
The Arc Mid-Hudson Chapter, The Arc NY Inc.
CORPORATE COMPLIANCE PLAN

TABLE OF CONTENTS

10.01 Corporate Compliance Plan – Overview	-2-	10.12 Auditing and Monitoring	-61-
10.02 Standards of Conduct	-9-	10.13 Documentation of Compliance Activities	-65-
10.03 Corporate Compliance Structure	-18-	10.14 Reporting Compliance Concerns/ Whistleblower and Anti-Retaliation	-70-
10.04 Exclusion Checks	-27-	10.15 Responding to Government Investigations	-75-
10.05 False Claims Act	-31-	10.16 Discipline and Incentive Program	-80-
10.06 Billing Third Party Payers	-37-	10.17 Self-Disclosures	-84-
10.07 Potential Referral Source Inducement Appendix A – Gifts and Entertainment Tracking	-39-	10.18 Policy Development	-86-
10.08 Compliance Program Training & Education	-42-	10.19 Corporate Compliance Risk Assessment	-88-
10.09 Compliance Investigations Policy	-48-	10.20 Political Contributions/Lobbying	-92-
10.10 Detecting and Responding to Violations – Voluntary Disclosure	-52-	10.21 Clients Inducements; Waiver of Co- Payments	-95-
10.11 Corporate Compliance Committee – Role and Responsibilities	-56-	10.22 Contractual/Financial Arrangements with Physicians	-96-



The Arc Mid-Hudson
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Kingston, NY 12401
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POLICY STATEMENT

Topic: Corporate Compliance Plan-Overview Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.01

Date: 9/20/2023 Approved by: 
John McHugh Chief Executive Officer

PURPOSE

This policy and procedure describe the Arc Mid-Hudson's Compliance Program. The Arc Mid-Hudson developed this policy and procedure, including our Standards of Conduct, to guide our best efforts to operate an effective compliance program consistent with federal, state, and local statutes, rules, regulations, and Medicaid Program requirements as well as the compliance program expectations of the Arc New York.

POLICY

This policy and procedure were approved by the Chief Executive Officer.

The Arc Mid-Hudson is dedicated to improving the lives of people with intellectual and developmental disabilities, and is committed to complying with the statutes, rules, and regulations of the federal, state, and local governments, including but not limited to those promulgated by the U.S. Centers for Medicare and Medicaid Services (CMS), Office of the Medicaid Inspector General (OMIG) and the New York State Office for People with Developmental Disabilities (OPWDD). The Arc Mid-Hudson supports a work environment where high standards of ethical and legal behavior are recognized and practiced. The Arc Mid-Hudson expects that all aspects of business activity will be performed in compliance with this policy and procedure, professional standards and applicable statutes, rules and regulations. To achieve these standards and expectations, it is the policy of Arc Mid-Hudson to adopt and implement a compliance program.

SCOPE

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

REFERENCES

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

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive officer and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

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

PROCEDURES

The Arc Mid-Hudson fulfills our policy of adopting and implementing a compliance program, structured around the following principles:

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

(7) establishing and implementing procedures and systems for promptly responding to compliance issues, including any issues identified in the course of an internal or external audit.

Element I: Written Policies, Procedures, and Standards of Conduct

At a minimum, the Arc Mid-Hudson maintains written policies and procedures outlining the operation of the Compliance Program inclusive of the aforementioned principles, confidentiality practices, and a commitment to an environment of non-intimidation and non-retaliation. The Arc Mid-Hudson reviews, revises, and develops, as appropriate, new compliance program policies and procedures, annually and as necessary, to ensure that the Arc Mid Hudson's Compliance Program activities are conducted effectively and consistent with applicable statutes, rule regulations, Chapter and Arc New York policy.

A. Standards of Conduct

The Arc Mid-Hudson's compliance expectations are embodied within written Standards of Conduct. At a minimum, the Standards of Conduct reaffirm our commitment to conducting business in an ethical and legal manner. The Arc Mid-Hudson expects that all affected individuals act in accordance with the Standards of Conduct including refusal to participate in unethical or illegal conduct, and a commitment to report any unethical or illegal conduct to the CO. Failure to adhere to the Standards of Conduct will result in escalating disciplinary actions as described in the Arc Mid-Hudson's written policy on disciplinary standards. Conduct that is intentional or reckless may result in more severe disciplinary action.

Arc Mid-Hudson requires that all affected individuals sign a written acknowledgement that they understand and will follow the agency's Standards of Conduct 10.02.

B. Policies and Procedures

Arc Mid-Hudson has developed and will continue to develop policies and procedures to support the Compliance Plan. These policies and procedures establish the activities and processes that the agency will undertake to operate in conformance with all applicable laws and regulations. Arc Mid-Hudson's compliance policies will be reviewed on an annual basis. Arc Mid-Hudson will maintain documentation of the annual policy review and any identified updates. The development of new policies and procedures will occur as necessary, to ensure that the agency's operations are conducted in an effort that strives toward "best practices."

C. Policy of Non-Intimidation and Non-Retaliation

Arc Mid-Hudson encourages a culture in which everyone feels free to report behaviors or actions that they believe should be reported. The effectiveness of our Corporate Compliance Plan depends on the willingness and commitment of the employees in all parts and at all levels of Arc Mid-Hudson to step forward, in good faith, with questions and concerns. We are committed to making every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports a concern in good faith.

Arc Mid-Hudson prohibits intimidation and retaliation against individuals who make a report or complaint in good faith regarding a practice that the individual believes may violate Arc Mid-Hudson Compliance Plan, Standards of Conduct, its Compliance Policies, or any of the laws, rules, or regulations by which Arc Mid-Hudson is governed. In addition, the agency prohibits intimidation and retaliation for individual participation in good faith, in the investigation, audit, or other measures to resolve a compliance concern.

Element II: Compliance Officer and Compliance Committee

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

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

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

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

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

Meetings occur quarterly.

Element III: Compliance Training and Education Program

The Arc Mid-Hudson conducts a detailed compliance training and education program for all affected individuals to the extent that they are affected by Arc Mid-Hudson's risk areas. The Arc Mid-Hudson training program includes a training plan that outlines compliance subjects or topics required for all affected individuals, timing and frequency of the trainings, which affected

individuals are required to attend specific trainings, how attendance for each training is recorded, and how periodic evaluation of training effectiveness is completed. Arc Mid-Hudson continuously identifies training topics, including those arising as a result of self-monitoring, audits by regulatory agencies and regulatory developments. The Arc Mid-Hudson provides refresher training for affected individuals on, at minimum, an annual basis.

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

Element IV: Lines of Communication

The Arc Mid-Hudson makes available lines of communication to all affected individuals for the purpose of supporting anonymous or confidential reporting of and asking questions about compliance concerns to the CO. The communication lines include telephone, email, interoffice mail, regular mail, face-to-face interaction, and any other reasonable means to communicate.

A. Reporting by Affected Individuals

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

It is an expected good practice, when one is comfortable with it and thinks it is appropriate under the circumstances, for compliance concerns to be first raised with a supervisor. The supervisor then makes the CO aware of any compliance concerns. If this is not comfortable or not a viable option, then parties are encouraged to contact the Compliance Hotline via the main number or by calling it directly at (845) 331-2408 where all reports are confidential and can be made anonymously.

Additionally, affected individuals may contact the CO directly as a means of confidential reporting.

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

Element V: Disciplinary Standards

The Arc Mid-Hudson maintains written disciplinary policies and procedures pertaining to violations of the Compliance Program that are published and disseminated to all affected individuals.

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

The Arc Mid-Hudson strives to enforce disciplinary standards fairly and consistently with the same disciplinary action applied to all levels of personnel.

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

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

Element VI: Auditing and Monitoring

The Arc Mid-Hudson is committed to fostering a culture of compliance through the implementation of a system for the routine identification of compliance risk areas to detect, correct and prevent non-compliance behaviors. Through the process of our compliance reporting structure, the articulation of compliance-related roles and responsibilities at every level of the Arc Mid-Hudson's operations, and through the utilization of our organizational experience, detection and correction of problems is expedited. If an internal investigation substantiates a reported violation, then it is our policy to engage in a two-fold process:

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

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

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

Element VII: Responding to Compliance Issues

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

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




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POLICY STATEMENT

Topic: Standards of Conduct Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.02

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

PURPOSE

The purpose of this policy and procedure is to detail The Arc Mid-Hudson’s (“Arc Mid-Hudson”) design, implementation, and expectations of standards of conduct.

POLICY

The Arc Mid-Hudson is committed to conducting business in an ethical manner, supported by our Compliance Program expectations, and embodied within our standards of conduct. All affected individuals are trained on and expected to act in accordance with the Arc Mid-Hudson’s standards of conduct because they are an integral component of our Compliance Program and provide guidance on carrying out our job duties within appropriate ethical and legal standards. The Arc Mid-Hudson Standards of Conduct can be found at **Exhibit A**.

SCOPE

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

REFERENCES

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

by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2) Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521 -1.4(a) govern Standards of Conduct requirements.

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas, including the required provider's employees, the chief executive officer and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

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

PROCEDURES

A. Employees

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

Training and education on the standards of conduct occurs within ninety (90) days of hire, Board appointment, or execution of contract, and a signed acknowledgement of the standards of conduct is collected at that time, indicating the recipients understanding and commitment to follow the standards of conduct The Acknowledgement Form is attached as **Exhibit B**.

Each employee will review the Standards of Conduct on an annual basis. At that time, the employee will be required to re-sign the acknowledgement form. Each supervisor is responsible to assure the employee reviews the Standards of Conduct annually.

B. Supervisors

While all employees are obligated to follow our Standards of Conduct, The Arc Mid-Hudson's management team is expected to set an example of acceptable conduct. We expect all Arc Mid-Hudson supervisory employees to: (1) exercise their responsibilities in a manner that is kind, sensitive, thoughtful, and respectful. We expect each supervisor to create an environment where all employees feel free to raise concerns and propose ideas; (2) ensure their employees have sufficient information to comply with laws, regulations and Arc Mid-Hudson policies and procedures, including but not limited to those related to Arc Mid-Hudson Corporate Compliance Program and to

resolve ethical dilemmas. Supervisors must create a culture within Arc Mid-Hudson, which promotes the highest standards of ethics and compliance.

C. Contractors, Independent Contractors, Sub-Contractors, Volunteers, Vendors, Agents, Corporate Officers.

Contractors, agents, subcontractors, and independent Contractors are provided with a copy of the Standards of Conduct at the time of entering into a written agreement with Arc Mid-Hudson.

Each contractor, agent, subcontractor, and independent contractor signs an acknowledgement of the Standards of Conduct at the time of initial contracting and at renewal, indicating their understanding and commitment to follow the Standards of Conduct. The Acknowledgement Form is attached as **Exhibit C**.

D. Board Members/Corporate Officers

Each Board Member/Corporate Officer is provided with a copy of the Standards of Conduct at the time of Board orientation and on an annual basis.

Each new Board Member/Corporate Officer is oriented on the Standards of Conduct within three (3) months of joining the Board of Arc Mid-Hudson and signs an acknowledgement of the Standards of Conduct at that time, indicating their understanding and commitment to follow the Standards of Conduct. The Acknowledgement Form is attached as **Exhibit D**.

Exhibits

Exhibit A – Arc Mid-Hudson Standards of Conduct

Exhibit B – Employee Acknowledgement Form

Exhibit C – Contractors, Agents, Subcontractors, & Independent Contractors Acknowledgement Form

Exhibit D – Board Member/Corporate Officer Acknowledgement Form

EXHIBIT A

The Arc Mid-Hudson Standards of Conduct

Mission

“To empower people with intellectual and other developmental disabilities to achieve and experience the highest quality of life.”

Values

The Arc Mid-Hudson accomplishes its mission while adhering to core values:

1. **Respect:** Treats everyone affiliated with the agency with the same dignity and respect that they would want for themselves.
2. **Integrity:** With integrity as a foundation for all actions, holds themselves to the highest standards of honesty, loyalty, trustworthiness, and principles in all interactions.
3. **Compassion:** Exhibits kindness, understanding, empathy, and concern for the people we support.
4. **Excellence:** Dedicates themselves to helping ensure, either directly or indirectly, the highest standards of care are provided to the people we support on a daily basis.

Commitment to Stakeholders

To the people we support: We are committed to providing the highest quality of support, in a caring and compassionate manner.

To the communities we serve: We are committed to understanding the unique needs of the people we support and to provide our services with cost-effective, quality services.

To our employees: We are committed to a work setting which is safe, which treats all employees with fairness, dignity and respect, which affords all employees an opportunity to grow, to develop professionally, and to work in a team environment where all ideas are considered.

To our third party payors: We are committed to working with our payors in a way that demonstrates our commitment to our contractual obligations and reflects our shared concerns for quality services in an efficient and effective manner. We encourage our payors to adopt their own set of ethical principles that recognize their obligations to the individuals we serve, as well as the need for fairness between providers and payors.

To our regulators: We are committed to creating an environment in which compliance with applicable rules, laws, and regulations is woven into the fabric of Arc Mid-Hudson. We accept

responsibility to self-govern and monitor adherence to requirements of law and our Standards of Conduct.

To our suppliers: We are committed to fair competition among existing and prospective suppliers. We encourage our suppliers to adopt their own set of standards and ethical practices.

Rules of Conduct

We believe that certain rules of conduct must be observed to promote a positive and ethical work environment and pledge to abide by the laws, regulations, and Arc Mid-Hudson policies and procedures, including, but not limited to those related to the Arc Mid-Hudson Corporate Compliance Plan.

We also understand that, as individuals working for and on behalf of Arc Mid-Hudson, we have the added responsibility of following specific rules of conduct, as described below:

- To work cooperatively and respectfully with all Arc Mid-Hudson employees, Board Members, and agents to provide the highest quality of services;
- To place the interests of the people we support and their family members first and foremost in all aspects of what we do;
- To represent Arc Mid-Hudson positively in the community-at-large;
- To conduct all activities in a fiscally responsible manner;
- To work in accordance with applicable laws, regulations, and Arc Mid-Hudson policies;
- To seek training and assistance in areas that would strengthen the ability to fulfill responsibilities to the individuals supported and the Arc Mid-Hudson;
- To avoid conflicts of interest, including the acceptance and giving of gifts;
- To conserve resources of Arc Mid-Hudson by not engaging in wasteful behavior;
- To treat confidentially information related to Arc Mid-Hudson and the people supported and to respect the privacy of the people supported and our fellow employees;
- To complete tasks in a timely manner and to do our best to meet expectations for the quality of work that Arc Mid-Hudson strives to achieve;
- To bill individuals and third party payors accurately;
- To report to a supervisor or to the Compliance Hotline any potential violation of applicable laws, regulations, and policies, including the Corporate Compliance Plan;
- To respect the role of the Board and management and to fully implement their decisions; and
- To consult Arc Mid-Hudson leadership when questions arise as to the conduct permitted under applicable laws, regulations, and policies, including the Corporate Compliance Plan.

EXHIBIT B

**Acknowledgement Form
The Arc Mid-Hudson Employees**

- ✓ I acknowledge that I have read and that I understand The Arc Mid-Hudson Standards of Conduct.
- ✓ I understand and agree that I must comply with The Arc Mid-Hudson Corporate Compliance Plan and The Arc Mid-Hudson Code of Conduct and all laws, regulations, policies, procedures, and other guidance applicable to the responsibilities of my position.
- ✓ I agree to fully cooperate with the implementation of The Arc Mid-Hudson Corporate Compliance Plan, to participate in any auditing or monitoring processes, and to report any instances of possible violations of law, regulations, or policies that are applicable to The Arc Mid-Hudson of which I become aware.
- ✓ I acknowledge that The Arc Mid-Hudson maintains a hotline for the purpose of receiving notifications of possible violations of law, regulation, and The Arc Mid-Hudson Corporate Compliance Plan.
- ✓ I understand that my failure to report any concerns regarding possible violations of law, regulations, or the Corporate Compliance Plan may result in disciplinary action, up to and including termination.

Signature

Print Name

Title

Date:

EXHIBIT C

**Acknowledgement Form
Contractors/ Agents/Subcontractors/Independent Contractors**

The Arc Mid-Hudson has developed a Corporate Compliance Program that states that the organization and all affected individuals will adhere to applicable federal, state, and local laws and regulations and internal policies and procedures.

Our Corporate Compliance Program is a combination of policy and procedure that assists our organization to monitor, detect, and correct actions that are not in compliance with applicable laws or our own policies and procedures.

As our agent, we expect that you will act in compliance with the laws that are applicable to our organization and to your organization and in compliance with our policies and procedures, particularly our Standards of Conduct that sets forth the overarching principles for conducting our business with integrity based on sound ethical and legal standards.

As our agent, we also expect you to report any suspected or potential violations of law or our policies and procedures of which you become aware by contacting our Chief Executive Officer at (845) 331-4300 or our Corporate Compliance Officer at (845) 331-4300 or our Corporate Compliance Hotline at (845) 331-2408.

As our agent, we expect you to understand your role in the Corporate Compliance Program of The Arc Mid-Hudson and we expect you to request any policies and procedures that are applicable to you and your organization. You may contact the Chief Executive Officer or the Corporate Compliance Officer for any questions or clarifications of your responsibilities.

* * * * *

- ✓ I acknowledge that on behalf of myself and my organization that I have read and that I understand The Arc Mid-Hudson Standards of Conduct and the policies and procedures of The Arc Mid-Hudson Corporate Compliance Program that are applicable to the services that my organization and I are providing to The Arc Mid-Hudson.
- ✓ I understand and agree that I and all those in my organization who provide services to The Arc Mid-Hudson must comply with The Arc Mid-Hudson Corporate Compliance Plan and The Arc Mid-Hudson Code of Conduct and all laws, regulations, policies, procedures, and other guidance applicable to the services that are provided to The Arc Mid-Hudson.
- ✓ I agree on behalf of myself and my organization to fully cooperate with the implementation of The Arc Mid-Hudson Corporate Compliance Plan, to participate in any auditing or monitoring processes and to report any instances of possible violations of law, regulations or policies that are applicable to The Arc Mid-Hudson of which I become aware.

- ✓ I acknowledge that The Arc Mid-Hudson maintains a hotline for the purpose of receiving notifications of possible violations of law, regulation, and The Arc Mid-Hudson Corporate Compliance Plan.
- ✓ I understand that my failure to report any concerns regarding possible violations of law, regulations, or the Corporate Compliance Plan may result in corrective action, up to and including termination of my agreement with The Arc Mid-Hudson.

By: _____
Signature

Print Name

Title

Company

Date

EXHIBIT D

**Acknowledgement Form
Members of The Arc Mid-Hudson Board of Directors/Corporate Officers**

- ✓ I acknowledge that I have read and that I understand The Arc Mid-Hudson Standards of Conduct.
- ✓ I agree to comply with The Arc Mid-Hudson Corporate Compliance Plan and The Arc Mid-Hudson Standards of Conduct and all laws, regulations, policies, procedures, and other guidance applicable to the responsibilities of my membership on The Arc Mid-Hudson Board of Directors.
- ✓ I understand that, as a member of the Board of Directors, I have a responsibility to oversee and support the implementation of The Arc Mid-Hudson Corporate Compliance Plan, including participating in monitoring, auditing, investigations, and other activities related to compliance.
- ✓ I understand that my failure to report any concerns regarding possible violations of law, regulations or the Corporate Compliance Plan may result in corrective action.

Signature

Print Name

Title

Date

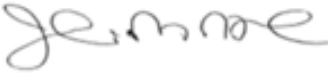


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POLICY STATEMENT

Topic: Corporate Compliance Structure Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.03

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

PURPOSE

The purpose of this policy and procedure is to detail the structural components of the Arc Mid-Hudson (“Arc Mid-Hudson”) Compliance Program, specifically pertaining to the Compliance Officer (CO) and Corporate Compliance Committee (CC).

POLICY

The Arc Mid-Hudson is committed to establishing and maintaining high standards of ethical and legal conduct related to its business and operational practices. Arc Mid-Hudson supports a Compliance Program that will serve as the basis on which a strong corporate culture of compliance to laws and regulations can rest. Arc Mid-Hudson delegates responsibility and authority to the Compliance Officer and the Corporate Compliance Committee for the oversight of the implementation and operation of the Compliance Program.

SCOPE

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

REFERENCES

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

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas, including the required provider's employees, the Chief Executive Officer and other senior administrators, managers, contractors, agents subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

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

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

RESPONSIBILITIES

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

PROCEDURES

1) The Compliance Officer

Duties of the Compliance Officer

The Compliance Officer shall be responsible for the day-to-day operation of the Compliance Program and shall foster an environment of compliance. The Compliance Officer shall oversee and monitor the development and implementation of Arc Mid-Hudson's compliance policies (utilizing the assistance of The Arc New York's compliance resources when appropriate), the achievement and maintenance of compliance standards, including audits, training, and the investigation and response to employee compliance complaints/reports. The Compliance Officer is directly responsible to the Director of Quality Management and Corporate Compliance, who reports directly to the Chief Executive Officer and to the Board of Directors. The Compliance Officer shall supervise all Corporate Compliance Coordinators. To aid the CO with their duties, it is the policy of Arc Mid-Hudson that the CO has access to all records, documents, information, facilities and affected individuals relevant to carrying out their compliance program activities.

Arc Mid-Hudson maintains a separate Job Description for the Compliance Officer. In addition to the duties described in the Job Description, the duties of

the Corporate Compliance Officer shall include, but not be limited to, the following:

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

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

The Compliance Officer updates the Compliance Work Plan at minimum annually or as necessary. The Compliance Committee shall approve and assist the Compliance Officer to achieve the goals of the workplan.

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

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

Liaison to the Board of Directors, the Compliance Committee and Chief Executive Officer:

The Compliance Officer reports on the progress of the Arc Mid-Hudson Compliance Program directly to the Board of Directors, Compliance Committee, and the Chief Executive Officer. At a minimum, this reporting is completed quarterly; but may occur more frequently.

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

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

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

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

Supporting Risk Assessment: The Compliance Officer assists Arc Mid-Hudson in routine risk assessment including identifying methods to improve:

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

Supporting Compliance Program Investigations: The Compliance Officer designs and coordinates internal investigations pertaining to alleged violations of the Compliance Program. This includes oversight of the documenting and reporting of these investigations. The Compliance Officer pursues and promptly investigates any employee concerns or complaints received via the Compliance Hotline or other methods of reporting. The Compliance Officer

shall document all compliance complaints or reports brought by affected individuals. The Compliance Officer reviews recommended corrective actions and works with involved departments and contractors to ensure that the corrective actions are implemented and effective.

Liaison to The Arc New York: The Compliance Officer may act as a liaison to The Arc New York at the direction of the agency. This may include completing attestations required by The Arc New York Chapter Manual. The Corporate Compliance Officer is responsible to complete the following attestations with The Arc New York:

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

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

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

Background/Exclusion Checks: The Compliance Officer will work with the Human Resources Department to ensure that Arc Mid-Hudson does not hire or contract with an individual or entity who has been excluded or debarred from participation in Federal and state health programs, including Medicaid, in accordance with the policies and procedures established by the Human Resources Department and the Corporate Compliance Policy 10.04 on Exclusion Checks.

Education and Training: The Compliance Officer is responsible for overseeing the development of training seminars and for ensuring that these seminars are conducted in accordance with the Corporate Compliance Policy 10.08 on Education and Training of Employees or Others. The Compliance Officer will be a resourceful leader regarding the implementation of the Corporate Compliance Plan and will assist employees to interpret and follow the Plan.

Audit Responsibilities: The Compliance Officer shall be responsible for overseeing compliance audits conducted by both internal staff and outside

consultants. As directed by the Compliance Officer or as detailed in the Policy, Arc Mid-Hudson managers and employees will assist with the audits.

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

Disclosure and Internal/External Corrective Action: The Compliance Officer coordinates and oversees the detecting, correcting and preventing of non-compliance behaviors. When an internal investigation or report results in the identification of a violation of law, regulations or an Arc Mid-Hudson policy or procedure, the Compliance Officer is responsible to work, as necessary, with the Board of Directors, the Director of Quality Management and Corporate Compliance, the Chief Executive Officer, Chief of Legal Affairs and Personal Management/General Counsel, independent counsel (if applicable), the Corporate Compliance Committee, and the management team to ensure that Arc Mid-Hudson conducts the appropriate corrective action, such as making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency and instituting whatever disciplinary action is necessary. In addition, the CO ensures that the Arc Mid-Hudson identifies and implements systemic changes to prevent a similar violation from recurring in the future when indicated.

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

2) The Corporate Compliance Committee

The Corporate Compliance Committee shall serve as a resource for the Corporate Compliance Officer. The Corporate Compliance Committee shall continually foster a culture of compliance within the Arc Mid-Hudson at every level and in every department. All activities of the CC are coordinated with the Compliance Officer.

Composition and Governance

Membership: Membership to the Corporate Compliance Committee is approved by the Chair of the Committee with consent of the Board President as described in the Arc NYSARC, Inc. Model Chapter By-Laws. (Chapter Manual, Section II-5.1, Article XI, Section I) The Corporate Compliance Committee will be comprised of no less than eight (8) individuals representing at a minimum, senior managers from operations, finance, compliance, and human resources. The Corporate Compliance Committee designates a chairperson who serves in such a capacity for no less than one year.

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

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

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

Minutes: The Corporate Compliance Committee maintains written minutes of meetings and actions. The minutes will be made available to members of the Board of Directors on a quarterly basis or upon request. The Corporate Compliance Committee may appoint a non-member to act as secretary and to prepare minutes of the meetings. Minutes will be archived by the Corporate Compliance Officer and retained for ten years from the date of creation.

Confidentiality: The Corporate Compliance Committee will have access to sensitive information regarding the operations of Arc Mid-Hudson. Each member takes appropriate steps to safeguard this information from accidental or intentional disclosure and may be required to return or destroy documents related to matters discussed by the Corporate Compliance Committee.

Duties of the Corporate Compliance Committee

All activities of the Corporate Compliance Committee are coordinated with the Corporate Compliance Officer

Maintenance and Improvement of the Written Standards and Policies:

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

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

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

The Corporate Compliance Committee issues reports to the Chief Executive Officer and the Board of Directors as needed.

Auditing: The Corporate Compliance Committee recommends and monitor in conjunction with the relevant departments, the development of internal systems and controls to carry out the agency’s standards, policies, and procedures as part of daily operations. The Corporate Compliance Committee evaluates internal and external audits and investigations for the purpose of identifying troublesome issues and deficient areas, and implementing corrective and preventive action.

Investigations and Receipt of Complaints and Concerns: The Corporate Compliance Committee shall ensure that the Compliance Officer has appropriate independence and support for the Corporate Compliance Program for investigations and matters related to compliance issues. The Corporate Compliance Committee shall receive reports related to investigations and complaints under the Compliance Program.

Discipline/Enforcement of the Corporate Compliance Plan: The Corporate Compliance Committee shall support the Compliance Officer and management to impose appropriate sanctions for violations of law, regulations and Arc Mid-Hudson’s policies and procedures, including the Compliance Program. The Corporate Compliance Committee advises on whether additional training and education may be needed based on particular areas of risk that arise.

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

Oversight Authorization of the Corporate Compliance Committee

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

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

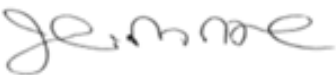


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POLICY STATEMENT

Topic: Exclusion Checks Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.04

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

PURPOSE

This policy and procedure provide information on The Arc Mid-Hudson’s (“Arc Mid-Hudson”) process of identifying any parties that may be excluded from participation in federally funded programs, including Medicare and Medicaid.

POLICY

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

SCOPE

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

REFERENCES

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

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

DEFINITIONS

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

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

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the Chief Executive Officer and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

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

PROCEDURES

A. Employee Exclusion Check Procedures

1. Exclusion Checks are performed for all applicants for employment at Arc Mid-Hudson as part of the pre-employment background check as set forth in Arc Mid-Hudson’s policy on background checks for employees and others.
2. If the Exclusion Checks indicate that any individual is an Ineligible Person, the individual cannot be hired by Arc Mid-Hudson.

3. To protect Arc Mid-Hudson against individuals excluded after beginning their employment, an Exclusion Check is performed on all employees at least every thirty (30) days. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4 (3)(i)).
4. Documentation of these exclusion checks are maintained by Human Resources and Corporate Compliance. The Human Resources department will perform Exclusion Checks and supply the Corporate Compliance department with the Exclusion Checks which will be reviewed and verified by the Corporate Compliance Officer. If a current employee appears on one of the lists, an assessment is conducted to determine the employee's eligibility to maintain employment status with Arc Mid-Hudson. Arc Mid-Hudson will consult with The Arc New York State Office. Legal Counsel will be included as necessary

Other Individual and Entity Exclusion Checks

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

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

B. Individual/Entity Contract Certification Procedures

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

C. DUTY TO REPORT

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

D. PENDING ACTIONS

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




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POLICY STATEMENT

Topic: False Claims Act Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.05

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

The Arc Mid-Hudson (“Arc Mid-Hudson”), is committed to prompt, complete and accurate billing of all services provided to people we support. The Arc Mid-Hudson, and its employees, contractors, subcontractors and agents shall not make or submit any false or misleading entries on any bills or claim forms; and no employee, contractor, subcontractor or agent shall engage in any arrangement or participate in such an arrangement at the direction of another person, including any supervisor or manager, that results in such prohibited acts.

Further, it is the policy of Arc Mid-Hudson, to detect and prevent fraud, waste and abuse in federal healthcare programs. This Policy explains the Federal False Claims (31 U.S.C. §§ 3729 – 3733), the Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812), the Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119), the New York State False Claims Act (State Finance Law §§187-194) and other Federal or New York State laws concerning false statements or claims and employee protections against retaliation. This policy also sets forth the procedures Arc Mid-Hudson has put into place to prevent any violations of federal or New York State laws regarding fraud or abuse in its health care programs.

SCOPE

This Policy applies to all affected individuals defined as employees, including management, contractors, independent contractors, subcontractors, agents, corporate officers and board members.

REFERENCES

A. Federal False Claims Act (31 U.S.C. §§ 3729 – 3733).

1. Overview: The False Claims Act is one of the laws the Government uses to prevent and detect fraud, waste and abuse in federal health care programs. The False Claims Act establishes liability for any person who “knowingly” submits a false claim either (1) directly to the Government or (2) to a contractor or grantee of the Government, if the money or property is to be spent or used on the Government’s behalf or to advance a Government program or interest.

A violation of the False Claims Act can result in a civil penalty for each false claim submitted, plus up to three times the amount of the damages sustained by the Government due to the violation(s). The False Claims Act defines “knowingly” to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Specifically, the False Claims Act may be violated by the following acts:

- Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used, a false record or statement material to a false claim;
- Conspiring to commit a violation of the False Claims Act; or
- Knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay money or transmit property to the Government, or knowingly concealing or avoiding or decreasing an obligation to pay money or transmit property to the Government.

2. Applicability: Among other things, the False Claims Act applies to claims submitted for payment by federal health care programs, including Medicare and Medicaid.

3. Examples: A few examples of actions that violate the False Claims Act include knowingly:

- Billing for services that were not actually rendered;
- Charging more than once for the same service;
- Billing for medically unnecessary services; and
- Falsifying time records used to bill Medicaid.

4. Methods of Enforcement: The Government, or an individual citizen acting on behalf of the Government (a “Relator”), can bring actions under the False Claims Act. If a Relator brings an action under the False Claims Act, the Government has a period of time to investigate the allegations and decide whether to join the lawsuit. If the Government elects to join the lawsuit, the Relator is entitled to 15-25% of any recovery. If the Government elects not to join the lawsuit, the Relator may still proceed with the action and is entitled to 25-30% of any recovery.

5. Employee Protection: The False Claims Act prohibits discrimination by Arc Mid-Hudson, against an affected individual for taking lawful actions in furtherance of an action under the False Claims Act. Under the False Claims Act, any affected individual who is discharged, demoted, harassed, or otherwise discriminated against because of lawful action

or furtherance of an action under the False Claims Act is entitled to all relief necessary to make the whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorneys' fees.

An overview of the FCA, including civil penalty amounts, can be found at:
<https://www.justice.gov/civil/false-claims-act>

- B. **Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812).** The Program Fraud Civil Remedies Act of 1986 is a federal law that provides for administrative recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. Violations of this law are investigated by the Department of Health and Human Services and monetary sanctions may be imposed in an administrative hearing setting. Monetary sanctions may include penalties for each claim and damages of twice the amount of the original claim.

- C. **Patient Protection and Affordable Care Act “PPACA” (Pub. L. No. 111-148, 124 Stat. 119).** The Patient Protection and Affordable Care Act of 2010 is a federal healthcare law that through amendments expanded provisions of the Federal False Claims Act. Most significantly, PPACA expanded FCA liability for possession of overpayments (42 U.S.C. § 1320a-7k). The law clarified that an overpayment must be reported and returned by 60 days after the date on which the overpayment was identified. Overpayments retained after the deadline are considered an obligation as defined in the FCA imposing FCA liability.

- D. **New York State False Claims Laws**
 - 1. New York State False Claims Act (State Finance Law §§187-194). The New York State False Claims Act was modeled after the Federal False Claims Act and its provisions are very similar. This Act provides that anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties between \$6,000-\$12000 for each false claim submitted. The False Claims Act defines “knowingly” to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information.

The Government, or an individual citizen acting on behalf of the Government (a “Relator”), can bring actions under the New York State False Claims Act. In addition, the New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

2. Social Service Law §145-b. Under this section it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. In the event of a violation of this law, the local Social services district or the State has a right to recover civil damages equal to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the damages (or \$5,000, whichever is greater) sustained by the government due to the violation. In addition, the Department of Health may impose a monetary penalty of up to \$10,000 per violation unless a penalty under the section has been imposed within the previous five years, in which case the penalty may be up to \$30,000.

3. Social Services Law § 145-c. Under this section, if any person individually or as a member of a family applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, then the needs of that person shall not be taken into account for determining the needs of that person or those of his or her family: (i) for a period of 6 months if a first offense; (ii) for a period of 12 months if a second offense, or upon an offense which resulted in the wrongful receipt of benefits in an amount of between \$1,000 and \$3,900; and (iii) for a period of 18 months if a third offense or upon an offense which resulted in the wrongful receipt of benefits in excess of \$3,900, and 5 years for any subsequent occasion of any such offense.

4. Social Services law §145. Under this section, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. This crime is punishable by fines and by imprisonment up to one year.

5. Social Service Law § 366-b. Under this section any person who, with intent to defraud, presents for payment any false or fraudulent claim for services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which he/she is legally entitled to shall be guilty of a class A misdemeanor.

6. Penal Law Article 155. Under this Article, the crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or similar behavior. This Article has been applied to Medicaid fraud cases. This crime is punishable by fines and imprisonment up to twenty-five years.

7. Penal Law Article 175. Under this Article, four crimes relating to falsifying business records or filing a false instrument have been applied in Medicaid fraud prosecutions. These crimes are punishable by fines and imprisonment up to four years.

8. Penal Law Article 176. This Article establishes the crime of insurance fraud. A person commits such a crime when he/she intentionally files a health insurance claim, including Medicaid, knowing that it is false. This crime is punishable by fines and imprisonment up to twenty-five years.

9. Penal Law Article 177. This Article establishes the crime of health care fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly and willfully provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health care fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.

10. Labor Law §740. In addition to provisions contained in the Federal and New York State False Claim Acts, this section offers protections to employees who may notice and report inappropriate activities. Under New York State Labor Law §740, an employer may not take any retaliatory personnel action against an employee because the employee:

- discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that is in violation of law, rule or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;
- provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by such employer; or
- objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

To bring an action under this provision, the employee must first bring the alleged violation to the attention of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. The law also provides that employees who bring an action without basis in law or fact may be held liable to the employer for its attorney's fees and costs.

11. Labor Law §741. Under this section, an employer may not take any retaliatory personnel action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gives the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs.

RESPONSIBILITIES

The Arc Mid-Hudson, provides training to all its employees, contractors, independent contractors, subcontractors, corporate officers, board members and agents regarding this Policy.

Billing activities are performed in a manner consistent with Medicare, Medicaid and other payor regulations and requirements and in accordance with Arc Mid-Hudson's, documentation/billing policies.

To assist in its efforts to detect and prevent fraud, waste and abuse Arc Mid-Hudson, conducts regular audit and monitoring procedures according to its Auditing and Monitoring Policy #10.12.

PROCEDURES

Reporting Non-Compliance

If an Arc Mid-Hudson, employee, contractor, subcontractor, independent contractor, corporate officer, board member, Medicaid recipient or agent has any reason to believe that anyone is engaging in false billing practices, that employee or individual shall immediately report the practice to a supervisor, management, Corporate Compliance staff, or the agency hotline, in accordance with Arc Mid-Hudson's Reporting Compliance Concerns / Investigations and Anti-Retaliation Policy #10.14. The Arc Mid-Hudson's, Compliance Hotline telephone number is 845-331-2408.

Non-Retaliation

The Arc Mid-Hudson does not retaliate against any affected individual or Medicaid recipient for taking any lawful action under the False Claims Acts. Moreover, Arc Mid-Hudson, does not retaliate against any affected individual or Medicaid recipient for reporting any potential compliance concern, as described in Arc Mid-Hudson's, Reporting Compliance Concerns / Investigations and Anti-Retaliation Policy #10.14.

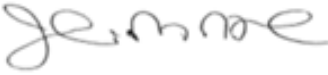
Employee Handbooks and Contractor Agreements

This Policy is included in all employee handbooks and attached to any contracts with outside contractors or agents.

POLICY STATEMENT

Topic: Billing Third Party Payors Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.06

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

The Arc Mid-Hudson will bill third party payors accurately for all services appropriately provided to people we support.

SCOPE

This policy applies to all employees of The Arc Mid-Hudson particularly those who provide people with services and supports and prepare documentation for the submission of claims and those who prepare claims to be submitted to third party payors.

PROCEDURES

The Arc Mid-Hudson employees, contractors, independent contractors, subcontractors, vendors, agents and corporate officers shall provide only those services that are necessary and shall submit only true and accurate bills to third party payors that accurately reflect the services provided, and that the bills and supporting documents are not fraudulent. No employee, contractor, independent contractor, subcontractor, vendor, agent or corporate officer may knowingly present or cause to be presented a claim for payment that is false, misleading or fraudulent.

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

- Billing for services that were not provided (e.g., a speech therapy session was not held);
- Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient;
- Requiring the recipient to return to The Arc Mid-Hudson facility for office visits or for more visits when another appointment is not necessary;
- Providing unnecessary services and billing a third party payor for the unnecessary service;
- Up coding (e.g., providing a follow-up home health visit and billing for a comprehensive visit).

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

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

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

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

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




The Arc Mid-Hudson
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POLICY STATEMENT

Topic: Potential Referral Source Inducement Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.07

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

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

SCOPE

This policy and procedure applies to all employees and representatives of Arc Mid-Hudson.

DEFINITIONS

Gifts and Entertainment: Gifts and Entertainment include items of value given to another, free of cost, as well as social events sponsored or hosted by Arc Mid-Hudson, such as meals, sporting events, theatrical events and receptions. Further examples of Gifts and Entertainment subject to this Policy are set forth below.

Immediate Family Member: For purposes of this policy, an immediate family member of a person includes: (1) the person’s spouse; (2) natural or adoptive parent, child, sibling; (3) stepparent, stepchild, stepbrother or stepsister; (4) father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; (5) grandparent or grandchild; and (6) spouse of a grandparent or grandchild.

Potential Referral Source: A potential Referral Source includes a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry or a chiropractor who could reasonably be a source of referrals of people for services or treatment to an Arc Mid-Hudson facility.

PROCEDURES

Arc Mid-Hudson, employees and representatives may not offer a Potential Referral Source and/or their Immediate Family Members Gifts or Entertainment unless the following criteria are met:

- The Gift or Entertainment is not determined in a manner that directly or indirectly takes into account the volume or value of referrals or other business generated by the Potential Referral Source;
- The Gift or Entertainment does not consist of cash or cash equivalents, such as gift certificates, checks or stock instruments;
- The gift or Entertainment is not solicited by the Potential Referral Source or the Potential Referral Source's practice, including the Potential Referral Source's employees and/or staff members;
- The Gift or Entertainment must not exceed \$75 in value, or cause the total value of Gifts and Entertainment extended to the same Potential Referral Source and that Potential Referral Source's Immediate Family Members to exceed \$75 for the calendar year;
- The Gift or Entertainment does not violate the federal Anti-Kickback statute or any state or federal law governing billing or claims submission; and
- Gifts to physician groups are not authorized.

All employees and representatives of Arc Mid-Hudson, must obtain prior approval from the Director of Quality Management/Corporate Compliance, Corporate Compliance Officer and if necessary after consultation with General Counsel before extending Gifts or Entertainment to Potential Referral Sources or their Immediate Family Members.

Gifts and Entertainment must be tracked during the course of the calendar year through the Corporate Compliance Department's use of the "Gifts and Entertainment Log" in the form attached as Appendix A to this Policy to ensure that the annual aggregate value of such Gifts and Entertainment does not exceed \$75.

Examples of Gifts and Entertainment that must be tracked on the Gifts and Entertainment Log include:

- Dinner with a potential Referral Source and/or their Immediate Family Member;
- Gifts or flowers to a Potential Referral Source or their Immediate Family Member;
- Tickets for sporting or cultural events to a Potential Referral Source and/or their Immediate Family Member; or
- Paying for a Potential Referral Sources' Continuing Medical Education costs.

Benefits such as meals or reimbursement for travel incident to a physician employment agreement or personal services agreement that meets the requirements established in Arc Mid-Hudson's policy on Contractual/Financial Arrangements with Physicians are not considered Gifts and Entertainment and need not be counted toward the \$75 Gifts and Entertainment limit.

APPENDIX A


**THE ARC MID-HUDSON
GIFTS AND ENTERTAINMENT TRACKING LOG
JANUARY 1, 20____ TO DECEMBER 20____**

Potential Referral Source or Potential Referral Source and Immediate Family Member	Authorized by	Date of Gift/Entertainment	Type of Gift/Entertainment	Gift/Entertainment Amount	G

POLICY STATEMENT

Topic: Compliance Program Training & Education Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.08

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

PURPOSE

This policy and procedure provides information on the Arc Mid-Hudson’s compliance training and education program.

POLICY

The Arc Mid-Hudson is committed to maintaining and implementing an effective compliance training and education program for all affected individuals.

SCOPE

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

REFERENCES

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

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

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the Chief Executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

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

PROCEDURES

A. Compliance Training and Education Program

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

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

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

- dated Board of Directors meeting minutes and agendas that included such training and who attended,
- dated attendance logs showing when such training occurred and who attended,
- dated attestations signed by affected individuals that they received training in a form and format that they understood, consistent with federal and state language and other access laws, rules, or policies, and,
- dated compliance training distribution letters to contractors.

The list of all affected individuals that received, and did not receive, required compliance program training and education includes:

- the name of each affected individual,
- the type of the affected individual (i.e., employee, Chief Executive, senior administrator, manager, contractor, agent, subcontractor, independent contractor, governing body member, and/or corporate officer),

- the type of compliance training(s) received (i.e., annual, orientation, or both; or discrete/incidental),
- how such training was provided,
- date(s) each compliance training was completed; and,
- the date of hire for those who received orientation training.

B. Initial Orientation

As part of their initial orientation, all affected individuals receive training within the first thirty (30) days of employment, Board appointment, or execution of a contract. The purpose of this training is to discuss the goals and objectives of the Compliance Program and familiarize new affected individuals with the Compliance Program.

At the conclusion of the orientation training, new affected individuals will be asked to sign an acknowledgment or electronically acknowledge through the Learning Management System that they are aware of and will abide by the Compliance Program and Standards of Conduct. The Acknowledgment Form is attached to the [Standards of Conduct Policy as Exhibits B, C, and D]. Copies of the acknowledgement are retained consistent with the Arc Mid-Hudson's record retention schedule. These files will be subject to review and audit by the CO.

C. Training Frequency and Content

1. Employees

The CO and all employees receive training annually with respect to the Compliance Program and Standards of Conduct. Training content includes at a minimum:

- the Arc Mid-Hudson's risk areas and organizational experience; and,
- the role of the CO and CC; and,
- how employees can ask questions and report potential compliance-related issues to the CO and senior management, including the obligation of affected individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program; and,
- disciplinary standards, with an emphasis on those standards related to the Chapter's Compliance Program and prevention of fraud, waste, and abuse; and,
- how the Chapter responds to compliance issues and implements corrective action plans; and,
- requirements specific to the Medical Assistance Program and the Chapter's categories of service; and,
- billing requirements and best practices, if applicable; and,
- claim development and the submission process, if applicable; and,
- the Standards of Conduct; and,
- any applicable policies and procedures and will discuss any changes or suggested changes in these policies and procedures; and,
- changes in state and federal laws and regulations affecting the Arc Mid-Hudson.

Compliance training is conducted at the direction of the CC and CO.

At the direction of the CC and the CO, additional training sessions may be held as the need arises to address changes in the Compliance Program, state or federal laws and regulations, or any issues of

interest. Additional, specialized training sessions will be conducted for employees who have responsibilities that raise specific compliance issues, such as employees responsible for billing government programs.

An employee returning from extended leave who has missed a regularly scheduled training session, must complete the training session immediately; but no later than thirty (30) days of return. Participation in and attendance at training sessions is mandatory and attendance of training sessions will be one criterion for which employees will be evaluated during performance reviews.

2. Supervisors & Managers

The CO may develop specific training programs for supervisors and managers so that these employees are trained to answer questions and respond to situations regarding the Compliance Program.

3. Contractors, Agents, Subcontractors & Independent Contractors

The CO designs a training program for contractors, agents, subcontractors, and independent contractors consistent with the training provided to employees on the Compliance Program and the Standards of Conduct. The CO may require the independent contractor to be trained on areas of risk that touch upon the services provided by contractors. If the training curriculum is distributed in a self-study format, the Arc Mid-Hudson shall distribute all training material with a compliance training distribution letter that includes the date the letter was sent.

D. Acknowledgement Forms

All affected individuals will be asked to sign attendance sheets immediately after each training session. A sample Compliance Program Training Program Attendance Sign-In Sheet is attached as Exhibit A. The individual conducting the training will take attendance at all training sessions with a sign-in sheet and will maintain a record of course attendance at any training session which is performed as part of the Compliance Program. The Arc Mid-Hudson maintains a file with copies of attendance forms for all affected individuals.

E. Testing

At the discretion of the CO and the CC, the Arc Mid-Hudson uses pre and post-training tests with training sessions to evaluate comprehension. Individuals who do not receive an acceptable score either must attend another training session or receive additional one-on-one training at the discretion of the CO.

F. Reports

Human Resources and the CO maintain a record of all training conducted at the Arc Mid-Hudson and make this information available to the Board of Directors and the CC during meetings.

G. Development of Training Programs & Materials

The CO and the CC shall be responsible for monitoring, developing, and conducting the training curriculum and orientation sessions.

In the presentation of its training, the Arc Mid-Hudson endeavors to utilize available technology, when appropriate, different formats for efficiently and effectively conducting Compliance Program training sessions, such as in-person seminars, compliance training videos, computer-based instructional programs, and intranet websites.

The trainers who offer Compliance Training shall be knowledgeable about the Compliance Program and related policies and procedures, including the Standards of Conduct and those federal and state laws and regulations that are the subject of the topic being addressed in a training session. Trainers who are asked questions about areas that they are not able to answer shall arrange for follow-up to be conducted by another member of the Arc Mid-Hudson management team who is familiar with the answer to these areas.

In addition to traditional forms of training, the Arc Mid-Hudson uses periodic newsletters and emails to update employees on compliance related issues, as appropriate, to remind employees that they need to be cognizant of compliance issues.

H. Enforcement

Affected individuals are informed during training that strict compliance with the Compliance Program and the Standards of Conduct is a condition of employment and that compliance with the Compliance Program and the Standards of Conduct is one criterion upon which employees will be evaluated.

Independent contractors identified by the CO as needing training shall be required to attend training as a condition for the continuation of their arrangement with the Arc Mid-Hudson.

Failure to attend a training session conducted pursuant to the Compliance Program shall result in disciplinary procedures, up to and including discharge or termination from employment or termination of an independent contractor arrangement.

Exhibits:

Exhibit A –Compliance Program Employee Training Program Attendance & Sign-In Sheet

EXHIBIT A

The Arc Mid-Hudson

Staff Development Training Sign - In Sheet

Topic:	Date:
Time Starting:	Ending:
Location:	

This Training Includes:	
Topic	Instructor

Print Name	Signature	Program	Supervisor's name




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POLICY STATEMENT

Topic: Compliance Investigations Policy Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.09

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

PURPOSE

This policy and procedure provides information on the Arc Mid-Hudson’s process for completing thorough investigations into matters of non-compliance.

POLICY

The Arc Mid-Hudson (“Arc Mid-Hudson”) promptly responds to reports or reasonable indications of suspected noncompliance with federal, state, and local statutes, rules, regulations, Medicaid Program requirements, or the Compliance Program (hereafter referred to as “compliance issues”) by commencing a prompt investigation of the allegations to determine whether a violation has, in fact, occurred.

SCOPE

This policy applies to all investigations conducted to evaluate possible non-compliance with compliance issues.

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

REFERENCES

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

Compliance program investigation requirements are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521-1.4(h) and Part 521-1.4(h)(1).

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

All affected individuals are expected to participate fully in investigation of compliance issues.

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

PROCEDURES

The Investigation

The Director of Quality Management/Corporate Compliance or Corporate Compliance Officer (CO) is empowered to investigate and independently act on matters related to the Compliance Program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, and other affected individuals. The CO has the authority to engage outside experts, auditors, legal counsel, or other consultants, as needed. The CO considers whether the investigation should be conducted under privilege.

Depending upon the type of possible non-compliance, the Director of Quality Management/Corporate Compliance or Corporate Compliance Officer will determine what personnel possess the requisite skill sets to examine the compliance issues and will assemble a team of investigators as needed. The Director of Quality Management/Corporate Compliance or Corporate Compliance Officer in consultation with the Chief Executive Officer will decide whether Arc Mid-Hudson has sufficient internal resources to conduct the investigation or whether external resources are also needed.

If appropriate, and in consultation with the Chief Executive Officer, or their designee, or the Corporate Compliance Committee, or any other appropriate parties, the Corporate Compliance Officer or designee will recommend the cessation of internal activities that may be the cause of the possible non-compliance.

Before conducting an investigation of the particular facts surrounding the issue, the Director of Quality Management/Corporate Compliance or Corporate Compliance Officer or designee obtains an

understanding of the relevant statutes, rules, regulations, Medicaid Program Requirements, and government issuances.

The Corporate Compliance Officer or designee shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation, which may include, but not be limited to, an audit of billing practices and interviews. Interviews include the “Who, What, When, Where, and Why” of the circumstances as applicable. All interview notes and notes from the documents reviewed shall be kept as part of the investigation file.

Post-Investigation

Upon receipt of the results from the investigation, depending on the scope and severity of any identified violations, the Corporate Compliance Officer or designee may consult with the Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Corporate Compliance Committee, Chief of Legal Affairs, Chief Human Resources Officer, or Outside Counsel and/or other appropriate parties in order to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions; (b) the completeness, objectivity and adequacy of the results and findings; and/or (c) further actions to be taken as necessary and appropriate to prevent recurrence of the compliance issue.

If the Chapter identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Chapter promptly reports the violation to the appropriate government entity. The Chapter also makes notification to The Arc New York compliance staff immediately, but no later than five (5) business days of the self-disclosure or referral and includes a copy of the self-disclosure letter or other documentation. If no written self-disclosure document exists, the notification to The Arc New York includes a summary of the events as described to the state or federal agency. The CO receives and retains copies of any such reports.

Overpayments Identified as a Result of an Investigation

If the investigation concludes that the Chapter received a Medicaid Program overpayment this is reported, returned, and explained to the department of the Office of Medicaid Inspector General (OMIG). This obligation is satisfied by making a disclosure through OMIG’s Self-Disclosure Program (if eligible), complying with the requirements as specified in section 521-3.4, and returning the overpayment and interest (if required) to the department in accordance with the provisions of section 521-3.5. Please see the Arc Mid-Hudson’s Voluntary Disclosures policy and procedure for additional details.

The investigation seeks to identify the root cause of the identified overpayment and explores the potential existence of any additional overpayments.

Investigations into additional potential overpayments use up to a six-year look-back period and a look-ahead period up to the point of implementation of the corrective action addressing the non-compliance contributing to the existence of the overpayment. The CO determines what additional activities are warranted to explore the potential existence of additional overpayments (e.g., Chapter

conducted audits, seeking outside consultation and audit support) as well as the scope of the audits (e.g., the look-back and look ahead periods, what records are reviewed).

Documentation

At the conclusion of the investigation, the Corporate Compliance Officer or designee will organize the information in a manner that enables Arc Mid-Hudson to determine whether an infraction did in fact occur. Documentation includes the alleged violations, a description of the investigation process, copies of interview notes, other documents essential for demonstrating that the Chapter completed a thorough investigation and the disciplinary action and corrective action implemented. The CO tracks the investigation, including responsible parties and due dates in a central log. The log includes a notation of “closed” (or other similar notation) when the matter has been investigated and/or fully resolved.

Reporting

The Corporate Compliance Officer or designee will be responsible for reporting all investigations to the Chief Executive Officer, Corporate Compliance Committee, and the Board of Directors.



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POLICY STATEMENT

Topic: Detecting and Responding to Violations- Voluntary Disclosure Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.10

Date: 9/18/2023 Approved by: *Jemme*
John McHugh Chief Executive Officer

PURPOSE

This policy and procedure detail The Arc Mid-Hudson’s (“Arc Mid-Hudson”) practice of identifying and responding to confirmed noncompliance with federal, state, and local statutes, rules, regulations, Medicaid Program requirements, or the Compliance Program including reporting and returning obligations.

POLICY

It is the policy of The Arc Mid-Hudson (“Arc Mid-Hudson”) to respond appropriately to violations of federal, state, and local statutes, rules, regulations, Medicaid Program requirements, or the Arc Mid-Hudson’s Corporate Compliance Plan to protect Arc Mid-Hudson and to continue to improve upon the agency’s reputation as a reliable and trustworthy organization.

SCOPE

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

This policy shall apply to actions taken in response to identification of violations of applicable statutes, rules, regulations and Arc Mid-Hudson’s Corporate Compliance Plan.

REFERENCES

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

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

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

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas, including the required provider's employees, the chief executive officer and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

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

RESPONSIBILITIES

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

PROCEDURE

A. IDENTIFICATION OF AND RESPONSE TO A VIOLATION

Potential violations of the Compliance Program or an applicable local, state, and/or federal law or regulation may be identified through various avenues, including but not limited to: voluntary disclosures by employees; calls to the Corporate Compliance Hotline; self-auditing and monitoring; documentation review audits; outside investigations by consultants, government agencies or accrediting bodies; and any other means.

Upon learning of a potential violation, the Compliance Officer (CO) initiates activities consistent with Arc Mid-Hudson's Compliance investigation policy and procedures. The investigation seeks to identify the root cause of the identified overpayment and explores the potential existence of any additional overpayments. Upon confirmation by the CO, the Compliance Committee (CC) or the Arc Mid-Hudson's management that the violation(s) has occurred, the CO coordinates the Arc Mid-Hudson's response by evaluating each alleged violation and promptly implementing action consistent with the following:

Name of Document: 10.10 Detecting and Responding to Violations – Voluntary Disclosure

- ✓ Development and implementation of a Corrective Action Plan;
- ✓ Prompt notification to the Corporate Compliance Committee of the violation, if they are unaware;
- ✓ Disclosure to state or federal regulatory agencies, if applicable, upon consultation and recommendations of Counsel;
- ✓ Making restitution of any overpayments to the appropriate payer (e.g., a commercial health plan, a government payor or an individual or their family)

B. DEVELOPMENT OF A CORRECTIVE ACTION PLAN

The program director shall provide input to the development of an appropriate Corrective Action Plan; however, final approval shall be made by the Chief Executive Officer with additional input from the Director of Quality Management/Corporate Compliance, Corporate Compliance Officer, Corporate Compliance Committee, and/or the Board of Directors, depending on the type, scope and severity of the violation.

Corrective Action Plans will be stated in measurable terms with progress monitored on a monthly or quarterly basis, as appropriate. Language in the Corrective Action Plan should reflect every effort by Arc Mid-Hudson to comply with applicable statutes, rules, regulations, and federal healthcare program requirements. The Corporate Compliance Officer is responsible for ensuring that the Corrective Action Plans are followed and that feedback is provided to the area or department manager on the plan progress.

Elements that may be included in a Corrective Action Plan include, but are not limited to: disciplinary action against employees and other affected individuals responsible, contract enforcement against independent contractors and their subcontractors, revising or developing policies and procedures, systems, or processes in response, or training specific to the violation.

The Corporate Compliance Officer or representatives from affected programs will present progress reports on Corrective Action Plans to the Corporate Compliance Committee during their regularly scheduled meetings with a copy to the Board of Directors and the Chief Executive Officer. Upon request by the Board of Directors, the Corporate Compliance Committee or the Chief Executive Officer more frequent updates may be submitted.

C. VOLUNTARY DISCLOSURE OF VIOLATIONS

The Corporate Compliance Officer, in consultation with the Chief Executive Officer, and the Corporate Compliance Committee, will evaluate the violation to determine if a voluntary disclosure of the violation is appropriate. The CO may consult with the Arc New York State Office. The Corporate Compliance Officer will consult with the Chief of Legal Affairs or Outside Counsel on the notification of appropriate government officials, private payors or other entities in the event of a violation where voluntary disclosure of the violation may be appropriate. Notification is made

within the reasonable period, but no later than 60 days absent waiver by the authorized federal or state agency after discovering the violation. Repayment of monies paid by the applicable state or federal agency, payor or other entity is also made a necessary.

Overpayments: Exploration of a potential violation of the Compliance Program or an applicable local, state, and/or federal statute, rule, or regulation may sometimes reveal an overpayment received from a state or federal payor.

All overpayments are reported, returned, and explained in accordance with applicable state and federal statutes, rules, and regulations.

Medicaid overpayments are managed in accordance with the Medicaid self-disclosure program requirements, including procedures and timeframes as directed by Social Services Law 363-d and New York regulations at Title 18, Part 521-3 (Self-Disclosure Program). Specifically, Arc Mid-Hudson will report, return, and explain any Medicaid overpayments received within 60 days of identification or by the date any corresponding cost report is due, whichever is later. For the purposes of this policy, ‘identification’ is defined as, *“The Chapter has determined that they have received an overpayment **and** quantified the amount and scope of the overpayment.”*

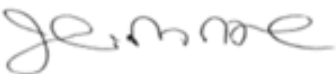
Guidance on the Office of the Medicaid Inspector General’s (OMIG’s) Self-Disclosure Program can be viewed on their website at: www.omig.ny.gov.

The Chapter may seek support from The Arc New York State Office Compliance Department on matters pertaining to potential violations, including those that may result in voluntary disclosure. The Chapter reports to The Arc New York State Office compliance staff every occurrence or discovery of an internal matter that results in a self-disclosure or referral to a state or federal oversight or regulatory agency or body, including but not limited to, a self-disclosure or referral to the NYS Office of Medicaid Inspector General (OMIG) or the Medicaid Fraud Control Unit (MFCU) of the NYS Attorney General’s Office. The notification to The Arc New York State Office compliance staff is made no later than five (5) business days after the self-disclosure or referral. It includes a copy of the self-disclosure letter or other documentation. If no written self-disclosure document exists, the notification to The Arc New York includes a summary of the events as described to the state or federal agency.

POLICY STATEMENT

Topic: Corporate Compliance Committee - Role and Responsibilities Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.11

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

PURPOSE

The Arc Mid-Hudson, the Arc of New York, Inc. (“Arc Mid-Hudson”) is committed to the operation of an effective compliance program. Therefore, Arc Mid-Hudson, established the Corporate Compliance Committee to monitor results of the compliance functions.

POLICY

1. The Corporate Compliance Committee is appointed by the Chief Executive Officer and the Corporate Compliance Officer to advise and assist the Director of Quality Management/Corporate Compliance, the Corporate Compliance Officer and the Corporate Compliance Coordinators with the implementation of the Compliance Plan.
2. The Corporate Compliance Committee will be comprised of not less than eight (8) individuals representing Arc Mid-Hudson leadership and key departments, including but not limited to: the Chief Executive Officer, Chief Financial Officer, Chief Human Resources Officer, Chief Operating Officer, Director of Operations, Chief Clinical Officer, Chief Information Officer, Director of Corporate Compliance and Quality Management. The composition of the Corporate Compliance Committee shall include at least three (3) directors, two (2) of whom should be non-executive directors, free from any relationship that would interfere with the exercise of their independent judgment
3. The Corporate Compliance Committee will meet on a regular and routine basis. Minutes will be recorded. The Corporate Compliance Officer will maintain the minutes of all meetings. The Committee will meet not less than once per quarter of the calendar year and may meet more often as deemed necessary by the Chair or by a majority of the Committee.
4. The agenda for regular meetings will be set by the Compliance Department and all members will be entitled to add items to the agenda of regular and special meetings as they deem appropriate. Agenda items should include the following: status of implementation of Corporate Compliance

Plan; potential compliance violations that have been detected; investigations and responses to reported offenses; identification of risk areas and plans for risk reduction; internal, prospective audit reports; evaluation of Corporate Compliance Plan.

5. The Corporate Compliance Committee will report findings to the Board of Directors.
6. The Chief Executive Officer shall designate a Chairperson who shall serve in such capacity for no less than one year. In the event of the resignation of the Compliance Chairperson, a new Chairperson shall be appointed by the Chief Executive Officer.

PROCEDURES

The Corporate Compliance Committee shall be responsible for the following:

1. Coordinating with the compliance officer to ensure that the written policies, procedures, and standards of conduct are current, accurate and complete, and that the training topics required are timely completed;
2. Coordinating with the compliance officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity;
3. Ensuring that the compliance officer is allocated sufficient funding, resources and staff to fully perform their responsibilities;
4. Ensuring that the required provider has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues;
5. Enacting required modifications to the compliance program;
6. Analyzing the regulatory environment where the agency does business, including legal requirements in which it must comply;
7. Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Corporate Compliance Plan;
8. Developing internal systems and controls to carry out compliance standards and policies and procedures;
9. Monitoring internal audits to identify potential non-compliant issues;
Follow-up on and monitor corrective and preventative action plans and determine effectiveness;
10. Developing a process to solicit, evaluate, and respond to complaints and problems;
11. Serving as a check and balances on the compliance program as well as compliance program accountability; and
12. Utilizing Arc New York's Director for Quality, Compliance and Chapter Relations when appropriate in the development of standards and policies;
13. Develop a Compliance Committee Charter, which will outline duties, responsibilities, committee, membership, designation of Chairperson and frequency. The Corporate Compliance Committee Charter is attached as Exhibit A.

Exhibits

Exhibit A- Corporate Compliance Committee Charter

EXHIBIT A

Compliance Committee Charter

I. PURPOSE

The Compliance Committee is a standing committee responsible for ensuring that Arc Mid-Hudson continues to conduct its operations and activities ethically, with the highest level of integrity, and in compliance with all legal and regulatory requirements. The Committee oversees the development, maintenance, and monitoring of all Programs intended to satisfy the agency's legal compliance obligations and to foster a culture of compliance with laws, regulations, standards and agency policies.

II. SCOPE

The oversight activities of the Committee support the Agency's compliance program, management, and the Board of Directors. Although the Committee, which includes the agency's Compliance Officer, oversees compliance at Arc Mid-Hudson, the Management of the agency has primary responsibility for implementing and carrying out the programs. Material amendments to this Charter shall be reviewed and approved by the Board of Directors as needed. The Corporate Compliance Committee shall have the authority to retain outside counsel and independent consultants, as needed, and shall be empowered to assure that appropriate allocation of resources for support of and effective implementation of the Corporate Compliance Program is made available by Arc Mid-Hudson, including but not limited to funding for internal auditing and monitoring of the effectiveness of the Plan

III. COMPOSITION

The Corporate Compliance Committee shall be appointed by the Chief Executive Officer and will be comprised of not less than eight (8) individuals representing Arc Mid-Hudson leadership and key departments, including but not limited to: the Chief Executive Officer, Chief Financial Officer, Director of Finance, Chief Human Resources Officer, Chief Operating Officer, Directors of Operations, Chief Clinical Officer, Chief Information Officer, Director of Corporate Compliance and Quality Management. The composition of the Corporate Compliance Committee shall include at least three (3) directors, two (2) of whom should be non-executive directors, free from any relationship that would interfere with the exercise of his or her independent judgment. The Corporate Compliance Committee shall designate a Chairperson who shall serve in such capacity for no less than one year. In the event of the resignation of the Compliance Chairperson, a new Chairperson shall be appointed.

IV. DELEGATES

When a member is unavailable to attend a Compliance Committee meeting, the member shall appoint a delegate to represent the member at the meeting. Notice of such delegation must be made in writing prior to the meeting by the delegating member to the Committee Chairperson. A delegate has the same duties, powers and obligations as the delegating member.

V. COMMITTEE CHAIR, QUORUM, APPROVALS, RECORD-TAKING, MEETING FREQUENCY AND CONFIDENTIALITY

The Compliance Officer in collaboration with Compliance Coordinators shall prepare meeting agendas and distribute to the Committee before each meeting. All members will be entitled to add items to the agenda of regular and special meetings as they deem appropriate. Agenda items should include the status of implementation of the Corporate Compliance Plan, potential compliance violations that have been detected, investigations and responses to reported offenses, identification of risk areas and plans for risk reduction, internal, prospective audit reports. The Quality Management Administrative Assistant will be responsible for recording each meeting and distributing meeting minutes. The minutes of each meeting will be made available to members of the Board of Directors. The Committee shall meet on a quarterly basis. Members may attend the meetings telephonically or via electronic means. Ad hoc meetings of the Committee may be called as required by any member. Five (5) members represent a quorum. A simple majority vote is required for all approvals, including revisions to this Charter. The Corporate Compliance Committee will have access to sensitive information regarding the operations of Arc Mid-Hudson. Each member shall take appropriate steps to safeguard this information from accidental or intentional disclosure and may be required to return or destroy documents related to matters discussed by the Corporate Compliance Committee.

VI. FUNCTION

The Committee assists the Compliance Officer in the development, implementation, oversight, and evaluation of the ethics and compliance program. The Corporate Compliance Committee will report to the Board of Directors and the Chief Executive Officer. Actions of the Corporate Compliance Committee will require approval by a majority of the members, either by written consent, which can be obtained via email or by motion that is memorialized in the meeting minutes.

The Compliance Committee's responsibilities shall include:

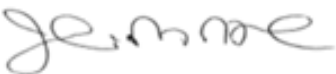
- (1) Coordinating with the compliance officer to ensure that the written policies, procedures, and standards of conduct are current, accurate and complete, and that the training topics required are timely completed;
- (2) Coordinating with the compliance officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity;
- (3) Ensuring that the compliance officer is allocated sufficient funding, resources and staff to fully perform their responsibilities;

- (4) Ensuring that the required provider has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues;
- (5) Enacting required modifications to the compliance program;
- (6) Analyzing the regulatory environment where the agency does business, including legal requirements in which it must comply;
- (7) Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Corporate Compliance Plan;
- (8) Developing internal systems and controls to carry out compliance standards and policies and procedures;
- (9) Monitoring internal audits to identify potential non-compliant issues;
Follow-up on and monitor corrective and preventative action plans and determine effectiveness;
- (10) Developing a process to solicit, evaluate, and respond to complaints and problems;
- (11) Serving as a check and balances on the compliance program as well as compliance program accountability; and
- (12) Utilizing Arc New York's Director for Quality, Compliance and Chapter Relations when appropriate in the development of standards and policies;

POLICY STATEMENT

Topic: Auditing and Monitoring Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.12

Date: 9/13/23 Approved by: 
John McHugh Chief Executive Officer

POLICY

The Arc Mid-Hudson (“Arc Mid-Hudson”) is committed to conducting routine internal and external audits of concerns that have regulatory or compliance implications. Auditing and monitoring activities are required elements of an effective compliance program; therefore, Arc Mid-Hudson will conduct internal audits and obtain external audits if necessary to ensure compliance with federal, state, local and organizational standards by which Arc Mid-Hudson is governed and in compliance with Arc Mid-Hudson policies and procedures.

SCOPE

This policy applies to the auditing and monitoring activities of the Corporate Compliance Staff at Arc Mid-Hudson for all areas of Medicaid and billing regulatory compliance.

PROCEDURES

OVERSIGHT OF AUDITING AND MONITORING

On an annual basis, the Corporate Compliance Officer will monitor the effectiveness of the Corporate Compliance Plan, and make recommendations for improvement to the Corporate Compliance Committee, Chief Executive Officer, Senior Management and the Board of Directors.

On a routine basis, the Corporate Compliance Officer, together with the Chief Executive Officer, Corporate Compliance Committee and senior management shall determine the scope and format of routine audits of Arc Mid-Hudson operations. Each member of the senior management team, including the Chief Executive Officer, the Chief Clinical Officer, the Chief Operations Officer, and the Chief Financial Officer shall be responsible to identify needs for internal auditing of specific issues under their oversight. Audits may result from the findings of internal and external audits and surveys, complaints, hotline calls and personnel issues.

The Director of Quality Management and Corporate Compliance and Corporate Compliance Officer will be informed of all internal and external auditing and monitoring activities within Arc Mid-Hudson. Further investigations arising pursuant to an audit shall be in addition to these policies and procedures and shall be governed by the Internal Investigation Policy.

SCOPE OF AUDITS

On an annual basis and as needed, the Corporate Compliance Officer will conduct a review of the Corporate Compliance Plan and will update compliance policies, procedures and other materials, as necessary, for compliance with regulatory changes, industry trends and Arc Mid-Hudson programs and services. Findings and recommendations shall be reported to the Corporate Compliance Committee and the Board of Directors.

The Corporate Compliance Officer is responsible for ensuring that a periodic review is conducted on certain business conduct of Arc Mid-Hudson that may result in potential legal risk, consistent with the agency's resources. Potential areas of inclusion in these annual audits are: fraud and abuse issues; third-party billing practices; contractual relationships; reporting and record-keeping practices; employee, independent contractor, and other affected individuals training and education; the provision of services and supports; proper documentation and service record accuracy; and other areas as identified by Arc Mid-Hudson. Reviews shall be coordinated with the Chief Executive Officer, Chief Operations Officer, and Chief Financial Officer, with input from Senior Management as appropriate.

The direction and facilitation may include on-site visits, interviews with the personnel involved and reviews of written materials and documentation.

On a year-to-year basis, the Corporate Compliance Officer shall benchmark audit results and shall compare the results of similar audits performed at specific intervals for determining whether improvement is occurring. This shall be part of the annual review of the Corporate Compliance Plan as presented to the Corporate Compliance Committee and the Board of Directors.

ANNUAL COMPLIANCE PROGRAM REVIEW

At least annually, Arc Mid-Hudson will review the effectiveness of its compliance program. The reviews may be carried out by the Compliance Officer, Compliance Committee, external auditors, or other staff designated by Arc Mid-Hudson, provided however, that such other staff have the necessary knowledge and expertise to evaluate the effectiveness of the components of the compliance program they are reviewing and are independent from the functions being reviewed. The reviews should include (a) onsite visits; (b) interviews with affected individuals; (c) review of records, surveys, or any other comparable method Arc Mid-Hudson deems appropriate. Arc Mid-Hudson shall document the design, implementation and results of its effectiveness review. The results of the annual compliance program review will be shared with the Chief Executive Officer, senior management, Compliance Committee and the Board of Directors.

ENGAGEMENT OF INSIDE COUNSEL OR OUTSIDE COUNSEL

The Director of Quality Management/Corporate Compliance and/or Corporate Compliance Officer in consultation with the Chief Executive Officer shall have the authority to seek counsel as needed for guidance on issues arising under the Corporate Compliance Plan and also may authorize and implement audits by outside consultants, including outside counsel, if the need arises. Audit activities may be undertaken under the supervision of the outside counsel with the expectation that audit findings will be privileged and confidential. The outside counsel may from time to time facilitate the audit process by recommending specific areas to be audited.

ENGAGEMENT OF AN EXTERNAL AUDIT

The Director of Quality Management/Corporate Compliance and/or Corporate Compliance Officer, Corporate Compliance Committee in consultation with the Chief Executive Officer shall have the authority to seek audits by external sources. Some factors that may potentially prompt the organization to seek an external audit include but are not limited to the following:

- **Enhance Credibility:** Accounting statements are tools many people use to gauge the competence and reliability of an organization. A financial audit conducted by a company with no affiliation to the organization demonstrates transparency regarding finances.
- **Fraud detection and prevention:** External auditors are not part of regular staff and not likely to be party to any in-house fraud. A specially trained auditor can identify fraudulent accounting acts that cannot be located by merely checking the books. Additionally, if a significant case of fraud is discovered an external audit may be considered.
- **Expertise:** The CO may identify systemic and/or pervasive compliance issues in a particular program. Hiring external an auditor with expertise in rules and regulations specific to the program may help identify where improvements can be made to ensure compliance.
- **Resource efficiency:** An external auditor can free up the organization’s internal resource, allowing them to focus on other core activities.

POST-AUDIT

The Corporate Compliance Officer will assure the results of all internal and external audits, or audits conducted by the State or Federal government, of Arc Mid-Hudson, shall be reviewed for risk areas that can be included in updates to Arc Mid-Hudson’s compliance program and work plan. The results of any internal or external audit shall be documented and shared with the Corporate Compliance Committee, Chief Executive Officer and the Board of Directors.

The Corporate Compliance Officer and the appropriate senior manager shall oversee the documentation of all other audits conducted by Arc Mid-Hudson, – whether by internal staff or by consultants.

The Corporate Compliance Officer shall address any weaknesses in the auditing process itself.

RECORD RETENTION

The Corporate Compliance Department will maintain a record of all auditing and monitoring activities, including notation of the records pulled for review, audit/review results and corrective action and follow-up documents in the Compliance Department’s files.

The Corporate Compliance Department will maintain a record of all monitoring activities, including records pulled for review, results, and corrective action documents, in the Compliance Department files for a period of no less than ten (10) years.

MONITORING ACTIVITIES RESULTS AND CORRECTIVE ACTION PLANS

Arc Mid-Hudson shall follow the Detecting & Responding to Violations Policy 10.10 regarding the development of corrective action plans based on the identification of areas for improvement under Arc Mid-Hudson's ongoing auditing program.

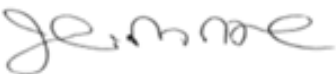
REPORTS TO THE BOARD

The Corporate Compliance Officer shall report the findings to the Board of Directors on a quarterly basis as well as report the findings of the annual review of the Corporate Compliance Plan. The Corporate Compliance Officer shall provide an annual report to the Board of Directors describing the conclusion of said audits and an assessment of any compliance risks.

POLICY STATEMENT

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

Revised New Section: Corporate Compliance Number: 10.13

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

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.

PROCEDURES

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.

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.

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.

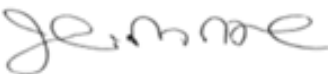


The Arc Mid-Hudson
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Kingston, NY 12401
845-331-4300
www.ArcMH.org

POLICY STATEMENT

Topic: Reporting Compliance Concerns/Whistleblower and Anti-Retaliation Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.14

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

Strict adherence to The Arc Mid-Hudson’s (Arc Mid-Hudson) Corporate Compliance Plan and Code of Conduct is vital. Arc Mid-Hudson requires all persons who are affected by the provider’s risk areas, including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, volunteers, governing body and corporate officers (hereafter identified as “Affected Individuals”) to promptly report any known or suspected violation(s) of the Corporate Compliance Plan, Code of Conduct, policies, and procedures or any of the federal, state, or local statute, rules, or regulations, executive order, or any judicial or any administrative decision by which Arc Mid-Hudson is governed. This policy governs the procedure used by Affected Individuals to report compliance concerns and seeks to ensure that Arc Mid-Hudson provides an environment that encourages individuals to report any suspected violations without fear of retaliation, intimidation, or retribution. Former employees and Medicaid recipients of service are also covered under the protection from retaliation/intimidation section of this document.

SCOPE

This policy applies to all Affected Individuals of Arc Mid-Hudson. This policy will be distributed to all Affected Individuals subject to the agency’s risk areas. Additionally this policy is posted to Arc Mid-Hudson’s website and at each facility in a conspicuous location, available to all Affected Individuals. Arc Mid-Hudson Board of Directors oversees implementation of and compliance with this policy.

GOVERNING LAWS & REGULATIONS

- Section 715-B New York Not-for-profit Corporation Law (NPCL)
- Section 740 of New York Labor Law
- Section 363-D of New York Social Services Law
- Title 18 Part 521 of New York Codes, Rules and Regulations

PROCEDURES

A. Duty to Report.

Affected Individuals are encouraged to report any known or suspected violations of the aforementioned areas by which Arc Mid-Hudson is governed to their supervisor, manager, the Compliance Officer or through Arc Mid-Hudson's Compliance Hotline. This duty has limited exemptions to report, as detailed in section B of this policy.

The Arc Mid-Hudson has open communication lines to the Corporate Compliance Officer that are accessible to all employees and other affected individuals that allow compliance issues to be reported. The communication lines include telephone, email, interoffice mail, regular mail, face-to-face interaction, and any other reasonable means to communicate. The communication lines also include a method of anonymous and confidential good faith reporting of potential compliance issues as they are identified. Affected individuals may use whatever form of communication they prefer, including our hotline, where the option to remain anonymous exists.

1. Reporting Through Arc Mid-Hudson's Compliance Hotline

Affected Individuals may report their compliance concerns confidentially to Arc Mid-Hudson's Compliance Hotline. The Compliance Hotline telephone number is 845-331-2408. Callers to the Compliance Hotline may make reports anonymously. No caller is required to disclose their identity, and no attempt shall be made to trace the source of the call or identity of the caller when the caller requests anonymity.

If a caller has revealed their identity, confidentiality is maintained to the extent practicable and allowed by law. However, callers should be aware that it may not be possible to preserve anonymity if they identify themselves, provide other information that identifies them, the investigation reveals their identity, or they inform people that they have called the Compliance Hotline. Callers should also be aware that Arc Mid-Hudson is legally required to report certain crimes or potential crimes and infractions to external governmental agencies

The Compliance Hotline telephone number is visibly posted in a manner consistent with employee notification in locations frequented by Arc Mid-Hudson employees, directors, officers, volunteers and Medicaid recipients.

2. Confidentiality of Reports

The Arc Mid-Hudson treats all reports made under this policy confidentially and works to protect the identity of the individual who has made a report to the maximum extent possible consistent with fair and vigorous enforcement of the Corporate Compliance Program and Code of Conduct while also fulfilling Arc Mid-Hudson's obligation to disclose matters to governmental agencies, as necessary.

3. Tracking/Investigation of Reports

Any manager or supervisor who receives a report of a suspected violation completes a Complaint Intake Form (*See Exhibit A*). A copy of the completed Complaint Intake Form is immediately directed to the Compliance Officer. In addition, the Compliance Officer or their designee completes a Complaint Intake Form for all reports received through the Compliance Office, Arc Mid-Hudson's Compliance Hotline or otherwise.

Upon receipt of a Complaint Intake Form, the Compliance Officer or their designee shall investigate the complaint in accordance with Arc Mid-Hudson's compliance investigation policy #10.09.

The Compliance Officer reports to the Board annually summarizing incidents reported, investigatory findings and all corrective actions taken.

The person who is the subject of the whistleblower complaint may not be present or participate in board or committee deliberations or vote on the matter relating to the complaint (except that nothing prohibits the person from providing background information or answering questions before deliberations/voting begin).

B. Protection from Retaliation/Intimidation

1. General Principles

Arc Mid-Hudson does not threaten or impose any adverse employment action, including discharge, suspension, demotion, intimidation, harassment, discrimination, or any other adverse action as defined in Section 740 of New York Labor Law in retaliation to an Affected Individual or former employee who discloses or threatens to disclose to any public body as defined in Section 740 of New York Labor law, whether within the scope of their job duties. This includes employment action that adversely impacts a former employee's current or future employment. Specifically, no adverse employment action will be taken when an Affected Individual or former employee discloses or threatens to disclose any violation of any aforementioned areas governed by Arc Mid-Hudson. This includes, but is not limited to, any activity, policy, or practice by Arc Mid-Hudson that the Affected Individual reasonably believes presents a substantial and specific danger to public health or safety, constitutes improper quality of care to people receiving supports and services, or constitutes health care fraud.

The protections within this section apply when an Affected Individual makes a good faith effort to notify Arc Mid-Hudson of any known or suspected violation(s) of the aforementioned areas governing the Chapter. "Good faith" means the individual believes the potential violation occurred while reporting it. The Affected Individual must adhere to the reporting procedures in this policy with the exception of circumstances where there is an imminent and serious danger to public health or safety, the Affected Individual believes that reporting would result in the destruction of evidence or concealment of the known/suspected violation(s), the known/suspected violation could reasonably be expected to lead to endangering the welfare of a minor or the physical harm to the Affected Individual or any other person, or the Affected Individual reasonably believes that Arc Mid-Hudson is already aware of the known/suspected violation(s) and will not take corrective action.

An Affected Individual may seek remedy for alleged retaliatory action for up to two years after the alleged retaliatory action occurred.

Arc Mid-Hudson prohibits adverse employment actions when employees object to or refuse to participate in any activity, policy, or practice in violation of a law, rule, or regulation. All Affected Individuals are prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in retaliation or retribution against, or intimidation of, any individual for reporting their concerns relating to a possible violation of any aforementioned areas by which Arc Mid-Hudson is governed.

Further, Arc Mid-Hudson does not impose any disciplinary or other action in retaliation, including intimidation, harassment, and discrimination, against individuals who provide information or testify before any public body conducting an investigation, hearing, or inquiry into any violation of law, rule, or regulation by Arc Mid-Hudson.

This Policy's non-intimidation/non-retaliation provisions do not permit Affected Individuals to avoid the consequences of their wrongdoing by reporting such wrongdoing. Disciplinary actions taken against an Affected Individual who reports their own wrongdoing result from the wrongdoing itself, not the reporting of such wrongdoing and, therefore, are not considered acts of intimidation, retaliation, or retribution. However, self-reporting may be considered in determining the appropriate disciplinary action to be taken.

2. Reporting Complaints.

If an Arc Mid-Hudson Affected Individual believes in good faith that they have been intimidated or retaliated against for initiating a report or complaint or for participating in any investigation, hearing, or inquiry related to such report or complaint, then the Affected Individual should report the intimidation/retaliation to their supervisor, manager, the Compliance Officer or Arc Mid-Hudson's Compliance Hotline as soon as possible. The report should provide a thorough account of the incident(s); it should include names, dates of specific events (if available), names of any witnesses and the location or name of any document in support of the alleged retaliation.

Arc Mid-Hudson conducts a thorough and objective investigation of the incident(s). Adverse actions in retaliation for an Affected Individual report or complaint may result in discipline, up to and including termination.

3. Discipline.

Any disciplinary action for violation of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which Arc Mid-Hudson is governed are imposed under Arc Mid-Hudson's Discipline Policy #7.01.

If an Affected Individual makes a frivolous, malicious, or knowingly false report or complaint under this Policy, the Affected Individual is subject to appropriate discipline, up to and including termination of employment and/or contract.

EXHIBIT A

Arc Mid-Hudson Compliance Intake Form

Compliance/Legal Incident File#: _____

Type (circle one): Compliance HIPAA Human Resource Other Legal

To be completed by the Manager, Supervisor or Compliance Office Official receiving the complaint:

Name and Position of Party Providing Information, if Provided:

Date Reported: _____

Facility/Function Reporting: _____

Brief Description of Issue

To be completed by the Compliance Office only:

Brief Description of Resolution, Including Any Corrective Action, Discipline

Date Resolved: _____ . _____

Investigated/Managed by: _____

Referred to Outside Counsel? Yes / No

Date Referred: _____

Other Issues

** Please attach copies of all pertinent documents obtained or created through your investigation of this complaint.*



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POLICY STATEMENT

Topic: Responding to Government Investigations Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.15

Date: 9/18/2023 Approved by: *Jemme*
John McHugh Chief Executive Officer

PURPOSE

The purpose of this policy is to provide a uniform method by which employees of The Arc Mid-Hudson (“Arc Mid-Hudson”) are to respond if any government employee (federal or state) contacts an Arc Mid-Hudson employee at any time, for information regarding Arc Mid-Hudson or any Arc Mid-Hudson entity or affiliated individual.

POLICY

It is the policy of Arc Mid-Hudson to fully cooperate with reasonable requests of government officials.

SCOPE

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

REFERENCES

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

Compliance Program expectations for investigations, including response to external investigations, are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 18 NYCRR § 521-1.4(h).

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas, including the required provider's employees, the chief executive officer and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

This policy and procedure is overseen by the Arc Mid-Hudson designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary, but no less frequently than once a year.

PROCEDURES

A. GENERAL PROCEDURES

1. If at any time, an investigative demand letter, subpoena, or search warrant is received by an Arc Mid-Hudson employee, the employee must immediately notify the Director of Quality Management/Corporate Compliance or designee and the Chief of Legal Affairs. If the Director of Quality Management/Corporate Compliance and Chief of Legal Affairs cannot be reached, the employee must immediately notify the Chief Executive Officer or designee.
2. The Director of Quality Management/Corporate Compliance or designee will coordinate the Arc Mid-Hudson's response to the government investigation.
3. No Arc Mid-Hudson employee releases or copies documents in connection with or in response to an investigative demand letter, subpoena or search warrant without the authorization of the Director of Quality Management/Corporate Compliance or designee and the Chief of Legal Affairs.
4. If an investigator or other government representative appears in person, employees contact their supervisor or the Director of Quality Management/Corporate Compliance to request assistance with engaging the representative. The employee then asks to see and make a copy of the government representative's identification and business card. If these materials are unavailable, employees ask for the person's name and office, address and telephone number, and identification number. Call the government representative's office to confirm their identity and authority. If more than one representative appears, determine which representative is in charge and ask for their identifying information.

B. SEARCH WARRANTS

1. A search of Arc Mid-Hudson's premises by government representatives may not be conducted without a legally valid search warrant. A search warrant is a document that permits government agents to search and seize tangible property that is described in the search warrant or located in an area specifically identified as covered by the search warrant.
2. If a government representative presents a search warrant, to an employee of Arc Mid-Hudson, the employee makes a copy of the document and immediately request that the government representative allow them to contact the Director of Quality Management/Corporate Compliance or designee and the Chief of Legal Affairs to determine the validity of the warrant. If the government representative has a legally valid search warrant, employees may not stop the search. Once the validity of the warrant has been determined, the Director of Quality Management/Corporate Compliance or designee or the Chief of Legal Affairs will instruct the employee how to proceed.
3. After the Director of Quality Management/Corporate Compliance or designee or the Chief of Legal Affairs has determined that the search warrant is valid, the following procedures are followed:
 - I. The Director of Quality Management/Corporate Compliance or designee appoints an on-site employee to be in charge. That person will be responsible for communicating with the government representative.
 - II. Remember, it is a crime to obstruct an agent in the lawful execution of a valid search warrant. Remain calm, polite, and observant. Employees may ask questions.
 - III. The following actions are prohibited:
 - a. Altercation or destruction of documents sought in an investigation;
 - b. Falsely denying knowledge of information;
 - c. Intimidating a witness with the intent of influencing behavior. If this behavior is observed, notification to the Director of Quality Management/Corporate Compliance is made immediately; or,
 - d. Corruptly influencing another person to exercise the privilege against self-incrimination
4. It is very important to keep a thorough list of all documents that the government representative is seizing or copying. An employee should be assigned to accompany each government representative during their search. That employee takes detailed notes of everything the government representatives inspect but do not seize or copy. The employee also takes detailed notes of any conversations between or among the government representatives and all conversations between the government representatives and other employees.
5. The employee requests a detailed receipt from the government representative of all documents/items of which the government has obtained a copy, including the number of pages copied for reimbursement purposes is obtained. If the government representative wishes to take original documents, they are asked if those documents may first be copied. If the government representative will not allow copies to be made, notification is made to the Director of Quality Management/Corporate Compliance or designee or the Chief of Legal Affairs. If they cannot reach the Director of Quality Management/Corporate Compliance or

designee or the Chief of Legal Affairs, a request is made to the government representative to first make a list of all documents the government is taking.

6. The government representatives may seek to seize documents or items whose loss will impede the day-to-day operations of Arc Mid-Hudson, including records of individuals supported and computers. If the representative wants to seize any computers, a request is made for the Chapter to make a copy of all files. Notification is made to the Director of Quality Management/Corporate Compliance or designee or the Chief of Legal Affairs to inform them that the government is seizing computers. If the government representative wishes to seize records of individuals supported, a request is made that those records may be copied so that confidentiality of the person will not be compromised. Notification is made to the Director of Quality Management/Corporate Compliance or designee or the Chief of Legal Affairs that the government is seizing records of individuals supported.
7. Employees are required to answer questions concerning the location of documents if they know the location of the documents in question.
8. Employees are not required to answer other questions. Employees may tell the government representative that they prefer to wait until counsel is present.
9. If a request is made to sign an affidavit of any kind, do not comment as to the validity of its contents and explain that they are not authorized to sign any document prior to review by The Arc Mid-Hudson's legal counsel.
10. It is important that all employees (1) cooperate with the government representatives; and (2) provide accurate information to the government representatives. Providing inaccurate statements to government representatives may result in obstruction of justice charges.

C. REQUESTS FOR INTERVIEWS

1. It is important to know that during a government representative's first encounter with Arc Mid-Hudson, the government representative may suggest that employees must speak with them or consent to an interview.
2. Government representatives may not threaten employees in any way or require an employee to speak with them immediately. Employees have the right to schedule an appointment at a later time to speak with the government representative. Employees also have the right to decline to be interviewed altogether.
3. Employees are entitled to have someone with them during an interview with a government representative. Arc Mid-Hudson will arrange to have the organization's attorney present at no cost, or the employee may choose to consult an attorney separately at their own expense.
4. Employees are, of course, free to speak with the government representatives. If an employee speaks with the government representatives before notifying the Director of Quality Management/Corporate Compliance or designee, the employee, makes the notification as soon as possible after the interview. Employees are strongly encouraged to take notes during the interview.
5. During the interview, employees should follow these guidelines:
 - I. Always tell the truth. If an employee does not recall something, is uncertain or has no knowledge about the topic being discussed, they should say so.
 - II. Employees should be careful to answer the questions, completely, accurately, and concisely so that there will be no misunderstandings as to what was said. Employees

should indicate whether the information provided is first-hand knowledge, something they have heard, or speculation.

III. It is good practice to avoid speculation, but if an employee must speculate, it is important to make sure they let the government representatives know they are speculating.

IV. Contact the Director of Quality Management/Corporate Compliance or designee as soon as possible after the interview

D. COMMUNICATIONS REGARDING A GOVERNMENT INQUIRY OR INVESTIGATION

1. Employees do not discuss this matter with anyone without first receiving permission from the Director of Quality Management/Corporate Compliance or designee, innocent parties may be hurt by rumors regarding the government contact and Arc Mid-Hudson will not condone the spreading of such rumors.
2. If an employee receives any inquiries from the media, a person or organization, they refer the inquiries to the Senior Director of Communications or designee. No attempt is made to provide any explanation other than to say that questions regarding the investigation will be answered by the Senior Director of Communications or designee.




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POLICY STATEMENT

Topic: Discipline and Incentive Program Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.16

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

The Arc Mid-Hudson (“Arc Mid-Hudson”) is committed to creating and fostering a culture in which compliant behavior is encouraged and rewarded so that when instances of noncompliant behavior occur, the agency can respond swiftly and seriously. All persons who are affected by Arc Mid-Hudson’s risk areas, including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers who, upon investigation, are found to have committed violations of applicable laws and regulations, the Corporate Compliance Plan, the Code of Conduct or the policies and procedures of Arc Mid-Hudson will be subject to appropriate disciplinary action, up to and including termination.

SCOPE

This policy applies to all persons who are affected by Arc Mid-Hudson’s risk areas including, employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers of Arc Mid-Hudson. Disciplinary actions applicable to the Board of Directors will be handled in accordance with the Board’s Bylaws.

PROCEDURES

VIOLATIONS RESULTING IN DISCIPLINARY ACTION

Examples of when disciplinary actions may be taken include: (a) authorization of or participation in actions that violate law, regulations or the Corporate Compliance Plan, including the Code of Conduct and all related policies and procedures; (b) failure to report any suspected or actual violation committed by a peer, subordinate or other person; (c) failure to cooperate in an investigation; (d) retaliation against an individual for reporting a possible violation; or (e) failure to act as an honest, reliable and trustworthy service provider.

DETERMINING APPROPRIATE DISCIPLINARY ACTION

Factors that Arc Mid-Hudson may consider in determining the level of disciplinary action to be taken include whether: (a) the violation was committed knowingly; (b) the affected individual lied or

was otherwise dishonest during the investigation; (c) there was a pattern of misconduct; (d) the affected individual attempted to cover up the violation; (e) the violation involved retaliation against other persons who reported violations in good faith; (f) the affected individual deliberately failed to check whether a particular course of action was prohibited; (g) the violation was criminal in nature; (h) the affected individual cooperated with the investigation of the violation; (i) the affected individual received personal benefit; (j) the affected individual voluntarily reported the violation; (k) a person we support was or could have been harmed as a result of the violation and (l) the seriousness of the damage caused by the violation.

The Arc Mid-Hudson shall apply progressive discipline consistent with the violation. Examples of disciplinary action that may be taken in accordance with the nature and scope of the infraction include, but are not limited to: (a) retraining, verbal counseling or warning; (b) counseling with a written warning; (c) reassignment/demotion; (d) suspension with or without pay; and (e) termination (of employment or of an arrangement with a contractor). The Arc Mid-Hudson may wish or depending of the circumstances may be required to report the employee, independent contractor, or other affected individual to the appropriate federal or state regulatory agency for civil and/or criminal prosecution.

The Director of Quality Management/Corporate Compliance or Compliance Officer and/or Chief Human Resources Officer or designee shall consult with the Corporate Compliance Committee, the Chief Executive Officer and Chief of Legal Affairs or independent counsel, as needed or appropriate, to determine the appropriate response to a violation, including those by an independent contractor.

SIMILAR DISCIPLINARY ACTION FOR SIMILAR OFFENSES

Throughout the process of determining the appropriate disciplinary action to be taken in each instance of non-compliance, the Chief Human Resources Officer or designee will be responsible for ensuring that the disciplinary action to be taken is consistent with that taken in similar instances of non-compliance.

COLLABORATION BETWEEN THE CORPORATE COMPLIANCE DEPARTMENT AND HUMAN RESOURCES

To the extent possible, disciplinary action shall be taken in compliance with Arc Mid-Hudson's Employee Handbook and related policies. In addition, when the conduct is related to a serious violation of compliance standards, the Chief Human Resources Officer, the Director of Quality Management/Corporate Compliance, Compliance Officer and the appropriate supervisor/manager will meet to discuss any appropriate disciplinary actions. The Chief Human Resources Officer and the Director of Quality Management/Corporate Compliance, Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure. In the event that a consensus cannot be reached with respect to disciplinary action, or there is a dispute over recommended disciplinary action, the Chief Executive Officer, or a designee, shall make the final decision.

The Chief Human Resources Officer or designee will consult with the Director of Quality Management/Corporate Compliance and Compliance Officer on all matters related to the implementation of an effective Compliance Program. The Chief Human Resources Officer or designee is responsible to report to the Director of Quality Management/Corporate Compliance and Compliance Officer those disciplinary actions taken as a result of violations of the Corporate Compliance Plan.

CONTRACTORS, AGENTS, SUBCONTRACTORS, INDEPENDENT CONTRACTORS, AND CORPORATE OFFICERS

The Director of Quality Management and Corporate Compliance Officer shall serve as a liaison with Arc Mid-Hudson's representative who is responsible for the engagement with an affected individual who has committed a violation or potentially commits a violation as described in this policy. The agency representative is responsible to report to the Director of Quality Management and Corporate Compliance and Corporate Compliance Officer when an independent contractor, contractor, sub contractor, agent, or corporate officer commits a violation or potentially commits a violation. The agency representative is also responsible to provide information regarding the outcome of any related investigation and follow-up measures that were taken.

REPORTS TO THE BOARD

When a determination is made that a compliance violation has occurred, the Corporate Compliance Officer will notify Arc Mid-Hudson's Chief Executive Officer and the individual's supervisor or employee who is responsible for the person or entity under contract with the agency. If appropriate, the Corporate Compliance Officer may wish to notify the Board of Directors or the Corporate Compliance Committee before the next regularly scheduled meeting when a full report would otherwise be presented and, as necessary, consult with the Committee prior to the determination of disciplinary action.

DOCUMENTATION OF DISCIPLINARY ACTION

Documentation of disciplinary measures for violations will be retained in the subject employee's personnel file (or in the affected individual's general file) maintained by the Human Resources Department and will be considered during regular and promotional evaluations, and contract renewals.

The Compliance Officer will maintain records of all disciplinary actions, including verbal warnings, taken for compliance violations along with the nature of the violation and will reference these records as necessary to ensure consistency in application.

INCENTIVE PROGRAMS FOR COMPLIANT BEHAVIOR

As part of the agency's commitment to recognize those who are exemplary in compliance with Arc Mid-Hudson's Corporate Compliance Plan, the following incentives may be used to encourage and reward employee and independent contractor behavior:

- ✓ Staff appreciation and recognition programs for meeting goals and objectives;
- ✓ Situation-specific recognition of staff contributions or assistance, including special awards;

- ✓ Handwritten notes of appreciation from supervisors, managers and/or the Director of Quality Management/Corporate Compliance or designee;
- ✓ Public recognition in the agency newsletter or community newspaper;
- ✓ Celebration of successes (e.g., a great audit);
- ✓ Performance reviews and positive feedback;
- ✓ Continuing education opportunities;
- ✓ Opportunities for career advancement;
- ✓ Serving as a verification of good services provided by a service provider; and continued use of a contractor's services




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POLICY STATEMENT

Topic: Self- Disclosures Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.17

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

The purpose of this policy is to establish the process for the identification and timely reporting and return of identified overpayments as required under Section 6402 of the Federal Patient Protection and Affordable Care Act (PPACA) and Social Services Law (SOS) 363-d(6).

Effective March 23, 2010, PPACA established an obligation for providers to report and return identified Medicaid or Medicare overpayments. Specifically, an overpayment must be reported and returned within 60 days after the date on which the overpayment was identified or the date any corresponding cost report is due, whichever is later. Overpayments retained beyond the applicable 60 day period can result in the imposition of triple damages and monetary penalties under the False Claims Act if there is a knowing and improper failure to return the overpayment.

“Overpayment” is defined under PPACA as “any funds that a person receives or retains under title XVIII (Medicare) or title XIX (Medicaid) to which the person, after applicable reconciliation, is not entitled under such title”. Overpayments include, but are not limited to findings of incorrect coding, insufficient or lack of documentation to support billed services, lack of medical necessity, or duplicate payment.

SCOPE

This policy applies to overpayments identified during routine compliance monitoring activities including internal audit activities or compliance investigations. This policy also applies to overpayments discovered by other internal or external sources where the overpayment has been verified and confirmed by The Arc Mid-Hudson (“Arc Mid-Hudson”).

PROCEDURES

A. Process for Identifying Overpayments

1. All persons who are affected by Arc Mid-Hudson's risk areas, including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers (referred to herein as "Affected Individuals") who have reason to suspect Arc Mid-Hudson may have received reimbursement it should not have received must immediately report the reasons for this suspicion to the Compliance Officer.
2. All reasonably suspected overpayments will be carefully investigated, beginning immediately upon their being reported to the Compliance Officer.
3. An overpayment for purposes of this policy is considered being "identified" when Arc Mid-Hudson is reasonably certain that an overpayment has occurred and is reasonably certain of the overpayment amount (quantified).
4. The amount of the overpayment shall be calculated, reported, and explained not more than 60 days after the overpayment is identified as noted above, and repaid as dictated by the oversight entity.

B. Process to Report and Return Overpayments

1. Medicaid. Self-disclosure guidance issued by the New York State Office of the Medicaid Inspector General (OMIG) effective December 28, 2022 states providers are required to report, return, and explain any overpayments they have received.
 - a) Self-disclosure. If an overpayment is identified, the overpayment must be submitted following the process identified by the OMIG.¹ Depending on the scope of the problem and the amount of the overpayment, Arc Mid-Hudson may consult with legal counsel before submitting a self-disclosure. The Arc New York state office compliance staff must be notified of any self-disclosures made by Arc Mid-Hudson.
 - b) Voids/Adjustments. If it is determined that the overpayment was the result of a clerical or other minor error, the overpayment may be returned via an existing claim void/adjustment process in addition to the self-disclosure.
2. Medicare. Medicare overpayments shall be returned to the Medicare Contractor that paid the claim at the address identified by the Contractor, or by any other means required by Medicare.
3. Other Payers. Overpayments from other payers shall be returned in the manner and at the address specified by the payer.

¹ Overpayments identified in connection with an OPTS contract must be processed through either the local DDSO or OPWDD.




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POLICY STATEMENT

Topic: Policy Development Date Effective: 2/16/2023

Revised New Section: Corporate Compliance Number: 10.18

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

The Arc Mid-Hudson wishes to establish a standardized process for development, approval, revision and implementation of policies.

This policy applies to all policies developed by the Arc Mid-Hudson.

PROCEDURES

A. Development of Policies

Policies shall be developed and/or revised to meet regulatory requirements and to comply with other Arc Mid-Hudson policies.

The Chief Executive Officer or designee will be responsible for the overall coordination and implementation of any new or revised policy. The Chief Executive Officer, key stakeholders and other members of senior management will be consulted as needed throughout the process of developing or revising any policy and must review all policies prior to approval to assure compliance with regulatory and other Arc Mid-Hudson policies.

Administrative and managerial staff within The Arc Mid Hudson departments shall be responsible to recommend the timely development, review, revision, and implementation of new and existing policies relating to their area of accountability.

Administrative and managerial staff must consult with the Executive Team or other designee prior to developing any new policy to ensure that the policy is necessary and consistent with overall Arc Mid-Hudson operations.

B. Review of Policies

The Director of each department, shall conduct a review of all policies and shall recommend

the development of new policies or revision of existing policies on an as-needed or required basis. When the respective department Director determines that a policy needs to be created or revised, the Director or designee shall either (a) draft the new policy or revise the existing policy; (b) request that leadership from all affected departments collaborate on the drafting process; or (c) shall request that inside or independent counsel prepare the policy on behalf of Arc Mid-Hudson. The Arc Mid-Hudson shall utilize the resources of the Arc New York as appropriate.

C. Approval of Policies

All policies shall be approved by the Chief Executive Officer prior to implementation. The date of approval of each policy shall be included on the policy.

D. Maintenance of Policies

The respective Department Director shall assign a number to each policy.

All policies will be uniformly created using the same template, that includes page numbers and 12pt Times New Roman font.

The Department Director shall maintain an ongoing file of revised policies, substitute policies and current policies, including an index.

Policies, as they are revised or replaced, shall not be discarded and will be located in a centralized location and in a manner where they cannot be edited.

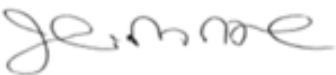
E. Distribution of Policies & Training

The respective Department Director shall distribute new and revised policies to a standard distribution list which shall include the Chief Executive Officer and all department heads, and if applicable to their scope of responsibilities, all employees. Independent contractors and their subcontractors, and agents will receive only policies that are related to the subject matter of their contract or those policies that are required by regulation or law.

POLICY STATEMENT

Topic: Corporate Compliance Risk Assessment Date Effective: 7/1/2019

Revised New Section: Corporate Compliance Number: 10.19

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

It is the policy of The Arc Mid-Hudson (“Arc Mid-Hudson”) to periodically identify compliance risk areas in order that such risk areas are assessed and any needed corrective action taken. Risk areas to be assessed include, but are not limited to:

- Billings
- Payments
- Ordered services
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing (applicable to staff, contractors and registered providers)
- Contractor, subcontractor, agent or independent contract oversight
- Other risk areas identified by The Arc Mid-Hudson

SCOPE

This policy applies to the risk assessment activities of the Corporate Compliance staff at The Arc Mid-Hudson, The Arc of New York Inc.

PROCEDURES

1. Review CMS, HHS, the Justice Center, OIG, OMIG, and OPWDD information sources to identify areas of compliance plan focus for next 12 months.

The Corporate Compliance Officer (CCO) identifies potential compliance risks by consulting a variety of information sources. These sources include, but are not limited to:

- The annual report and annual work plan of the Office of the Inspector General (OIG);
- The annual report and annual work plan of the New York State Office of the Medicaid Inspector General (OMIG);
- The annual work plan of the Centers for Medicare and Medicaid Inspector General (CMS);
- The Office for People with Developmental Disabilities (OPWDD) website;
- Justice Center for the Protection of Special Needs website and annual report;
- The Department of Health and Human Services website for information on HIPAA and HITECH;
- Applicable state and federal regulations and administrative rules, industry guidance such as the monthly “Medicaid Update”; and
- Other sources of information related to Medicaid and developmental disabilities services.

2. Consult with other Accounting/Legal/Consultants/Provider Associations to ascertain compliance risk areas.

The CCO identifies potential compliance risks by consulting with other professionals, providers and Provider Associations.

3. Consult with key operational and administrative staff. Such staff includes senior leadership and directors from each operational area.

Staff of the Corporate Compliance Department periodically consult with all other Arc Mid-Hudson administrative staff in order to identify potential compliance risk areas specific to Arc Mid-Hudson operations. Operational areas include, but are not limited to, Executive, Finance, Information Technology (IT), Facilities Management, Transportation, Human Resources and key department staff of all programs or services offered by Arc Mid-Hudson.

Discussion topics:

- *Are there any new programs or services?*
- *What regulatory changes has the department, program or service encountered?*
- *How have these regulatory changes been addressed?*
- *How does the department, program or service become aware of regulatory changes?*
- *Have there been any changes in operations?*
- *Have there been any changes in key staff?*
- *Have there been any internal or external audit findings?*
- *How does the department audit for non-compliance?*

- *How results of audits are (both internal and external) addressed, documented and communicated to necessary parties?*

4. Consult with key governance members.

Staff of the Corporate Compliance Department s consult with key governance members of Arc Mid-Hudson. These members include the Board President, Vice President, Treasurer and Secretary. Additionally, any Board members who chair critical/key committees for Arc Mid-Hudson should be interviewed (e.g., compliance, finance, audit, HR, programming).

Discussion topics:

- Are you aware of any new programs or services at Arc Mid-Hudson?
- How does the Board become aware of regulatory changes?
- What regulatory changes has Board been made aware of?
- Are you aware of how these regulatory changes been addressed?
- Are you aware of any changes in operations?
- Are you aware of any changes in key staff?
- Are you aware of internal or external audit findings?
- Are the results of audits (both internal and external) shared with the Board?
- Does the Board conduct visits to programs and services on a periodic basis?
- Are the results of these visits reported to the full Board and key operation staff of Arc Mid-Hudson?
- What training have you received in the last 12 months?

5. Internal Audit Findings: Review results of internal audits to identify areas where problems have been identified

The Corporate Compliance Department monitors trends in self-survey and internal auditing in order to identify areas which continue to present compliance risks.

6. Self-Disclosures or Claim Voids

The Corporate Compliance Department reviews the circumstances of each self-disclosure and voided claim, and which programs were impacted by those events in order to identify areas which continue to present compliance risks.

7. External Audit Findings & Enforcement Activities

The Corporate Compliance Department monitors trends in external audits (OPWDD, MFCU, OMIG, OIG, HHS OCR, OIG, IRS, DOL, Justice Center, and DOT) in order to identify areas which continue to present compliance risks.

8. Annual Compliance Effectiveness Review

On an annual basis Corporate Compliance Department will complete a Compliance Program Effectiveness Review. The purpose of this review is to determine the effectiveness of the compliance program and whether any revision or corrective action is required.

The results of these reviews will be shared with the Executive Team, Compliance Committee Members and Board Members.

Documentation:

The Arc Mid-Hudson assesses and identifies risks and then documents those risks using a formal risk assessment. Risks are prioritized and are used by the CCO to develop the Arc Mid-Hudson's annual corporate compliance work plan and audit plan. Such plans must be reviewed and approved by the Chapter management compliance and Board compliance committees.

Although an annual work plan is developed and implemented, changes in regulations, rules and oversight agency focus are used to modify the work plan as needed throughout the year.

Format and Record Retention

The Arc New York does not prescribe a specific format for the risk assessment but it must be documented. Format options include The Arc New York model risk assessment, a spreadsheet, matrix, narrative report or other format that fulfills the procedures of the policy. The objective is to clearly document assessed risk areas, which are used to establish the comprehensive corporate compliance work plan for the next 12 months. The full assessment packet is maintained in the CCO's records along with the confirmation of annual OMIG compliance program certifications. Records shall be maintained for 10 years, in accordance with The Arc Mid-Hudson's document retention policies.




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POLICY STATEMENT

Topic: Political Contributions/Lobbying Date Effective: 5/24/2021

Revised New Section: Corporate Compliance Number: 10.20

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

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

SCOPE

This Policy applies to all employees, members of the Board of Directors, affected individuals and other representatives of Arc Mid-Hudson.

PROCEDURES

A. Political Campaign Activities.

1. **Prohibition Against The Arc Mid-Hudson’s Support of or Opposition to Candidates for Public Office.** Under no circumstances will Arc Mid-Hudson directly or indirectly participate in, or intervene in, any political campaign on behalf of or in opposition to any candidate for elective public office. Further, Arc Mid-Hudson will not make contributions to political campaign funds or make public statements of position in favor of or in opposition to any candidate for public office.

2. Personal Involvement in Political Campaign Activities.

a. The organizational prohibition on political campaign activity is not intended to restrict free expression on political matters by employees, members of the Board of Directors or other representatives of Arc Mid-Hudson speaking for themselves, as individuals. To avoid potential attribution of individual comments to The Arc Mid-Hudson, The Arc Mid-Hudson employees, members of the Board of Directors, affected individuals and other representatives who speak or write on behalf of any candidate for elective office in their individual capacity are required to clearly indicate that their comments are personal and are not intended to represent the views of Arc Mid-Hudson. Arc Mid-Hudson employees, members of the Board of Directors, affected individuals and other representatives may make personal contributions to candidates for public office. The decision as to whether or not to contribute is at the sole discretion of the individual and any decision not to participate shall have no impact on any personnel actions regarding such individual. Under no circumstances will personal campaign contributions be reimbursed by Arc Mid-Hudson or otherwise identified as a business expense by the individual making the contribution.

b. Publications identifying Arc Mid-Hudson employees, members of the Board of Directors, affected individuals or other individuals associated with Arc Mid-Hudson as individuals supporting or opposing any candidate for elective office may indicate the individual's title and affiliation with Arc Mid-Hudson so long as any such publication includes an appropriate disclaimer indicating that the individual's affiliation is provided for identification purposes only and the individual's endorsement, participation or other involvement reflects the individual's views only and not the views of Arc Mid-Hudson.

B. Activities Attempting to Influence Legislation.

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

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

C. The Director of Strategic Development shall track all time and expenditures devoted by Arc Mid-Hudson to lobbying activities and supply the report to the Corporate Compliance Officer to ensure that Arc Mid-Hudson does not engage in “substantial” amount of lobbying. The Corporate Compliance Officer shall consult with legal counsel as necessary

to assess Arc Mid-Hudson's lobbying activities and to determine whether lobbying activities may jeopardize Arc Mid-Hudson's tax exempt status.

1. Registration/Reporting. The Corporate Compliance Officer or designee shall be responsible for maintaining a record of The Arc Mid-Hudson's lobbying activities, and if necessary, will submit the Agency's registration with appropriate state and federal agencies, as required. Moreover, the Compliance Officer shall be responsible for providing any periodic reports required by such agencies.

D. New York Procurement Law.

1. New York law restricts communications between Arc Mid-Hudson or a person acting on behalf of The Arc Mid-Hudson including a lobbyist, with the officers and employees of certain State of New York governmental agencies when seeking certain procurement contracts.

Any employee, affected individual or representative of Arc Mid-Hudson involved in the procurement of governmental contracts with the State of New York will adhere to all requirements of New York procurement law, as applicable. Any questions regarding compliance with these requirements should be directed to the Corporate Compliance Officer at (845) 331-4300 x41282.

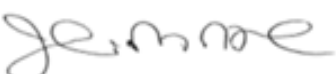


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POLICY STATEMENT

Topic: Clients Inducements; Waiver of Co-Payments Date Effective: 6/22/2021

Revised New Section: Corporate Compliance Number: 10.21

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

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

SCOPE

This Policy and Procedure applies to all person’s affected by Arc Mid-Hudson’s risk areas, including employees, the Chief Executive and other senior administrators, managers, contractors, subcontractors, independent contractors, agents, governing body members, corporate officers, and all representatives of Arc Mid-Hudson.

PROCEDURES

Arc Mid-Hudson and its employees shall not offer or provide any gift, hospitality or entertainment of more than nominal value to any Medicaid beneficiary. Examples of permissible items include pens, T-shirts, water bottles, etc., valued at less than Twenty-Five Dollars (\$25.00) as long as such items are not offered or provided to influence health care decisions by a client, family member, or responsible party.

Arc Mid-Hudson and its employees shall not offer waivers of coinsurance or deductible amounts as part of any advertisement or solicitation.

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

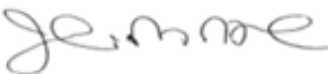


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POLICY STATEMENT

Topic: Contractual/Financial Arrangements with Physicians Date Effective: 9/1/2021

Revised New Section: Corporate Compliance Number: 10.22

Date: 9/18/2023 Approved by: 
John McHugh Chief Executive Officer

POLICY

To help meet the goals of The Arc Mid-Hudson (“Arc Mid-Hudson”) and to provide the best services to the individuals it supports, Arc Mid-Hudson may from time to time enter into financial arrangements with physicians. If a physician is also a source of referrals of clients to Arc Mid-Hudson certain laws may regulate the relationship. The Arc Mid-Hudson has established this Policy to ensure that any such contractual/financial arrangements are structured in compliance with relevant federal and state laws, fulfill the mission of Arc Mid-Hudson and are in the best interests of the Agency and the people it supports. This Policy addresses three categories of potential financial relationships with physicians who also act as referral sources: (i) employment agreements; (ii) personal services agreements; and (iii) equipment and space rental arrangements.

SCOPE

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

PROCEDURES

C. General Principles

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

D. Employment Agreements

It is not our policy to hire physicians as employees. As such, there will be no employment agreements with physicians.

E. Personal Service Agreements

1. The Arc Mid-Hudson may wish to enter into contractual arrangements with physicians. Such arrangements could include contracts for services as a Medical Director or consultant. Such arrangements are referred to as "Independent Contractor Agreements," and they require compliance with this Policy as well as all Human Resources and Finance Department policies.
2. All Independent Contractor Agreements with physicians must be approved by the Compliance Officer pursuant to Section A of this Policy and must meet the following requirements:
 - a) The agreement must be in writing and signed by the parties;

- b) The agreement must specify with particularity the services to be provided and cover all the services provided by the physician to Arc Mid-Hudson;
 - c) If the agreement provides for services on a periodic, sporadic or part-time basis, rather than on a full-time basis for the term of the agreement, the agreement must specify exactly the schedule of such intervals, their precise length, and the exact charge for such intervals. The only exception to this requirement is for agreements for Medical Director services providing for compensation on an hourly basis; for these Medical Director agreements, time records must be kept, and the physician must submit invoices in order to receive payment for services rendered;
 - d) The agreement must have a term of at least one year, subject to Section C.5., below;
 - e) The agreement must provide the maximum compensation paid to the physician over the term of the agreement, except in the case of per-hour compensation arrangements for Medical Director Services described in Section C.2.c., above. Compensation must be set in advance and be consistent with fair market value in an arms-length transaction as determined by the analysis completed pursuant to Section A of this Policy;
 - f) Compensation must not be determined or modified in a manner that takes into account the volume or value of any referrals or other business generated between Arc Mid-Hudson and the physician;
 - g) The services performed under the agreement must not involve the counseling or promotion of a business arrangement or other activity that violates any state or federal law; and
 - h) The maximum services contracted for must not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the services, and the amount of hours worked must fall within the maximum amount of allowable hours set forth in the Independent Contractors Agreement.
3. The Finance Department or designee shall be responsible for conducting a determination of whether the compensation included in an Independent Contractor Agreement is consistent with the fair market value for the services being provided under the agreement. Amounts may vary depending upon the particularities of the physician's education, expertise, experience and geographic location. A written assessment of the determination that the compensation is consistent with fair market value, and any relevant supporting documentation, should be kept on file by the Compliance Officer. Fair market value shall be supported by an independent determination of fair market value or by reference to an industry-recognized benchmark.
4. After review by the Compliance Officer in consultation with the Chief of Legal Affairs, the Independent Contractor Agreement may be approved and executed by the Chief Clinical Officer.

5. If the term of the agreement is for less than one year or if the agreement is terminated with or without cause prior to the end of the first year of the agreement, then the parties may not enter into a similar agreement until the one-year term has passed.
6. The Finance Department shall be responsible for maintaining the fully executed copies of the Independent Contractor Agreements. A copy shall also be sent to the Compliance Officer.

F. Equipment and Space Rental Arrangements.

1. The Arc Mid-Hudson has determined that it may wish to enter into lease agreements with certain physicians whereby these physicians lease either office space or equipment from Arc Mid-Hudson. Such arrangements are referred to as “lease agreements” or “rental agreements,” and they require compliance with this Policy.
2. All lease agreements with referring physicians must be approved by the Compliance Office pursuant to Section A of this Policy and must meet the following requirements:
 - a) The agreement must be in writing and signed by the parties;
 - b) The agreement must specify with particularity the equipment / space covered; if the lease is intended to provide the lessee with access to the equipment / space for periodic intervals of time, rather than on a full-time basis for the term of the lease, the lease must specify exactly the schedule of such intervals, their precise length, and the exact rent for such intervals;
 - c) The agreement must have a term of at least one year, subject to Section D.5., below;
 - d) The equipment / space must be used exclusively by the physician and, while in use by the physician, cannot be shared or used by Arc Mid-Hudson or any person or entity related to Arc Mid-Hudson;
 - e) The agreement must provide for aggregate compensation paid over the term of the agreement, set in advance, and consistent with fair market value in an arms-length transaction as determined by the analysis completed pursuant to Section D.3. of this Policy;
 - f) Compensation must not be determined or modified in a manner that takes into account the volume or value of any referrals or other business generated between Arc Mid-Hudson and the physician;
 - g) The lease must be commercially reasonable even if no referrals were made between Arc Mid-Hudson and the physician;
 - h) The lease may not provide for services to be performed under the agreement that involve the counseling or promotion of a business arrangement or the activity that violates any state or federal law; and
 - i) The aggregate equipment / space leased may not exceed that which is reasonable and necessary for the legitimate business purposes of the lease and

the lease must set out all of the equipment / space leased between the physician and Arc Mid-Hudson.

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