

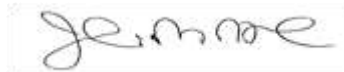


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POLICY STATEMENT

Topic: Documentation of Compliance Activities Date Effective: 7/1/2019

☒ Revised ☐ New Section: Corporate Compliance Number: 10.13

Date: 3/13/2023 Approved by: 

POLICY

Documentation of actions taken under The Arc Mid-Hudson (“Arc Mid-Hudson”) Corporate Compliance Plan is a key factor in the effectiveness of the plan. Arc Mid-Hudson must be able to demonstrate the actions taken throughout the development and implementation of the Corporate Compliance Plan are reasonable in the event that Arc Mid-Hudson is investigated by outside regulatory bodies, such as the state of New York Medicaid program (“OMIG”), the Office for People with Developmental Disabilities (“OPWDD”), the Attorney General’s Office, the federal Centers for Medicare and Medicaid Services (“CMS”) or the Office of the Inspector General (“OIG”).

SCOPE

This policy shall apply to all documentation referenced under each policy and procedure of the Corporate Compliance Plan and other Arc Mid-Hudson policies, as described in detail in this policy.

PROCEDURE

Maintenance and Handling Procedures for Documents

1. The Corporate Compliance Officer will create and maintain, or oversee the maintenance of all documentation of the Corporate Compliance Plan, including the Corporate Compliance Plan Policies and Procedures, the date on which these policies were adopted and updated, if applicable. The Corporate Compliance Officer will follow Policy 10.23, the Corporate Compliance Policy on Policy Development in developing, maintaining and disseminating Corporate Compliance policies and procedures.
2. The Corporate Compliance Officer will maintain a log of all compliance-related complaints of which they are aware. Each version of the Compliance Log must be dated and will be

updated as the complaint resolution process progresses. The Corporate Compliance Quarterly Meeting Minutes containing the Compliance Log Activities will be distributed to the Board of Directors on a quarterly basis and will be made available upon request from the Chief Executive Officer, any member of the Board of Directors, any member of the Audit Committee or any member of the Corporate Compliance Committee. Information will be recorded in the log as follows:

- Assigned number—year and number (e.g. 2023-001 for the first complaint of 2023);
 - Date the complaint was received;
 - Source of the complaint (e.g. staff, corporate compliance hotline, etc.);
 - Type of report (e.g. question, billing issue, etc.);
 - Program;
 - Summary;
 - Date Resolved;
 - Disposition; and
 - Date of Corporate Compliance Committee Review.
3. Activities related to the Corporate Compliance Plan may result in the creation or receipt of documents that are of a confidential nature. These may include business documents, investigation materials, or individuals supported records that must be protected from general disclosure or distribution. These records are maintained confidentially by Corporate Compliance Staff.
 4. Many of the records that will be generated by the Director of Quality Management/Corporate Compliance or Corporate Compliance Officer or obtained in the course of Arc Mid-Hudson business will be of a confidential nature as the result of a communication with legal counsel. The Director of Quality Management/Corporate Compliance or Corporate Compliance Officer, in consultation with Counsel, where necessary, will determine which documents should be confidential as a result of communication with legal counsel. Those documents will be placed in a red folder, labeled “Attorney-Client Privileged Information” and maintained with the corresponding audit/investigative file.
 5. All efforts will be made to refrain from duplicating documents that are Confidential or Attorney-Client Privileged.
 6. All documents that are Confidential or Attorney-Client Privileged will be maintained in a secure fashion. The Director of Quality Management/ Corporate Compliance and/or Corporate Compliance Officer in consultation with Counsel will determine which Chapter employees may access the Confidential and Attorney-Client Privileged documents.

Name of Document: Documentation of Compliance Activities 10.13

Date last updated: 3/13/2023

Updated by: T.Blair

Documents to be Maintained/Indexed

The Director of Quality Management/Corporate Compliance, Corporate Compliance Officer, and other Arc Mid-Hudson staff with compliance-related responsibilities will maintain the following types of compliance documents. The following list of compliance documents is illustrative only and is not an exhaustive list:

1. Program Development

- a. Board Resolution(s) and/or minutes establishing the Corporate Compliance Plan, the selection of the Compliance Officer and the Corporate Compliance Committee, and the ongoing operation of the Corporate Compliance Plan.
- b. Corporate Compliance Plan implementation schedules/work plans.
- c. Results of compliance risk assessment, if any.

2. Written Policies and Procedures/Standard of Conduct

- a. Past and current versions, including dates reviewed, revision dates and responsible parties of all Corporate Compliance Plan Policies and Procedures.
- b. The Arc Mid-Hudson Code/Standards of Conduct.

3. Corporate Compliance Officer and Corporate Compliance Committee

- a. Names, titles, and backgrounds for all members of the Corporate Compliance Committee, including the Compliance Officer.
- b. Job descriptions for the Corporate Compliance Officer and any compliance staff.
- c. Agendas and records/minutes of Corporate Compliance Committee meetings.
- d. Copies of reports made to the Board and/or Chief Executive Officer by the Corporate Compliance Office and the Corporate Compliance Committee.
- e. Copies of all workplans.

4. Human Resources

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

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5. Compliance Training

- a. Information regarding the development and roll-out of the training program on the Corporate Compliance Plan.
- b. Information regarding the development and implementation of specialized training for certain groups of personnel.
- c. Information regarding attendance at training sessions (e.g., sign-in sheets).
- d. Agendas and contents of training, including length of session and instructor.
- e. Copies of all training handout materials and instructor guides.
- f. Copies of sample quizzes or tests administered.

6. Dissemination of Compliance-Related Materials

- a. Copies of all notices sent to the Board, employees, contractors, independent contractors, sub contractors, agents, corporate officers and vendors regarding Arc Mid-Hudson Corporate Compliance Plan and other compliance-related topics.
- b. Copies of all newsletters and other company publications that address the Corporate Compliance Plan.

7. Monitoring and Auditing

- a. Information regarding the number and frequency of audits of claims and documentation requirements.
- b. Information regarding any risk assessments or benchmarks and progress made on these assessments.
- c. Information regarding the credentials of individuals and entities who perform audits on behalf of Arc Mid-Hudson if outsourced.
- d. Information (e.g., job titles, other credentials) regarding the individuals that make up the audit team, if audits are conducted internally.

8. Disciplinary Actions

- a. Copies of all disciplinary and/or corrective action policies and procedures.
- b. Records of all compliance-related disciplinary actions taken, including any individuals terminated for violations of company policy.

9. Response to and Prevention of Detected Offenses

- a. Reports on the investigations conducted into areas of potential non-compliance.
- b. Information regarding voluntary self-disclosures and overpayment returns.

10. Contacts with the Government and Payors

- a. Documentation of all contacts made between Arc Mid-Hudson and any government authority including, but not limited to, NY Medicaid, OPWDD, CMS and the OIG. The documentation may be noted in the Compliance log or investigative files and will include the name, title, and agency of the person spoken to, the date of the call, the matter referenced, and the response received from the individual along with information regarding the source of the response. Additional details are provided in Policy 10.15, the Corporate Compliance Policy on Responding to Government Investigations.
- b. All compliance correspondence to/from a government authority.
- c. Documentation of any response to a request from a government authority for documents, including a summary of any investigation conducted by Arc Mid-Hudson prior to responding to the government authority.

11. Contracts with Contractors, Independent Contractors, Agents and Vendors

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