



Long Island Association for AIDS Care, Inc.

# Corporate Compliance Plan

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## **MISSION STATEMENT**

LIAAC is a regional community based 501(c)(3) not-for-profit agency delivering comprehensive services to all Long Islanders infected and affected by HIV/AIDS and other infectious diseases. Additional priorities include services and supplemental support to promote health and wellness.

Utilizing a field based mobile outreach model, our professionally trained staff are committed to providing a continuum of quality client services, responsible public policy, aggressive advocacy and effective testing/prevention education.

LIAAC's driving philosophy is to provide a stable and comprehensive safety net that ensures our services reach the many diverse communities of Nassau and Suffolk Counties.

## **CORPORATE COMPLIANCE PROGRAM**

It is the policy of the Long Island Association for AIDS Care, Inc. (LIAAC) to comply with all applicable federal, state, and local laws and regulations. To accomplish this all employees and persons associated with the Agency must obey the laws and regulations that govern their work and always act in the best interest of the consumers we serve, their families and the Agency. This document outlines LIAAC's participation in the eight elements of a corporate compliance program, which include:

- Written policies and procedures
- Designated responsibility of a Compliance Officer
- Training and Education
- Effective line of communication
- Enforcement of Compliance Standards
- Auditing and Monitoring
- Detection and Response
- Whistleblower Protection

This plan establishes how each of these areas is specifically addressed at LIAAC and serves as a tool to assess the effectiveness of the agency's compliance program. It is every executive's, employee's, governing body member's and person associated with the provider's responsibility to read, understand, and participate in LIAAC's corporate compliance plan and to ask for clarification when needed.

## **COPORATE COMPLIANCE POLICIES**

The following are references for LIAAC's policies specifically concerning compliance. Please see the Policy and Procedure Manual for the complete version of these policies.

<b>Number</b>	<b>Policy</b>
503	Employee Conduct and Work Rules
513	Conflicts of Interest
505	Sexual Harassment
504	Confidentiality
202	Equal Employment Opportunity
211	Whistleblower/Non-retaliation
212	Fraud, Waste and Abuse

## **ROLE OF THE COMPLIANCE OFFICER**

The Board of Directors of LIAAC designates LIAAC's Director of Quality Management, as the agency's Compliance Officer (CO). The Compliance Officer reports directly to the agency's Chief Operating Officer. This position has direct lines of communication with the Board of Directors, agency counsel, and the Chief Executive Officer. The Compliance Officer is available to the Board of Directors as needed and reports any significant activities of the compliance program prior to Board meetings.

In this role, the CO is obligated to serve the best interests of LIAAC and its executives, employees, governing body members, and persons associated with LIAAC as it relates to regulatory compliance. Responsibilities of the CO include, but are not limited to:

- Updating the Corporate Compliance Plan as changes occur within LIAAC or in the laws and regulations governing the compliance program.
- Developing and implementing corporate compliance policies and procedures
- Monitoring the effectiveness of the corporate compliance program through ongoing review and internal auditing.
- Communicating all aspects of the corporate compliance program, including awareness of its existence and its contents, to executives, employees, governing body members and persons associated with the provider.
- Providing guidance as needed to management and all departments on implementing the corporate compliance program and any changes in laws or regulations that may affect individuals programs.
- Developing and disseminating an annual corporate compliance educational training program to all LIAAC executives, employees, governing body members and persons associated with LIAAC, including New Hire Orientation for all new employees and monthly trainings available throughout the year.

- Maintaining an effective reporting system that includes options for reporting compliance concerns anonymously.
- Coordinating timely and appropriate investigations into all compliance concerns or reports and determining a corrective action plan.
- Responding to all questions, concerns, and feedback related to the corporate compliance plan.
- Seeking accurate and up-to-date material regarding compliance on an ongoing basis and disseminating relevant information in a timely manner.
- Development and implementation of policies and procedures regarding Corporate Compliance, HIPAA and other appropriate regulations regarding good corporate citizenship.
- Investigate and act on matters related to compliance and/or HIPAA design and coordinate internal investigations and any resulting corrective action with all departments, providers, sub-providers and agents.
- Monitor agency internal audits to ensure effectiveness of compliance standards.

### *Corporate Compliance Committee*

The Corporate Compliance Committee is chaired by the Compliance Officer and meets quarterly. Minutes will be kept from this meeting as a formal record. The Corporate Compliance Committee is responsible for evaluating and taking action upon matters which may be brought to its attention. Membership of the Corporate Compliance Committee will consist of the Corporate Compliance Officer, Chief Operating Officer, Comptroller, Director of Human Resources, Chief Officer for Care Coordination, Chief Program Officer and the Director of IT

## **TRAINING & EDUCATION**

Education and training are critical elements of LIAAC's Corporate Compliance Program, as it is the primary means by which all appropriate executives, employees, governing body members, persons associated with the provider are given the information necessary to participate effectively in the compliance program. It is the responsibility of every appropriate executives, employees, governing body members, persons associated with LIAAC to be knowledgeable about the contents of the corporate compliance program and his or her responsibilities under the plan.

### *Training Requirements*

The Compliance Officer is responsible for developing and disseminating a training program that includes all elements of compliance that are currently relevant to the job functions of the persons being trained. All executives, employees, governing body members and person associated with the provider must participate in an annual training program and at the time of orientation, and document their attendance.

### *Targeted Training*

In addition to annual training on corporate compliance, all Directors will assist the Compliance Officer in identifying targeted training and education topics relevant to their departments and arranging job-specific training for their staff members. Directors are also expected to assist the compliance officer in identifying all other agencies and contractors doing business with LIAAC so they may be given information about LIAAC's corporate compliance program as it may relate to the business relationship, including information regarding lines of communication to the Compliance Officer.

### *Orientation*

All newly hired staff will receive a copy of LIAAC's Corporate Compliance Plan and training as part of their orientation. Newly hired staff will also be given the name and contact information of the compliance officer and information on reporting compliance concerns. Board members receive information regarding the compliance plan upon joining the Board of Directors.

### *Guidance*

All LIAAC executives, employees, governing body members, and persons associated with the provider are encouraged to ask questions about the corporate compliance program and seek clarification when needed. Employees are also encouraged to contact their supervisor, any other supervisor or Director, the Compliance Officer, the Chief Operating Officer, the Chief Executive Officer, or Human Resources at any time with questions or concerns. If confidentiality is requested, it will be honored to the greatest extent possible.

## **COMMUNICATION & REPORTING**

It is the responsibility of all executives, employees, governing body members, and persons associated with LIAAC to report, in good faith, known or suspected violations of the corporate compliance policies and/or plan. All executives, employees, governing body members, and persons associated with LIAAC receive contact information for reaching the Compliance Officer with regard to compliance issues. Reports of violations can be made to the employee's supervisor or directly to the compliance officer. All reports will be kept confidential to the extent possible during the investigation of the incident and following.

Anonymous reports can be made by sending an e-mail message from LIAAC's anonymous Yahoo e-mail account (username: complianceaccount, password: anonymous) to an internal e-mail address, [compliance@liaac.org](mailto:compliance@liaac.org), to be monitored daily by the *Chief Operating Officer*. *The Chief Operating Officer will not be able to identify the sender of any messages sent from the anonymous e-mail account.*

Reporting mechanisms are publicized via orientation materials for new staff, annual training programs, and postings in common areas in LIAAC's offices.

All Supervisors and Directors and Chiefs at LIAAC are expected to maintain an open door policy for discussion and reporting of compliance issues. Relevant compliance information will be communicated to staff as it becomes available through regularly scheduled staff meetings. Staff will also be given the

opportunity to provide feedback on compliance-related issues through their supervisor or directly to the Compliance Officer.

## **GOOD FAITH PARTICIPATION**

Good faith participation in the corporate compliance program is expected of executives, employees, governing body members, and persons associated with LIAAC.

### *Whistleblower Policy Overview*

No person will receive disciplinary action for reporting compliance concerns in “good faith”, meaning that the reporter was directly aware or had a reasonable basis to suspect the violation was actually occurring. No executives, employees, governing body members, persons associated with LIAAC, who in good faith reports a violation or potential violation shall suffer harassment, retaliation, or adverse employment consequence because of making such a report. Any employee who engages in retaliation or harassment of any kind against someone who has made a report in good faith will be subject to disciplinary action, up to and including suspension and termination of employment.

### *Obligation to report*

All executives, employees, governing body members, persons associated with LIAAC are required to report observed or suspected compliance violations. Executives, employees, governing body members, and persons associated with LIAAC who fail to report actual or suspected compliance problems is cause for disciplinary action, up to and including suspension and termination of employment and cessation of relationship. Executives, employees, governing body members, and persons associated with LIAAC who directly participate in non-compliant behavior or permitting non-compliant behavior to occur through inadequate supervision or direct encouragement or facilitation of non-compliant behavior is also grounds for disciplinary action, up to and including termination of relationship.

### *Participation in investigations*

All executives, employees, governing body members, persons associated with LIAAC are expected to cooperate fully in all compliance investigations as requested to do so. All information obtained during investigations is kept confidential to the fullest extent possible. Refusal to cooperate and participate in compliance investigations as requested can result in disciplinary action, up to and including suspension, termination of employment and cessation of relationship.

## **MONITORING & AUDITING**

It is the CO’s responsibility to ensure the effectiveness of the compliance program through ongoing monitoring and evaluation.

### *Chart Review/Audit*

Developed: July 2011

Last revised/reviewed: 2/11/14, 2/11/15, 2/12/16, 2/8/17

Approved by the Board: 4/3/14, 4/23/15, 2/25/16, 3/30/17

Programs involved in Medicaid billing (i.e. Health Home Care Coordination) will be subject to monthly chart and billing audits to ensure that any fraud, waste, or abuse of the Medicaid system is being identified and corrected in a timely and appropriate manner. The Compliance Officer is responsible for conducting these monthly chart audits with the cooperation of the Chief Officer for Care Coordination. Both active and closed charts will be selected randomly for review and any issues will be corrected. Fraudulent or erroneous billing practices will be corrected and/or self-disclosed immediately. Feedback from chart reviews will be formally communicated to program staff to ensure corrective action is taken.

#### *Self-Assessment*

The Compliance Officer is responsible to ensure the certifying of the effectiveness of the corporate compliance program. In order to do this, annual assessment of the compliance program is necessary. The self-assessment will include at a minimum a review of all of the eight required elements of a compliance program as implemented at LIAAC. This evaluation of the entire corporate compliance program will be done at a minimum annually, prior to certification, and the assessment will be communicated to LIAAC's senior management team and Board of Directors for review and approval.

#### *Risk Assessment*

LIAAC recognizes that all agencies, regardless of the comprehensiveness and effectiveness of their compliance programs, have areas of heightened risk based on the specific program-related activities in which it engages. It is therefore necessary to identify LIAAC's highest risk compliance areas in order to ensure sufficient efforts and resources are being put into mitigating this risk to the extent possible. Towards this end, the Compliance Officer will be responsible for completing an annual risk assessment in collaboration with program staff and management to identify the areas within LIAAC's programs and operations that deserve special attention.

#### *Exclusions Database Check*

All staff hired at LIAAC are required to complete comprehensive background checks prior to starting with the agency. These checks are completed by the Human Resources Department and include a check of exclusions, terminations, and censures in all of the following compliance databases:

OIG: <http://exclusions.oig.hhs.gov>

OMIG: [http://www.omig.ny.gov/data/component?option=com\\_physiciandirectory](http://www.omig.ny.gov/data/component?option=com_physiciandirectory)

GSA: <http://www.sam.gov>

EBI: <http://www.ebiinc.com>

All staff working within the Health Home Care Coordination program in any capacity, including coordinators, directors, evaluators, program staff, and support staff, are checked in these databases monthly following hire and a record is kept of the results. Additionally, contractors and referral sources of LIAAC are checked

in the databases on a monthly basis, with a record kept of the results. The Compliance Officer is responsible for ensuring staff, contractors, and referral sources are being checked in the databases on an ongoing basis and for keeping the records that attest to same.

## **INVESTIGATION & RESPONSE**

It is LIAAC's policy to take any compliance issues very seriously and to engage in prompt, thorough, and fair investigations of any and all issues raised by executive, employees, governing body members, and persons associated with the provider.

### *Investigations*

All executives, employees, governing body members, persons associated with LIAAC are invited to raise compliance concerns at any time. All issues, whether reported directly or anonymously, will prompt an immediate investigation. Any person receiving a compliance report, if other than the compliance officer, is expected to notify the compliance officer immediately, who will in turn notify senior management, human resources, and any other required parties in order to commence an investigation into the matter within no later than two business days. Any compliance concerns stemming from ongoing review, auditing and assessment processes are to be handled in the same manner. Investigations are standardized and will be approached the same way regardless of the position of the person being investigated.

Information gathering for investigations may include, but is not limited to, the following:

- Chart reviews
- Interviews with directors, staff, consumers, and community members
- Review of human resources files
- Audit of EHR data entry
- Audit of billing records and claim payment history

Confidentiality will be maintained during any investigations to the fullest extent possible without limiting the investigation and eventual resolution of the compliance issue. Any person being investigated for compliance concerns may not receive disciplinary action for that same issue until the conclusion of the investigation.

The Human Resources Department will coordinate investigations involving allegations of harassment, sexual or otherwise, employee grievances, suspected violations of American Disabilities Act (ADA), Family and Medical Leave Act (FMLA) and other discrimination. The Human Resources Department will keep the Corporate Compliance Officer apprised of the outcome of such investigations.

All compliance related investigations will be reviewed by the Corporate Compliance Committee. Once a compliance investigation has been completed, the reporting self-identified person will be given a brief summary of whether the allegations were substantiated and corrective action taken to the extent possible.

### *Corrective Action:*

It is the responsibility of the department head to ensure corrective actions are carried out and report back to the Compliance Officer when the corrective action plan is completed. Corrective action plans will be reported to Senior Management, Corporate Compliance Committee and the Board.

### *Handling of Overpayments*

When an improper payment – intentional or unintentional – is identified during the course of an ongoing review or investigation, the compliance officer is to be notified. The compliance officer, in collaboration with the finance department and other managers, will make a determination of whether the overpayment can be rectified through administrative billing procedures (i.e. voids and reverse-billing) or if a complete self-disclosure is necessary. If a self-disclosure is determined to be appropriate, LIAAC will contact the appropriate state agencies to initiate the process and is committed to cooperating fully with any investigation that follows. Any identified improper payment will be kept in a log documenting how the overpayment was identified; details of the claim including claim amount, date of service, and the service provider and recipient; how the claim was voided or otherwise re-paid; and any disciplinary action taken as a result of the incident.

The CO Officer responds promptly to all concerns and makes necessary adjustments to the compliance program on an ongoing, as needed basis which may include, but not limited to the following actions:

- Modification of existing LIAAC policies and procedures
- Modification of business practices
- Seeking guidance from regulatory government agencies
- Retraining employees and persons associated with the provider
- Employee supervision, monitoring and documenting progress
- Reporting compliance issues to the NYS Department of Health or the NYS Office of Medicaid Inspector General
- Alerting law enforcement authorities of criminal activity by employees and persons associated with the provider

## **NON-RETALIATION & WHISTLEBLOWER PROTECTION**

LIAAC will not permit any form of retaliation, intimidation, or harassment against individuals who in good faith participate in the compliance program, including reporting concerns of potential violations, participating in investigations and any remedial actions, and seeking clarification of any of the compliance concepts contained in this plan or any of LIAAC's policies. "Retaliation" can take many forms and can include, but is not limited to, the following:

- Formal disciplinary action, including suspension and termination
- Unfair distribution of work assignments

- Re-assignment to another program or job title
- Change in work location or hours
- Creating a hostile work environment
- Blocking advancement opportunities

Non-retaliation protections are implemented uniformly across all positions in the organization. Any allegations of retaliation, harassment, or intimidation should be brought immediately to the person's supervisor, the CO or human resources. All allegations will be investigated swiftly and thoroughly. Any director, manager or staff member found to be acting in a retaliatory or intimidating manner towards another person who has participated in the compliance program in good faith will be subject to disciplinary action up to and including suspension and termination of employment.

### **PROTECTION OF CONFIDENTIAL INFORMATION**

LIAAC has developed policies and procedures to assure that the confidentiality of Agency information and information about the consumers we serve is protected and released only with the appropriate authorization or for lawful reasons. All consumer information is confidential. All Agency records and information must be treated as confidential. Confidential information includes not only information about consumers that we serve and their families, but also non-public information about the Agency that may be of use to the Agency's competitors or harmful to the Agency if it is released.