

2021

Compliance Plan



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COMPLIANCE PLAN

Project Safety Net NY (PSNNY) is a community-based, not-for-profit agency that provides services and support for individuals with Asthma, Diabetes, Heart Disease, Hepatitis C, HIV/AIDS, Mental Health, Obesity, and Substance Abuse.

Given the many laws and regulations governing healthcare, the Agency has implemented a comprehensive compliance program to help us live to our commitment to adhere to the highest ethical standards of conduct in all business practices.

The Agency voluntarily implements a compliance program aimed at fraud, waste, and abuse prevention while at the same time advancing the mission of providing quality client care. Our compliance efforts are aimed at prevention, detection, and resolution of variances.

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

Corporate Compliance Program

It is the policy of the Project Safety Net NY, Inc. (PSNNY) to comply with all applicable federal, state, and local laws and regulations. To accomplish this all employees and persons associated with the Agency must obey the laws and regulations that govern their work and always act in the best interest of the clients we serve, their families and the Agency. This document outlines PSNNY's participation in the eight elements of the Agency's Compliance Plan.

The eight elements of the Agency's Compliance Plan are:

1. Written Policies and Procedures
2. Designation of a CO/Committee
3. Training and Education
4. Effective Line of Communication
5. Enforcement of Compliance Standards
6. Auditing and Monitoring
7. Detection and Response
8. Whistleblower Protection

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

All employees and persons associated with the Agency will receive and are expected to abide by PSNNY's Code of Conduct.

1. Written Policies and Procedures

Employees are to comply, in all official acts and duties, with all applicable laws, rules, regulations, standards of conduct, including, but not limited to laws, rules, regulations, and directives of the federal government and the state of New York, as well as rules and policies

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and procedures of the Agency. These current and future standards of conduct are incorporated by reference in this Compliance Plan and PSNNY Employee Handbook.

The following are references for PSNNY's policies specifically concerning compliance. Please see the PSNNY Employee Handbook for the complete version of these policies.

- Code of Conduct
- Conflicts of Interest and Confidentiality
- Sexual Harassment
- Equal Employment Opportunity
- Whistleblower/Non-retaliation
- Fraud, Waste, and Abuse

2. Designation of A Compliance Officer and A Compliance Committee

The Executive Director of PSNNY designates PSNNY's Compliance Officer (CO). The CO reports to the Executive Director. This position has direct lines of communication with the Board of Directors. The CO periodically report directly to the governing body on the activities of the compliance program.

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

- Chair the Compliance Committee and serve as a spokesperson for the Committee
- Updating the Compliance plan as changes occur within PSNNY or in the laws and regulations governing the compliance program.
- Developing and implementing corporate compliance policies and procedures.
- Monitoring the effectiveness of the corporate compliance program through ongoing review and internal auditing.
- Communicating all aspects of the corporate compliance program, including awareness of its existence and its contents, to executive, employees, governing body members and persons associated with the provider.
- Providing guidance as needed to management and all departments on implementing the corporate compliance program and any changes in laws or regulations that may affect individuals' programs.
- Developing and disseminating corporate compliance educational training program to all PSNNY executive, employees, governing body members and persons associated with PSNNY, including New Hire Orientation for all new employees' annual trainings.

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- Maintaining an effective reporting system that includes options for reporting compliance concerns anonymously.
- Coordinating timely and appropriate investigations into all compliance concerns or reports and determining a corrective action plan.
- Responding to all questions, concerns, and feedback related to the corporate compliance plan.
- Seeking accurate and up-to-date material regarding compliance on an ongoing basis and disseminating relevant information in a timely manner.
- Investigate and act on matters related to compliance and/or HIPAA design and coordinate internal investigations and any resulting corrective action with all departments.
- Review the results of compliance audits, including internal reviews of compliance, independent reviews, and external compliance audits.
- Coordinate to ensure that employees do not appear in any of the “excluded, debarred or suspended” personnel listings published by Medicaid.
- Develop processes to encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.

The CO is to review all documents and other information relative to compliance activities, including, but not limited to HR/Personnel records, claims information, and records concerning arrangements with clients.

Compliance Committee:

The Corporate Compliance Committee is chaired by the CO and meets quarterly. Minutes will be kept from this meeting as a formal record. The Compliance Committee is responsible for evaluating and taking action upon matters which may be brought to its attention. The Committee will assess the Agency compliance obligations and associated risks. Membership of the Corporate Compliance Committee will consist of the CO, Director of Health Home Services, Finance, Human Resources, Director of Grant Programs, and the Director of IT.

The functions of the Compliance Committee are:

- Analyzing the Agency’s regulatory environment, the legal requirements with which it must comply, and specific risk areas.
- Assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
- Working within the Agency’s standards of conduct and policies and procedures to promote compliance.
- Recommending and monitoring the development of internal systems and controls to implement standards, policies, and procedures as part of the daily operations.
- Determining the appropriate strategy/approach to promote compliance with the program and detection of any potential problems or violations.
- Developing a system to solicit, evaluate, and respond to complaints and problems.

3. CONDUCTING EFFECTIVE TRAINING AND EDUCATION

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

Training Requirements

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

Orientation

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

Guidance

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

The CO or other designated staff member will document the attendees, the subjects covered, and any materials distributed at the training sessions.

4. EFFECTIVE LINE OF COMMUNICATION

The Agency will protect whistle-blowers from retaliation. The Agency will not retaliate against employees who, in good faith, have made a protest or raised a complaint against some practice of the Agency, or of another individual or entity with whom the Agency has a business relationship, based on a reasonable belief that the practice is in violation of law, or a clear mandate of public policy. Therefore, it is the responsibility of all executive, employees, governing body members, and persons associated with PSNNY to report, in good faith, known or suspected violations of the corporate compliance policies and/or plan. All executive, employees, governing body members, and persons associated with PSNNY receive contact information for reaching the CO regarding compliance issues. Reports of violations can be made to the employee's supervisor or directly to the CO. All reports will be kept confidential to the extent possible during the investigation of the incident and following.

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Anonymous reports can be made by sending an e-mail message from PSNNY's anonymous Outlook e-mail account (*email: Compliance-User@projectsafetynet.org, password: Compliance#475180*) to an internal e-mail address, compliance@projectsafetynet.org, to be monitored daily by the CO.

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

A Compliance hotline has been established so that employees may anonymously communicate with the CO with questions or report violations. The number to the Compliance hotline is: (516) 252-6139.

All Supervisors, Managers, and Directors at PSNNY are expected to maintain an open-door policy for discussion and reporting of compliance issues. Relevant compliance information will be communicated to staff as it becomes available through regularly scheduled staff meetings. Staff will also be given the opportunity to provide feedback on compliance-related issues through their supervisor or directly to the CO.

5. ENFORCEMENT OF COMPLIANCE STANDARDS

All members of the Agency will be held accountable for failing to comply with applicable standards, laws, and procedures. Supervisors, Managers, and Directors will be held accountable for the foreseeable compliance failures of their subordinates. Therefore, good faith participation in the corporate compliance program is expected of executive, employees, governing body members, and persons associated with PSNNY.

The Supervisor, Manager or Director will be responsible for taking appropriate disciplinary actions in the event an employee fails to comply with applicable regulations or policies. The disciplinary process for violations of compliance programs will be administered according to the Agency's Employee Handbook and may lead to termination depending upon the seriousness of the violation.

Obligation to report

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

No executive, employees, governing body members, persons associated with PSNNY, who in good faith reports a violation or potential violation shall suffer harassment, retaliation, or adverse employment consequence because of making such a report. Any employee who engages in retaliation or harassment of any kind against someone who has made a report in good faith will be

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subject to disciplinary action, up to and including suspension and termination of employment.

Participation in investigations

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

6. AUDITING AND MONITORING

The CO will conduct ongoing evaluations of compliance processes involving thorough monitoring and regular reporting to the officers of the Agency. The CO will develop an annual audit plan that is designed to address the Agency's key compliance risks.

Chart Review/Audit

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

Self-Assessment

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

Risk Assessment

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

Exclusions Database Check

All staff hired at PSNNY are required to complete comprehensive background checks prior to starting with the agency. These checks are completed by Human Resources and include a check

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of exclusions, terminations, and censures.

All staff working within the Health Home Care Coordination program in any capacity, including coordinators, directors, evaluators, program staff, and support staff, are checked in these databases monthly following hire and a record is kept of the results. Additionally, contractors and referral sources of PSNNY are checked in the databases monthly, with a record kept of the results. The CO is responsible for ensuring staff, contractors, and referral sources are being checked on an ongoing basis and for keeping the records that attest to same.

7. DETECTION AND RESPONSE

Violations of the Agency's compliance program, failure to comply with applicable state or federal law, and other requirements of government, oversight institution, and other types of misconduct may threaten the Agency's status as a reliable, honest, and trustworthy provider, capable of participating in federal healthcare programs. Detected, but uncorrected, misconduct may seriously endanger the mission, reputation, and legal status of the Agency. Consequently, upon reports or reasonable indications of suspected noncompliance, the CO must initiate an investigation to determine whether a material violation of applicable laws or requirements has occurred.

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

Investigations

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

The steps in the internal investigation may include interviews and a review of relevant documentation. Records of the investigation should contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of witnesses interviewed, and the documents reviewed, results of the investigation, and the corrective actions implemented.

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

- Chart reviews
- Interviews with directors, staff, clients, and community members
- Review of human resources files

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- Audit of EHR data entry
- Audit of billing records and claim payment history

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

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

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

Corrective Action:

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

Handling of Overpayments

When an improper payment – intentional or unintentional – is identified during the course of an ongoing review or investigation, the CO is to be notified. The CO, in collaboration with the Health Home department, Finance department and other managers, will address the overpayment. If a self-disclosure is determined to be appropriate, PSNNY will contact the appropriate institution (s) to initiate the process and is committed to cooperating fully with any investigation that follows.

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

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

When reporting misconduct to the government, the CO should provide all evidence relevant to the potential violation of applicable federal or state laws and the potential cost impact. The Office

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of Inspector General Hotline: 1-800-HHS-TIPS (1-800-447-8477).

8. WHISTLEBLOWER PROTECTION

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

- Formal disciplinary action, including suspension and termination
- Unfair distribution of work assignments
- Re-assignment to another program or job title
- Change in work location or hours
- Creating a hostile work environment
- Blocking advancement opportunities

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

PROTECTION OF CONFIDENTIAL INFORMATION

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