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**Cattaraugus Rehabilitation Center, Inc.**

**NYSARC Inc., Cattaraugus County Chapter**

(Hereinafter, Agency)

**Corporate Compliance Program**

**Introduction**

The Agency has established a Corporate Compliance Program to affirm its commitment to abide by high legal and ethical standards in all of its operations and services provided on behalf of the people we serve.

A Corporate Compliance Program ensures that all aspects of service provision and business conduct are performed in compliance with our mission statement, policies and procedures, professional standards, applicable governmental laws, rules and regulations, and other payer standards.

This plan applies to all employees, board members, volunteers, contractors, consultants, interns or others doing business with the Agency. All agency employees and contractors have a personal obligation to assist in making the Program successful.

The Program is regularly reassessed and is constantly evolving to address new compliance challenges and maximize the use of the Agency’s resources. Employees are encouraged to provide input on how the Program might be expanded or improved.

**Code of Conduct**

The Agency’s Code of Conduct encourages employees and others to observe the highest standards of ethical conduct. It is not intended to address every potential compliance issue that may arise in the course of business. Following are examples from the Code of Conduct specific to compliance:

* Proper Billing for Health Care and Other Service

All employees, and others, involved in documenting and billing for health care or other services must ensure that they follow all applicable laws, rules, conditions of participation and interpretive guidance relating to the billing process.

* Providing Access to Necessary Service

The Agency is committed to ensuring that all clients under its care receive prompt access to full range of medically necessary health care services to which the individual is entitled under the applicable government program. All services must be ordered and/or delivered by appropriately licensed or qualified personnel. The Agency seeks to provide or arrange for high-quality care at all times.

* Submitting Complete and Accurate Reports to Government Agencies

All employees involved in the process of preparing and submitting reports must strive to ensure that these reports are accurate and complete and prepared in accordance with program guidelines.

* Avoiding Kickbacks and Referral Fees

All employees involved in purchasing items or services from vendors, or managing relationships or conducting business transactions with sources or recipients of client referrals, should familiarize themselves with this protocol.

* Avoiding Conflicts of Interest

Employees are required to act solely in the best interests of the Agency when carrying out their job responsibilities and must avoid all activities that constitute or create the appearance of a conflict of interest. Employees are prohibited from using their position with the Agency for personal benefit.

* Using the Agency Resources for Agency Business

Employees may not use their affiliation with the Agency to promote any business, charity or political cause. Employees shall seek reimbursement for expense only to the extent such expenses have been incurred in the course of carrying out their job duties and in accordance with the Agency expense reimbursement protocols.

* Ensuring Equal Opportunity for All Individuals with Disabilities, Employees and Contractors

The Agency seeks to create an environment in which the dignity of each individual is fully respected. The Agency is committed to serving all individuals on an equal basis without regard to race, nationality, or ethnic origin, religion, gender, disability or any other personal characteristic with respect to which discrimination is barred by law.

* Maintaining the Confidentiality of Records

The Agency has adopted a comprehensive privacy compliance program governing the use and disclosure of records. All employees and others who have access to such records must familiarize themselves with this program’s procedures and adhere to their terms.

* Conducting all Business with Honesty and Integrity

The Agency is committed to conducting all of its activities with honesty and integrity. Employees and others are expected to act in a manner that promotes the agency’s reputation as an organization that exceeds the strict requirements of the law and operated in accordance with the highest ethical standards.

**The Components of the Corporate Compliance Program**

The Program’s design is based on guidance provided by the New York State Office of the Medicaid Inspector General. The components of the Program are as follows:

1. **Written policies and procedures that describe compliance expectations:**

There are formal policies and procedures that describe compliance expectations such as:

* + Compliance Program Implementation
  + Compliance Program Monitoring
  + Code of Conduct
  + Compliance Expectations/Discipline for Violations
  + Whistleblower/Anti-Retaliation
  + False Claims Act
  + Policy & Procedure Development
  + Procedure Committee Process
  + Policy & Procedure Review
  + Compliance Related Training
  + Corporate Compliance Risk Assessment
  + Internal Audit Process
  + Medicaid Overpayment Void
  + Self Disclosure
  + Regulatory Change Management
  + Hiring Process
  + Qualifications for Provider Compliance
  + Professional Licensure, Certification, Registration
  + Criminal History Record Check, Exclusion Check etc.
  + Discipline Procedure
  + Exclusion check
  + Anti-kickback
  + Conflict of Interest

1. **Designation of an employee vested with the responsibility for the day to day operation of the compliance program**:

The Agency has a Corporate Compliance Officer and a Corporate Compliance Committee, charged with the responsibility of operating and monitoring the compliance program, and who report to the CEO and the governing body. The Compliance Officer’s name is Tracy Crisafulli.

1. **Training and education programs**:

The Agency has developed and implemented education and training for all employees and independent contractors. Employees receive training upon hire and annually thereafter. Contractors receive training information at the time of entering into the contract.

1. **Communication lines to the Compliance Officer:**

The Compliance Officer’s phone line is considered the Compliance Hotline and may be accessed by dialing 716.375.4747 ext. 533. To encourage reporting of suspected compliance concerns the Agency gives employees and others the option of filing complaints through this line anonymously. The Compliance Officer can also be reached via email, [tcrisafulli@rehabcenter.org](mailto:tcrisafulli@rehabcenter.org). All staff are advised in writing upon hire and annually thereafter as to how to report a compliance concern. The compliance officer is responsible for reviewing all compliance hotline reports, assessing whether they warrant further investigation and ensuring that any compliance problems are identified and corrected.

In addition the Agency’s Quality Management phone line is available for reporting compliance concerns. This can be accessed by dialing 716.375.4747 ext. 500. This also allows for anonymous reporting.

1. **Disciplinary Procedures**:

Employees who engage in fraud, abuse or other misconduct are subject to disciplinary action in accordance with the Agency’s employee discipline policy. Any such action will be carried out by the Vice President of Human Resources. Depending on the nature of the offense, discipline may include counseling, oral or written warning, modification of duties, suspension or termination.

1. **Routine identification of compliance risk areas:**

The Agency performs regular internal audits and compliance reviews. The audits cover aspects of the Agency’s operations that pose a heightened risk of non-compliance, including but not limited to, Medicaid billing, cost reporting and access to medical care. All employees are required to participate and cooperate with internal audits as requested by the Compliance Officer.

1. **System for responding to compliance issues:**

Compliance issues are formally documented and investigated commensurate with their nature. The Agency is committed to prompt corrective action to address any fraud, abuse or other improper activity identified through internal audits, investigations, and reports by employee’s or other means. Minimally, programs are required to submit information on why the situation occurred, actions they will take to prevent recurrence, and information on disciplinary actions taken. In the event there is a financial adjustment that needs to be made, confirmation will be made with the finance department.

1. **Non intimidation and non-retaliation:**

No employee who in good faith reports a compliance concern or suspected compliance concern shall suffer intimidation, harassment, discrimination, or other retaliation. This is communicated to staff initially upon hire and annually thereafter.

**Routine Compliance Activities**

1. Exclusion checks: Any applicant that will have regular and substantial unsupervised, unrestricted physical contact with any of the people we serve will be subject to a criminal history record check and will be subject to the regulations dictated by the law. In addition, all newly hired employee, volunteer, contractor, intern, vendor or board member are screened initially against the Excluded Parties List for people who are excluded from participation in federally funded programs. The screening is done each month thereafter.
2. Licensure verification: All newly hired licensed clinical staff and consultants are screened to ensure that they have current NYS licensure and registration or that they meet NYS Education requirements to practice under the supervision of a licensed clinician without such licensure. Checks of continued licensure occur monthly.
3. Audits: The Agency will conduct regular internal auditing and monitoring procedures in order to identify and promptly rectify any potential non-compliance issues. This includes periodic audits to ensure that billing, claims processing and reimbursement procedures and practices, as well as service delivery procedures, adhere to federal and state regulations. The Quality Management staff are primarily responsible for performing monitoring procedures and routine spot checks.
   * The Compliance Officer in collaboration with the Quality Management Department and the Accounting department are responsible for monitoring individual sites and employee’s compliance with applicable laws and regulations.
   * Audits may include on-site visits, interviews with personnel, reviews of written material sand documentation, and trend analysis studies.
   * All programs are audited quarterly for records management and billing.
   * All programs receive program observations on a quarterly basis.
   * The number of records reviewed depends on the program/site needs and risk areas.
   * A monitoring/audit report is generated and distributed to the program/site within three working days after the visit.
   * A copy of the report is distributed to the Vice President who oversees the program, reviewed by the Corporate Compliance Officer.
4. Risk Assessments: The Compliance Officer will identify emerging areas of compliance focus by consulting information sources such as NYSARC, NYS OMIG, Federal OIG, OPWDD, OMH, applicable state and federal regulations and administrative rules, industry guidance and Medicaid updates. The Compliance Officer will monitor trends in self survey and internal auditing to identify areas that could present compliance risks. The Compliance Officer will periodically consult with Agency administrative staff to identify potential compliance risks.
5. Compliance Training: During new hire training, all new employees receive an introduction to Corporate Compliance including what compliance is, why compliance is important, their role in compliance, basic information on false claims act and the importance of accurate and timely documentation. They also receive training on HIPAA Privacy. All staff attend annual refresher training on the subject as well.
6. Contact with the Board of Directors: The Compliance Officer keeps the Board of Directors informed of compliance-related issues through a quarterly report. Reports are more frequent if necessary. The Board of Directors is required to be knowledgeable of the Corporate Compliance program and plan, must receive training and document their review of the plan.

**Corporate Compliance Committee**

The corporate compliance program is carried out under the guidance and supervision of the Corporate Compliance Committee. The committee is made up Agency directors, the administrative team and a representative from the Board of Directors. The purpose of the committee is to provide support of the compliance function, and to assist with the following activities: maintenance and improvement of policies and procedures, auditing, complaints and concerns, enforcement of the plan and corrective actions.