcting such problems promptly and thoroughly to reduce the potential of recurrence, and ensure ongoing compliance with state and federal laws, rules, regulations and requirements of the Medicaid program (Section 521-1.4(h)).

For additional information, see the policies and procedures in Element 1.

7.2 A system is in effect for responding to a) compliance issues are they are raised; and b) as identified in the course of audits and self-evaluations

Investigations

Investigations of specific reports of known or suspected violations may be conducted by any one or more of the following departments or parties depending on the nature of the violation: the Compliance Officer or one of his/her designees, internal or retained legal counsel, fiscal, contracted parties to include forensic accountants, and/or compliance auditors or any appropriate federal, state or local government agency to include the NYS Office of Medicaid Inspector General (OMIG). CBC will promptly report credible evidence that a state or federal law, rule or regulation has been violated to the appropriate governmental entity, where such reporting is otherwise required by law (Section 521-1.4(h)(4)).

The Compliance Officer will receive copies of all such investigations. Results from the investigations will not be filtered by someone outside of the compliance function.

Enforcement of the Medicaid Compliance Plan and corrective action to address problem areas and violations will be the shared responsibility of the Compliance Officer, the President/Chief Executive Officer, Senior Management and appropriate Program Directors. In cases where disciplinary action involving an employee is warranted, Human Resources will be consulted. In those cases, involving Volunteers or Interns, the Volunteer Manager and Internship agency/school will be consulted. Either Human Resources or the Volunteer and/or Internship agency/school, as applicable, will determine the appropriate disciplinary action to be implemented in accordance with CBC Disciplinary Policies.

In cases involving Contracted Parties, the appropriate corrective action will be implemented in accordance with the relevant contractual provisions governing the contractual agreement between CBC and the Contracted Party.

Investigative Process for employees/interns/volunteers/executives/contracted parties

- Upon learning of suspected non-compliance, it is important to stop all billing related to any of the activities/parties/or services. This should be done immediately.
- Notify executive staff and the Board Medicaid Compliance Committee.
- If the alleged non-compliance involves egregious activities by staff, Volunteers, interns or contracted parties those individuals should be removed from contact with any Medicaid/Medicaid/Medicare programs/services.
- Gather and secure all documentation related to the alleged non-compliance for review
    - Charts - paper and electronic
        - Client
            - Open
            - Closed
            - Pending
        - Employee
            - Active
            - Terminated
    - Logs
        - Billing
        - Attendance
    - Billing files
        - Invoices
        - Responses
        - Reversals
        - Insurance contracts
        - Client insurance information
    - Contracts
        - Vendors
        - Employees

        - Payers
- The Compliance Officer and/or their designee will review all documentation associated with the report of non-compliance to document if the services were billed correctly, which includes supporting documentation in the chart at the time of invoicing. This should include *at minimum* the following:
    - Verification that the employee rendering the services was employed and working at the time the service is documented as having occurred.
    - Verification that the individual alleged to have received the service was present at the time the service occurred.
    - Verification that the individual that received the service had the insurance invoiced.
    - Verification that there was an active prescription for the service in the individual's chart signed by all required parties at the time the service was being delivered. The prescription for service is defined differently for each licensed provider type but can include Treatment Plan, Plan of Care, and Individual Recovery Plan.
    - Verification that there was a note completed prior to the services invoice documenting the following: [the note may be for a single service or a group of services, in which case a weekly summary note would be appropriate].
        - What on the plan was being worked on?
        - What was the progress since the prior meeting with the provider by the individual being served?
        - What intervention was provided?
        - What was the response of the individual being served to the provided intervention?
        - What are the individuals plan till the next meeting with the provider?
        - Signature, credentials listed.
        - Date of service, start and stop time of service, and location of service delivery.
        - Modality of service delivery.
    - Verification that the duration in the note, provider credentials, modality and service location are correct for the billing code selected.
    - Verification that supervisory signatures were in place for non-licensed staff by appropriately licensed staff.
    - Verification that all add on billing codes such as after hours, language other than English, have documentation of such occurrences.
    - Verification that MD Evaluation and Management (E&M) documentation is used to support the use of E&M coding.

    - Verification that incident to crisis, complex care and other infrequent billing codes are supported in the documentation of the service to include multiple staff either in service delivery or present.
- Investigation must include interviews with staff and clients where appropriate. Witnesses must be present at the interviews and interviewees are entitled to representation.
- The investigative process and outcomes must be documented in an excel workbook that can be submitted in a self-disclosure to the regulatory Medicaid/Medicaid/Medicare upon request. The investigative process must be transparent and without influence either internal or external to the provider organization.

Investigative process of vendors

- Upon learning of suspected non-compliance, it is important to stop all payments to vendors related to any of the activities/parties/or services. This should be done immediately as part of the notification to the vendor of suspected noncompliance to include inclusion in an exclusion list.
- Notify executive staff and the Governing Board.
- If the alleged non-compliance involves egregious activities by the vendor will be suspended from providing any services to programs that bill or serve Medicaid or Medicare individuals.
- The Compliance Officer in conjunction with legal counsel will conduct the investigation to include:
    - Review of financial records
    - Review of service provision/delivery
    - Interview with program staff
    - Interviews with vendor
- Upon determination of noncompliance the Compliance Officer will notify the President/CEO and Governing Board of the outcome. Any or some of the following actions may be taken:
    - Termination of contract
    - Revision of contract and service delivery
    - Refund to OMIG
    - Refund by Vendor to Agency
    - Reversal of over payment
    - Self-disclosure to OMIG
    - Resumption of services

Investigative process of Governing Board

- Upon learning of suspected non-compliance by a member of the Governing Body any payments, invoicing, billing, and/or business practices suspected of being noncompliant will be suspended immediately pending results of a full investigation.
- Additionally.
    - Notify the President/CEO
    - Notify the hiCBC est-ranking Governing Board member not suspected of noncompliance. If this cannot be determined the full Governing Board will be notified at once.
    - Engage Legal Counsel
    - Suspend the Governing Board member (s) pending investigation
- The Compliance Officer in conjunction with legal counsel will conduct the investigation to include but not limited to:
    - Review of financial records
    - Review of service provision/delivery
    - Interview with program staff
    - Interviews with Governing Board Members
- Upon determination of noncompliance the Compliance Officer will notify the President/CEO and Governing Board of the outcome. Any or some of the following actions may be taken:
    - Termination of the Governing Board members tenure
    - Refund to OMIG
    - Reversal of over payment
    - Self-disclosure to OMIG
    - Resumption of Governing Board Member tenure

7.3 A system is in effect for correcting compliance problems promptly and thoroughly

Once an investigation has identified a compliance problem the Compliance Officer will perform a root cause analysis to determine what actions, policies and or procedures led to the noncompliance. Once this has been completed the Compliance Officer will:

- Notify Executive Staff
- Call a special meeting of Staff Compliance Committee
- Work with the SCC to develop a corrective action plan (CAP) to include the assignment of responsibilities and deadlines.
- Enter noncompliance, root cause analysis findings, and CAP into the compliance log.
- Write and submit a report to the President/CEO and the Govern Board Compliance Committee
- Schedule an audit of the CAP for 60 days post deadlines.

7.4 A system is in effect for implementing procedures, policies, and systems as necessary to reduce the potential for recurrence.

System to reduce likelihood of recurrence of identified compliance problems:

Once an investigation has identified a compliance problem and the investigation, root cause analysis and corrective action plan have been completed the Compliance Officer will:

- Revise all policies and procedures to reflect CAP recommendations to prevent recurrence of noncompliance
- Retrain identified individuals
- Develop and implement episodic training throughout Medicaid and Medicare programs
- Schedule and perform audit of noncompliant activities 90 days post CAP implementation.
- Develop and submit report to Executives and Governing Board on activities and findings.

7.5 A system is in effect for identifying and reporting compliance issues to appropriate governmental entities

Once a violation of state or federal law, rules or regulations is identified, CBC will report it to the appropriate governmental entity (i.e. NYS Department of health, Office of Medicaid Inspector General (OMIG), Managed Care Organizations (MCO), etc.) where such reporting is otherwise required by law, rule or regulation.

System to report noncompliance to OMIG

Once an overpayment has been identified CBC will report to NYS OMIG within 60 days of identification of the overpayment. The Compliance Officer will go to the NYS OMIG website for self-disclosures and commence submission of the self-disclosure form online.

Self-Disclosure Submission Information and Instructions | Office of the Medicaid Inspector General

7.6 A system is in effect for refunding Medicaid overpayments

System to Refund Overpayment

Once an overpayment has been identified the compliance officer will commence the following actions.

- Determine which type of self-disclosure statement should be submitted, the Abbreviated or Full.
- The Compliance Officer will submit the self-disclosure form via OMIG web porta and or applicable Managed Care Organization (MCO) to resolve overpayment.

- Once contacted by OMIG and or the MCO(s), the Compliance Officer will assist in any way with the completion of the self-disclosure process and eventual recoupment of overpayments.
- The Compliance Officer will document the self-disclosure and recoupment in the compliance log.
- The Compliance Officer will include all self-disclosures and recoupment in reporting.

Records, Documentation, and Billing

Privacy and Confidentiality

CBC policies provide for maintaining the confidentiality of the records, both electronic and paper, of persons served and complying with related privacy requirements under Applicable Law [See HIPAA policies and procedures manual]. Additionally, CBC has specific guidelines for responding to requests for information [see program policies and procedures].

Accuracy of Records

CBC expects its affected individuals to maintain and administer records with accuracy, reliability, and honesty at all times and in all circumstances. Specifically, CBC's applicable affected individuals are required to make every effort to ensure the accuracy of their own work and report inaccuracies in any CBC record of which they are aware or suspect. Applicable affected individuals are prohibited from creating any documentation in the records of CBC that to the best of their knowledge is incomplete, inaccurate and/or fraudulent.

Records Retention

CBC administers a records management program to ensure that its records are maintained and stored in accordance with various records retention standards and requirements documented in CBC Records Retention and Destruction Policy. Among other records, which are part of the records management program, CBC will retain various clinical, medical, administrative, and operational records, billing, claims, financial, and other records in accordance with the requirements of the MCP. At no time should an employee destroy or delete any record or part of a record without written permission from a supervisor. This is inclusive of paper and electronic documentation.

Billing and Coding

CBC expects that all applicable affected individuals involved in the coding, billing, documentation, and accounting for healthcare services for the purpose of billing governmental, private, or individual payers will comply with all applicable law and CBC policies. Specifically, CBC requires its applicable affected individuals to:

- Bill only for healthcare services actually provided and seek only the amount to which CBC is entitled. CBC will not tolerate billing by CBC that misrepresents the healthcare services actually provided.

- Prepare supporting documentation for all healthcare services provided to Persons Served. CBC will bill on the principle that if the appropriate and required documentation has not been prepared, then the healthcare services have not been provided.
- Accurately and completely code claims based on information in the record and supporting documentation of the persons served and submit any claims to the appropriate payer in accordance with applicable Law and CBC policies.
- Charge all persons served in a consistent and uniform manner except as otherwise provided herein.
- Charge government-sponsored payers at no higher rate than allowable. Any questions regarding the interpretation of this standard should be directed to the Compliance Officer.
- Offer no preferential discount to a single payer amongst payers associated with a single service. *Sliding scale is legally different than a discount. A discount must be provided to all payers equitably while a sliding scale may be provided to an individual based on DOCUMENTED income for the past 12 months and federally accepted ID*.
- Process all credit balances in a timely manner in accordance with applicable law. If an audit identifies any credit balances, CBC will direct those issues to the Compliance Officer.
- Applicable staff participation in training on CBC policies and applicable law regarding those activities for which CBC is responsible with respect to coding, billing and documentation.

ATTACHMENT A

COMPLIANCE PLAN CONTACT INFORMATION

The following telephone numbers and email address at CBC are available to all affected individuals to make inquiries or reports about the Compliance Program:

Compliance Officer: Tracie Jones

President/Chief Executive Officer: Pamela Mattel

Compliance Line phone – 844-718-6396

Compliance Web Portal – MyComplianceReport.com: Compliance and Ethics Reporting

Compliance Mailing Address – 55 Broadway, Suite 701, NY, NY, 10006

ATTACHMENT B

CODE OF CONDUCT

CBC is committed to compliance with all laws governing federal and state-funded health care programs and all requirements of other insurance companies.

CBC is committed to preventing the occurrence of unethical or unlawful behavior, stopping such behavior as soon as possible after discovery, and disciplining (up to and including terminating) affected individuals who violate the Code or who neglect to report a violation.

CBC is committed to charging, billing, and submitting claims for reimbursement only when professional services have been provided and documented in the manner required by laws and regulations.

CBC has an established written Medicaid Compliance Program, policies and procedures and standards that demonstrate our commitment to complying with all applicable federal and state statutory, regulatory, and other requirements. These standards apply to all affected individuals (e.g. Employees/Interns/Volunteers/Executives/Governing Body/Vendors and Contracted Parties) of CBC and are a critical component of our efforts to detect, prevent, and control fraud, waste, and abuse. CBC expects all affected individuals to refrain from conduct that may violate the fraud and abuse laws including, but not limited to, the prohibition on submitting false, fraudulent or misleading claims to any government entity or third-party payer, including claims for services not rendered, claims which characterize the service differently than the service actually rendered, or claims which do not otherwise comply CBC with applicable program or contractual requirements.

Ethics – It is CBC's policy to conduct business with the highest degree of integrity, and to observe all laws and regulations applicable to CBC's business. Affected individuals are expected to be honest and forthcoming with management, regulatory agencies, internal and external auditors, providers, suppliers, the people CBC serves, and all others with whom CBC does business. To accomplish this, all affected individuals must obey the laws and regulations that govern their work and always act in the best interest of CBC and the people CBC's serves, including CBC members' and their family members. Affected individuals are expected to comply with CBC's policies and procedures, accounting rules and internal controls. Affected individuals must keep management informed of their work activities. schedules, and document or record all services or transactions accurately.

By signing this document, I agree to abide by all components of the Code of Conduct for the duration of my tenure at/business with CBC.

_____ _____

Printed name date

_____

Signature

ATTACHMENT C

CBC COMPLIANCE TERMINATION ATTESTATION:

I, _____, attest that during my tenure at CBC I did not participate in or have any knowledge of fraud, waste and abuse activity as it pertains to Medicaid, Medicaid/Medicare, and/or Managed Care. I fully attest that I understood my responsibility and agreed in writing to comply with the policies and practices set in the Medicaid Compliance Program.

I hereby attest that at no time during my full time, part time, or per diem employment, or as a volunteer and/or intern did I participate in or have knowledge of any Medicaid, Medicaid/Medicare or Managed Care non-compliance to include fraud, waste or abuse. I further attest that I understood what was required of me, and that I agreed in writing to comply with the policies and practices set forth in CBC Medicare/Medicaid Compliance Program.

Period of affected individual's Start Date: _____End Date:_____

Print Name: _____

Signature: _____

Title: _____

Date: _____

Witness Signature_____

Date: _____

ATTACHMENT D

CBC COMPLIANCE PLAN ACKNOWLEDGEMENT FORM:

I, _____acknowledge that I have received a copy of, or I am aware that it is located in the shared directory and CBC's Website. I have reviewed CBC Medicaid Compliance Program policy. I fully understand my role and responsibilities as it pertains to compliance and agree to comply with the policies and practices set. In accordance with the procedures described in the policy, I agree that I will promptly report to the Compliance Officer or designee any issues that I know or suspect to be a violation of the Compliance Program. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ASK QUESTIONS/SEEK GUIDANCE WHEN I AM UNSURE OF A COMPLIANCE MATTER.

Signature: _____

Date: _____

ATTACHMENT E

Training/Education Distributions and Tracking form

Training Log									
No.	*Course*	*Reason For Training (Use Drop-Down List)*	*Date of Training*	*Location of Training*	*Name of Trainer*	*Mandatory Training (Y/N)? (Use Drop-Down List)*	*Training Method (Use Drop-Down List)?*	*Post Test (Y/N)? (Use Drop-Down List)*	*Date of Post Test*
1	Fraud, Waste & Abuse	Annual Compliance Training	3/13/2019	MMTP	Natasha	Y	In-Person	Y	3/13/2019
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Form completed by _____

Submitted to Compliance Officer on _____

ATTACHMENT F

Compliance Log

agency name and year of log																			
Date on report	Date report received	How was the report received	Reporter	Does reporter want follow-up	nature of alleged wrong doing	accused	where does accused work	location of alleged FWA	date of alleged OSHA	Time of alleged OSHA	Category of alleged wrong doing	accepted or refered	who it was referred to	date of investigation start	findings	conclusion	CAP	closure date	date of CAP audit

ATTACHMENT G

OMIG report form

New York State Office of the Medicaid Inspector General - Bureau of Medicaid Fraud Allegations (BMFA)

800 North Pearl Street, Albany, NY 12204
Email: BMFA@omig.ny.gov Phone: 877-873-7283 FAX: 518-408-0480

Allegation Date: _____

YOUR INFORMATION: ***I would like to be considered:***

☐ CONFIDENTIAL (Your information is kept private, but your identity is known to OMIG. This allows OMIG to contact you to obtain additional information or clarify your allegation.)

☐ ANONYMOUS (no personal information is provided/known to OMIG-BMFA)

Name:
_____

Address: _____City: _____State: _____ZIP:
_____

Phone: ( ) _____Email: _____MEDICAID ID#:
_____

THE ALLEGATION IS AGAINST : ☐ Provider ☐ MEDICAID Recipient

Name: _____ Provider ID/License# *or* MEDICAID ID#
_____

Address: _____City: _____State:
_____ZIP:_____

County: _____ DOB: _____ SS#
_____

Phone: ( ) _____Email:
_____

ALLEGATION:

_____

_____

ATTACHMENT H

DRA Statutes – Liability and Penalties

Below are summaries of certain statutes that provide information regarding liability and penalties (including civic) for submission of false claims and statements and violation of CBC's Corporate Compliance Plan. These summaries are not intended to identify all applicable laws but rather to outline some of the major statutory provisions as required by the Deficit Reduction Act of 2005.

Administrative False Claims Act (fka Federal Program Fraud Civil Remedies Act)**, 31 U.S.C. §§ 3801-3812:** this statute provides federal administrative remedies for false claims and statements, including those made to federally funded health care programs. Current civil penalties are up to $5,000 for each false claim and up to double the damages for each false claim for which the Government makes a payment.

False Claims Act, 31 U.S.C. §§ 3729-3733: this statute provides federal legal remedies for false claims and statements against those who defraud government programs, allowing the government and private citizens (qui tam) to recover damages from entities submitting a false claim, making false records, or concealing obligations to the government. Current civil penalties are between $14,308 - $28,619 (2025 inflation-adjusted figures) for each false claim and up to treble the damages for each false claim for which the Government makes a payment. See 28 C.F.R. § 85.5 for the current rate.

Social Services Law § 145-b—False Statements: It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to $2,000 per violation. If repeat violations occur within 5 years, a penalty up to $7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

Social Services Law §145-c—Sanctions: If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's, the person's family's needs are not taken into account for 6 months if a first offense, 12 months if a second, 18 months upon the third offense or upon an offense which results in wrongful receipt of benefits (or once if benefits received are over $3,900) and five years for 4 or more offenses.

CRIMINAL LAWS

Social Services Law §145 Penalties: Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Services Law § 366-b, Penalties for Fraudulent Practices.

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

b. Any person who, with intent to defraud, presents for payment and false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

Penal Law Article 155, Larceny: 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 other similar behavior. This penal law is also applied to Medicaid fraud cases.

Penalties

- Fourth degree grand larceny involves property valued over $1,000. It is a Class E felony.
- Third degree grand larceny involves property valued over $3,000. It is a Class D felony.
- Second degree grand larceny involves property valued over $50,000. It is a Class C felony.
- First degree grand larceny involves property valued over $1 million. It is a Class B felony

Penal Law Article 175, False Written Statements: There are four crimes in this Article which relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

a. §175.05, Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.

b. § 175.10, Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.

c. §175.30, Offering a false instrument for filing in the second degree involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.

d. §175.35, Offering a false instrument for filing in the first degree includes the elements of the second-degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.