



# Compliance Plan 2023

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## Section 1 – Introduction

### 1.1 Introduction and Purpose

FSI maintains a Compliance Program, due to its commitment to compliance and regulations requiring its participation. The purpose of Family Services, Inc.’s (“FSI”, “Agency” or “Required Provider”) Compliance Program (“Program”) is to promote the highest ethical standards and ensure that it conducts its business in compliance with all healthcare compliance program rules, regulations and standards. Applicable laws include those within the Code of Federal Regulations (CFR), the United States Code (USC), the New York State Consolidated Laws, Social Services Law (SSL) and New York Code of Rules and Regulations (NYCRR)<sup>1</sup>. Particularly referencing the standards set forth by the United States Department of Health and Human Services (HHS), including the Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG), and the New York State Office of the Medicaid Inspector General (OMIG). This manual outlines the Compliance Program for Family Services, Inc.

The Program strives to create a culture of ethical conduct that promotes the prevention, detection, and correction of instances of behavior that do not conform to Federal and State law or any other health care program requirements. The purpose of the Program is to:

- Detect and prevent fraud, waste and abuse and other improper activity by creating a culture of compliance within the Agency;
- Detect any misconduct that may occur at an early stage before it creates a substantial risk of civil or criminal liability for the Agency; and
- Respond swiftly through appropriate disciplinary and corrective action.

This manual is not intended to fully address all applicable laws, regulations, or professional standards, but to outline our commitment to the implementation and maintenance of an effective Program. The Manual will be updated and revised regularly to reflect changes in the regulatory environment.

### 1.2 Applicability

The Program applies to all Affected Individuals. Affected Individuals include the following.

- Affected Workforce Members;
- Affected Appointees;
- Executives, and Governing Body members;
- Any person or affiliate who is involved in any way with the Required Provider, such that the person or affiliate contributes to the Required Provider’s entitlement to payment under the Medical Assistance Program and who is not a Workforce Member, Executive, or Governing Body member of the Required Provider (e.g., independent contractors, interns, students, volunteers, and select vendors).

As a Hybrid Entity under the Health Insurance Portability and Accountability Act (HIPAA)<sup>2</sup>, this Compliance Program applies to the health care components of the agency only, as outlined in the Family Services, Inc. Hybrid Entity Designation Policy.

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<sup>1</sup> 45 CFR § 160, SSL § 363-d and 18 NYCRR Part 521

<sup>2</sup> Public Law 104-191

## 1.3 General Standards

### Cooperation with the Compliance Program.

Affected Individuals are required to fully support the implementation and on-going maintenance of the Compliance Program. Affected Individuals are expected to cooperate with all inquiries concerning possible improper business, documentation, coding or billing practices; respond promptly to reviews or inquiries; and actively work to correct improper practices. Success of FSI's Compliance Program is the responsibility of all Affected Individuals.

### Honest, Ethical and Lawful Conduct.

FSI further expects all Affected Individuals to comply and be familiar with all Federal and state laws, rules, and regulations that govern their job or role, and with FSI's policies, procedures and standards implemented to help ensure compliance with these rules and regulations. All physicians and other clinical providers, coders and billing personnel are expected to comply specifically with Federal and state requirements regarding medical necessity, documentation and coding. Affected Individuals must avoid any action that they believe may violate laws, rules, regulations, or FSI policy or procedure both in business and business-related personal matters. If Affected Individuals are unsure whether an action is appropriate, they are expected to refrain from taking further action until they verify with their supervisor and/or the Corporate Compliance Officer (CCO).

## 1.4 Compliance Program – Element Descriptions

The Manual outlines the eight required core elements<sup>3</sup> developed in accordance with the expectations of the United States Office of the Inspector General (OIG) and the New York State Office of the Medicaid Inspector General (OMIG)<sup>4</sup>.<sup>8</sup>

### Element # 1 – Written Policies and Procedures

The development and dissemination of written policies and procedures including, without limitation, standards of conduct that promote FSI's commitment to carrying out its operations in a legally compliant and ethical manner.

### Element # 2 – Designation of a Corporate Compliance Officer and Compliance Committee

The designation of a Corporate Compliance Officer ("CCO") to operate and monitor the Program. Additionally, the establishment of an internal Compliance Committee for the purpose of, among other things, to provide advice, counsel, and support to the CCO and to assist in the implementation of the Program.

### Element # 3 – Conducting Effective Training and Education

The development of training and education for all covered Affected Individuals.

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<sup>3</sup> 18 NYCRR § 521.3(a)

<sup>4</sup> 42 CFR §§ 1001 - 1099 and 9 NYCRR § 5.140

#### Element # 4 – Effective Lines of Communication

The establishment of open lines of communication between the CCO and all Affected Individuals. Additionally, the maintenance of a process, such as a confidential compliance helpline, to receive compliance complaints in an anonymous and confidential manner.

#### Element # 5 – Disciplinary Policies to Encourage Good Faith

The enforcement of disciplinary standards for Affected Individuals who have failed to comply with applicable Federal and State law and FSI's internal standards of conduct.

#### Element # 6 – System for Identification of Risk Areas

The performance of auditing and monitoring to facilitate the ongoing effectiveness of the Program

#### Element # 7 – System for Responding, Investigating and Reporting of Compliance Issues

The investigation of potential offenses, the development of corrective action plans in response to confirmed violations of the Program and/or applicable law, as well as the mandatory reporting and refunding of any overpayments.

#### Element # 8 – Policy of Non-Intimidation and Non-Retaliation

The establishment of non-intimidation and non-retaliation policies for those acting in good faith in regard to the Compliance Program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials.

## Section 2 – Core Elements

### 2.1 Element 1 – Written Policies and Procedures

To help ensure Family Services Inc. (FSI) business is conducted in accordance with federal, state and local laws, professional standards, and applicable federal health care program requirements, FSI has implemented the following compliance policies, procedures, and standards. Every Affected Individual is expected to be familiar, and comply, with FSI policies, procedures and standards applicable to their job responsibilities. Strict adherence to compliance policies and procedures is a condition of employment and relationships with any other Affected Individual and, therefore, violation of any of these standards may result in disciplinary action up to, and including, termination of employment or severance of any relevant business relationship.

The Compliance Plan is designed to be the guidance for an active Compliance Program. The Program is to be implemented as part of routine operations and engrained into the culture of the Agency. The Plan is implemented through close monitoring of daily activities related to Compliance regulations, regular auditing, risk assessments, training of Workforce and Board of Directors Members, and distribution of educational materials. Leadership, supervisors, and the

Board of Directors are expected to foster an environment that promotes the Compliance Program and ethical behavior.

To further promote adherence to the Program and established policies and procedures, all Workforce Members are required to sign a Code of Conduct Acknowledgement for the Agency upon hire, and annually, to ensure receipt, comprehension, and adherence to FSI standards<sup>5</sup>. This Code of Conduct is embedded within the FSI Employee Handbook for Workforce Members. All other Affected Individuals will be required to sign a separate Code of Conduct form upon initiation of a relationship with the Agency. The basic principles within the Code of Conduct are as follows:

#### Compliance with Applicable Laws.

It is the duty of Affected Individuals to uphold all applicable laws and regulations. All Affected Individuals must be aware of the legal requirements and restrictions applicable to their respective positions and duties. The Agency shall implement programs necessary to further awareness of, and to monitor and promote compliance with laws and regulations. Questions about the legality or propriety of any actions undertaken by or on behalf of the Agency should be referred immediately to the Corporate Compliance Officer for clarification.

#### Conduct Affairs in Accordance with the Highest Ethical Standards.

Affected Individuals shall conduct all activities in accordance with the highest ethical standards of the community and their respective professions at all times and in a manner which upholds the reputation and standing of the Agency. Affected Individuals shall not make false or misleading statements to any client, person or entity doing business with the Agency.

#### Conflicts of Interest.

All Affected Individuals must faithfully conduct their duties in their assigned roles solely for the purpose, benefit, and interest of the Agency and those whom it serves. All Workforce Members and Board members have a duty to avoid conflicts with the interests of the Agency and may not use their positions and affiliations with the Agency for personal benefit. Workforce Members and Board members must consider and avoid not only actual conflicts but also the appearance of conflicts of interest.

#### Highest Standards for All Aspects of Care.

All Affected Individuals must support the Agency's mission to ensure services are provided in a manner that meets the needs of those served. The services provided by those associated or affiliated with the Agency must be reasonable and necessary to the care of each individual and appropriate to the situation, and such care must be provided by properly qualified individuals. All such care must be properly documented as required by law and regulation, payor requirements and professional standards.

#### Provide Equal Opportunity and Respect the Dignity of All Patients/Clients.

The Agency is committed to ensuring services are provided for persons, without regard to age, race, color, ethnicity, religion, gender, gender identification, and sexual orientation. We are

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<sup>5</sup> Family Services, Inc. Employee Handbook, § 12.1 Professional Conduct and § 13.1 Standards of Conduct

dedicated to maintaining an environment which respects the dignity of each individual in our community. Discrimination in any form or context will not be tolerated.

#### Confidentiality.

Affected Individuals may have access to sensitive data and proprietary information, depending on access levels, the confidentiality of which must be protected. This information should be shared within FSI, only as appropriate, to ensure the optimum care and as provided in established policies regarding matters such as medical records, quality assurance, risk management, utilization review, and administrative functions. All such persons must adhere to the appropriate laws, regulations, policies, and procedures to ensure that confidential information is properly maintained, and that inappropriate or unauthorized release is prevented. Affected Individuals, as appropriate, shall create and keep records and documentation which conform to legal, professional, and ethical standards. Workforce Members must sign the Employee Handbook upon hire which includes a section related to confidentiality<sup>6</sup>. Additionally, Family Services maintains a separate and distinct HIPAA Privacy and Security Policy and Procedure Manual for Affected Individuals to reference.

#### Integrity with Each Payor Source

Affected Individuals shall ensure that: all requests for payment for all services are appropriately authorized, reasonable, medically necessary and appropriate; provided by properly qualified persons; and billed in the correct amount with appropriate supportive documentation. FSI and Affected Individuals will also ensure compliance with all managed care contracting requirements.

#### Honesty and Integrity.

All business practices of the Agency must be conducted with honesty and integrity and in a manner that promotes a positive and professional reputation with clients, payors, vendors, regulatory agencies, and other providers.

## 2.2 Element 2 - Designation of a Compliance Officer and Compliance Committee

#### Corporate Compliance Officer

The Corporate Compliance Officer (CCO) is tasked with maintaining and overseeing the day-to-day operations of the Program. The CCO role is a function of the Vice President for Operations position. The CCO is the principal point for compliance activities and is responsible for the development, implementation and oversight of the Program.

The CCO has the express authority to review all documents and other information that is relevant to compliance activities, including but not limited to: patient records, compensation documents, billing records, records concerning marketing efforts, and records of arrangements with other parties. The CCO will also be informed of, and have access to, all information concerning overpayments made to FSI and all pertinent audits, reviews or investigations by any state or federal governmental agency.

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<sup>6</sup> Family Services, Inc. Employee Handbook, § 13.1 Standards of Conduct



The CCO reports directly to the Chief Executive Officer (CEO) and to the FSI Board of Directors (BOD). The CCO has access to legal counsel if appropriate.

### Corporate Compliance Committee

The internal Corporate Compliance Committee (CCC) is chaired by the CCO and is comprised of the Associate Director of Information Management), Associate Director of Revenue Cycle Management, and members of Executive Leadership. The CCO may include additional members, as necessary, with varying backgrounds and experience to ensure that the Committee has the expertise to handle the full range of clinical, administrative, financial, and operational issues relevant to the Program. The CCC meets at least quarterly, or more frequently, as necessary. As it relates to compliance, the Corporate Compliance Committee's functions include, but are not limited to, the following:

- Receiving regular reports from the CCO and providing him or her with guidance regarding the operation of the Program.
- Designing and approving the compliance training and education program provided to all Affected Individuals.
- Analyzing FSI's contractual, legal, and regulatory requirements and risk areas and coordinating with the CCO to ensure the adequacy of the Program.
- Reviewing all incidents and investigations of suspected fraud, waste or abuse and recommending any corrective necessary as a result of such investigations; and
- Recommending and approving any changes to the Compliance Plan. Proposed changes will go to the Compliance Committee of the Board of Directors for review and approval.

### Board of Directors (BOD)

The Board is ultimately accountable for oversight of the Compliance Program and conducts that oversight through its Compliance Committee. The Corporate Compliance Officer has the authority to bring matters directly to the Board at any time.

### Compliance Committee of the Board of Directors (Compliance Committee)

The Compliance Committee works with the CCO and is responsible to oversee the effectiveness of the Program and ensure that it is sufficiently resourced based upon an assessment of risk and the need for program improvement. The Compliance Committee is further responsible for evaluating the performance of the CCO.

The CCO provides regular reports (no less than annually) and recommendations concerning compliance matters to the Compliance Committee. The Compliance Committee receives training and education on the structure and operation of the Program and Board Member responsibilities. Its members are expected to be knowledgeable about compliance risks and strategies and to periodically assess the effectiveness of the Program. There must be an opportunity for an executive session with the committee members and CCO only at every meeting. Refer to Attachment G for additional requirements related to the Compliance Committee of the Board oversight responsibilities<sup>7</sup>.

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<sup>7</sup> Attachment G - Compliance Committee of the Board of Directors

## 2.3 Element 3 - Conducting Effective Training and Education

The CCO, working with Human Resources, Executive Leadership, the CCC and external resources as necessary, develops and oversees the implementation of organization-wide compliance training and education programs. To help educate Workforce Members and other agents of FSI on policies and procedures, FSI may utilize in person or computer-based training platforms. Supervisors (ie. Vice Presidents, Directors and Coordinators) are responsible to ensure that compliance trainings are completed by their departments. Compliance education for Workforce Members is divided into three general categories:

- New Hire – Within first 2 weeks of employment.
- Annual Training; and
- Specific Education, frequency as needed.

All compliance training and education content and materials must cover compliance-related issues, compliance expectations, and Program operation. Those required to receive training must be afforded an opportunity to ask questions and receive responses to any questions they have.

All new members of the Board must receive compliance training that addresses:

- Corporate governance responsibilities of Board members; and
- The responsibilities of health care Board members with respect to review and oversight of the Compliance Program, specifically, to include the risks, oversight areas, and strategic approaches to conduct oversight of a health care entity.

New Board member training may be conducted in person or through electronic distribution of content. Annual training will be provided to active Board members. Pertinent updates to compliance regulations will be communicated as needed.

All other Affected Individuals will receive a copy of the Agency Compliance Plan and Code of Conduct upon contracting, with the opportunity to ask questions and receive responses. Affected Individuals will also receive an updated Plan if any updates are made.

## 2.4 Element 4 - Effective Lines of Communication

FSI has procedures in place to receive, record, and respond to compliance inquiries or reports of potential instances of non-compliance. The procedures are meant to foster an environment that encourages Workforce Members to report concerns without fear of retaliation. Further, Workforce Members are required to promptly report, in good faith, suspected or actual violations of the Code of Conduct, Compliance Program, and/or applicable Federal and State healthcare program requirements. The CCO maintains a confidential disclosure log, responds to, and investigates, each report promptly. The CCO will ensure that documentation of all compliance inquiries and investigations are maintained, and that corrective action is implemented, as necessary.

It is preferred that reports are made directly to the Corporate Compliance Officer, however if this is not possible for any reason, Workforce Members may report instances of perceived or actual non-compliance by contacting any of the following directly:

- Immediate Supervisor
- Department Director/Vice President
- Any member of the Corporate Compliance Committee
- Compliance Hotline (allows for anonymous reports)

Reports can be made in writing or verbally. A form is available to Workforce Members on the shared agency network drive. If the report is made verbally, the individual receiving the report must document the report using the form. All reports and forms made to individuals other than the CCO must be communicated to the CCO by that individual *immediately* for investigation via email.

For those who want to report an incident anonymously they may use the Compliance Hotline. The Compliance Hotline is a confidential resource available to Workforce Members and other Affected Individuals to report compliance violations, concerns, or questions. The Hotline has an anonymous voicemail box that is checked weekly. The does not have caller ID and cannot trace calls. However, it is helpful if callers can offer their identity in order to provide information that may be necessary in an investigation. Information provided remains confidential to the extent allowed by law.

**Toll-free FSI Compliance Hotline**  
**Phone: (844) 486-3424**

These reporting mechanisms are publicized through various mediums such as dashboards on Workforce Members computers, internal emails, flyers, memos, etc.

Any audit requests or OMIG/OIG/HHS/OMH communications inadvertently received by any Workforce Member must be immediately forwarded to the Corporate Compliance Officer for review and action.

## 2.5 Element 5 - Disciplinary Policies to Encourage Good Faith

Disciplinary Policies outlined for the following infractions.

- Failing to report suspected problems.
- Participating in non-compliant behavior, including Fraud, Waste and Abuse; or
- Encouraging, directing, facilitating, or permitting either actively or passively non-compliant behavior; such disciplinary policies shall be fairly and firmly enforced.
- Failure to cooperate in an investigation

Workforce Members - Any Workforce Member who fails to adhere to the Compliance Program or Code of Conduct, and/or Compliance Policies and Procedures is subject to disciplinary action, up to and including termination of employment. Sanctions range from verbal warnings to suspension, privilege revocation, and/or termination.

FSI has established written policies that define the level of disciplinary action that may be taken against a Workforce Member when being disciplined for non-compliance. If, after thorough investigation, a compliance violation is confirmed, the CCO, Human Resources and Executive Leadership will determine the proper level of sanction. Disciplinary action will be taken on a fair and equitable basis and consistent with Human Resources procedures. The promotion of and adherence to compliance is an element in evaluating the performance of all Workforce Members.

Contracted Staff (Locum Tenens, Temporary Staff, etc.) - Non-employed medical staff and other temporary staff are to adhere to FSI Compliance Plan, Compliance Policies and Procedures and Code of Conduct. Failure to do so may result in disciplinary action ranging from oral warnings to suspension, privilege revocation, and/or contract termination.

Interns – Interns are to adhere to the FSI Compliance Plan, Compliance Policies and Procedures and Code of Conduct. Failure to do so may result in disciplinary actions ranging from oral warnings to suspension, privilege revocation, and/or termination of internship.

Other Persons Affiliated with the Agency – Individuals expected to adhere to the FSI Compliance Program, Compliance Policies and Procedures, or Code of Conduct. Those who violate the plan are subject to potential severance of our business relationship.

Board Members – Board members are expected to adhere to the FSI Compliance Plan, related Compliance Policies and Procedures and Code of Conduct. Furthermore, the Board provides oversight of the Agency Compliance functions and are expected to abide by the expectations outlined in the Agency By-laws.

## 2.6 Element 6 – System for Identification of Risk Areas

### Compliance Audits

FSI will audit, monitor, and conduct self-assessments to proactively identify and address real or potential issues of non-compliance consistent with OIG and OMIG guidance. Audits are conducted with a systematic and structured approach. This formal process is performed by individuals who are independent of the department being audited. The process involves identifying and prioritizing risk areas; determining the key objectives; detailing the scope and methodology to be utilized; selecting a sample; researching applicable regulatory guidelines; and producing a written report of findings, recommendations, and management responses to those findings and recommendations. Audit results may inform recommendations to clinical, finance, and/or Leadership staff.

### Potential risk areas:

- Medical documentation
- Billing and coding
- Medical necessity and quality of care
- Service authorization

- Treatment planning
- Governance
- Mandatory reporting
- Record management
- Credentialing
- Human Resources/employment
- Reporting and refunding overpayments
- Antitrust issues
- Conflicts of interest
- Others as identified in the OIG or OMIG Annual Workplans

### OMIG Annual Certification

OMIG requires FSI, as a covered provider, to adopt and implement an effective Compliance Program that aligns closely to OIG and OMIG guidance regarding the eight (8) elements, which include implementation of a policy to specifically address non-retaliation, non-retribution, and non-intimidation. FSI evaluates the need for any revisions or updates and certifies to the Office of the Medicaid Inspector General annually, that they have adopted and implemented an effective Compliance Program under the NYS Social Services Law, the New York Code of Rules and Regulations Part 521<sup>8</sup> and that which adheres to the Federal Deficit Reduction Act of 2005.<sup>9</sup> Family Services is responsible to certify annually on date of our Agency enrollment as a Medicaid provider, which was March 1, 2019. Certifications are embedded in the annual enrollment forms due to Medicaid.

### Corrective Action and Discipline Following Internal Compliance Audits

In response to audits, reviews or investigations that have identified issues of non-compliance. A corrective action plan may be required. Corrective actions may include, but are not limited to, the following:

- Informing and discussing with relevant Workforce Members both the violation and how it should be avoided in the immediate future.
- Suspending all billing of the services provided by a physician or provider, as necessary.
- Providing formal training and education to ensure that they understand the applicable rules and regulations.
- Updating, correcting, or modifying policies, procedures and/or business practices.
- Conducting routine monitoring to ensure that the problem is not recurring.
- Refunding any past payments that resulted from improper bills and when applicable, voluntarily disclosing to an appropriate governmental Agency; and
- Imposing discipline, as necessary, consistent with FSI policies.

Reporting Corrective Actions - The CCO presents corrective action plans developed to the members of the CCC on a regular basis. The CCO should discuss any barriers identified in

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<sup>8</sup> SSL§363-d and Part 521

<sup>9</sup> 42 USC §1396a(a)(68)

fulfilling the actions outlined in the plan to ensure proper support from Executive Leadership to address the barriers.

## 2.7 Element 7 - System for Responding, Investigating and Reporting of Compliance Issues

### Investigation of Potential Offenses

Violations of policies, procedures and standards of conduct have the potential to threaten FSI's status as ethical, reliable, honest, and trustworthy amongst the Federal and State healthcare programs and to the community which it services. Upon notice of potential non-compliance, the Corporate Compliance Officer will initiate an investigation into the reported concern. The objective of such an inquiry will be to determine first whether a non-compliant issue exists or if there has been a violation of the Code of Conduct or applicable policies or legal rules. If an issue or violation does exist, the inquiry will attempt to determine its cause, so that appropriate and effective corrective action can be instituted. The investigation will be initiated as in a timely manner<sup>10</sup>. The process for investigations can be found outlined in the Potential Compliance Violation and HIPAA Breach Investigation Process Form<sup>11</sup>.

Workforce Members and other Affected Individuals may be asked for information or evidence related to the potential offense. It is expected that individuals cooperate with any aspect of the investigation related to them, upon request.

Compliance problems must be corrected promptly and thoroughly. While the nature and progress of an investigation is confidential, questionable activities may be addressed in a general manner to prevent the problem from continuing during the investigation. The CCO may provide counsel to individual providers and/or education to all Workforce Members regarding the type of compliance violation under investigation. For those in need of individual counseling, the CCO will inform the provider's supervisor in advance. The supervisor may or may not be asked to participate.

### Reportable Events

The CCO, in collaboration with legal counsel, if necessary, will make a determination if any reports of noncompliance are determined to be a Reportable Event in accordance with the OIG<sup>12</sup> or OMIG Provider Self Disclosure Protocol<sup>13</sup>. Reportable Events must be self-reported per the Agency's obligations<sup>14</sup>. Additionally, appropriate steps may include an immediate referral to criminal/civil law enforcement authorities<sup>15</sup>.

### Overpayments

FSI will pay particular attention to instances of potential Overpayments. All identified or reported potential substantial Overpayments or trends of Overpayments will be immediately investigated. The CCO will be notified upon discovery and a further determination of whether

<sup>10</sup> Appendix G – Potential Compliance Violation and HIPAA Breach Investigation Process

<sup>11</sup> Appendix H - Potential Compliance Violation and HIPAA Breach Investigation Process

<sup>12</sup> Provider Self Disclosure Protocol – US HSS OIG, April 2013 and 42 CFR § 401.305

<sup>13</sup> Title 18 NYCRR §521 (7)

<sup>14</sup> 42 CFR § 455.17

<sup>15</sup> Social Security Act § 366-b and 42 U.S.C. § 1320a-7b

the overpayment is a Reportable Event. Overpayments will be repaid consistent with the requirements of the Self-Disclosure process. Once a potential issue is discovered Family Services will make all efforts to ensure a timely and thorough review related claims, compile documentation and make a determination of the repayment amount. Once this is established Family Services will initiate the Self-Disclosure process and develop a corrective action plan to prevent further overpayments. Family Services is committed to working collaboratively with any investigations which may ensue.

### Remedy of Harm

Corrective or disciplinary action to immediately cease all current and prevent future violations will be taken as appropriate following a thorough investigation. The CCO will take reasonable steps, as warranted under the circumstances, to remedy harm that may have resulted from inappropriate or criminal conduct. This may include, where appropriate, Self-Disclosure, providing restitution to identifiable victims, reporting of illegal conduct to authorities, other forms of remediation and cooperation with governmental authorities. Further, in consideration of the nature of the event, the Corporate Compliance Committee shall assess the Compliance Program and make modifications necessary to ensure the program is effective in preventing further similar conduct.

### Ineligible Persons

FSI conducts background screenings and checks exclusion lists upon hire of new Workforce Members or at initiation of a relationship with other persons associated with the Agency. These screenings are meant to ensure that any Workforce Member providing services, Board Member, Provider or associated person to the Agency has not been excluded from participation in any federal or state health care program nor has been convicted of a criminal offense preventing eligibility. Exclusion lists are also checked monthly in order to ensure current eligibility of services providers. If it is discovered that an individual or entity has become ineligible, FSI will immediately remove them from any position for which compensation or services furnished, ordered, or prescribed by the individual or entity, are paid in whole or in part by a federal health care program.

Further, Workforce Members and other persons associated with the Agency have an obligation to disclose to FSI immediately if they become an Ineligible Individual or Entity. Failure to report may result in termination of employment or relationship.

## 2.8 Element 8 – Policy of Non-Intimidation and Non-Retaliation

FSI maintains a Whistleblower policy for Workforce Members who make a report, complaint, or inquiry in good faith<sup>16</sup>. In such cases Workforce Members are protected from intimidation or retaliatory action, including with respect to reporting of False Claims Act complaints and/or reporting to government entities. FSI has a no-tolerance policy for intimidation of, or retaliation taken against individuals making such good faith reports, complaints, or inquiries, participating in an audit or investigation, assisting with remedial actions or reporting under and shall take

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<sup>16</sup> Family Services, Inc. Employee Handbook, § 17.2 Employee Protection (Whistleblower) Policy

disciplinary action against individuals who are determined to have intimidated or retaliated against such individuals in accordance with Family Services policies. This policy is located in the Employee Handbook which all Workforce Members are required to sign upon employment and at any time that revisions are published. Interns also sign off on portions of the handbook which are applicable to their role.

## Section 3 – Other Areas of Focus

### 3.1 Claims Development and Submission

FSI has an obligation to their clients, third party payors, and the federal and state governments to exercise diligence, care and integrity when submitting claims for payment for services rendered. To uphold this obligation, FSI shall maintain honest, fair, and accurate billing practices. All individuals involved in the billing functions, including clinical staff and medical staff, shall have experience and knowledge, and billing personnel shall be appropriately trained to perform all billing functions in accordance with federal, state, and local law, and payor requirements.

### 3.2 Medical Necessity and Quality of Care

FSI shall ensure that claims submitted to a payor are only for services that are medically necessary and that were ordered by a physician or other appropriately licensed individual<sup>17</sup>. Utilization Review for medical necessity is to be completed regularly by Supervisors in accordance with the Office of Mental Health requirements. Upon request, FSI should be able to provide documentation to support the medical necessity of a service (or recertification) that was provided. If the client requests or consents to a service that is not covered by insurance, the client would be informed the service is not covered and shall consent prior to the furnishing of such service.

### 3.3 Credentialing and Licensure

FSI shall maintain appropriate licensure for operations and a procedure for credentialing of Workforce Members who provide services. Credentialing of providers begins during the onboarding process however the Agency conducts ongoing verifications. The process includes, but is not limited to, obtaining documentation of licenses, credentials, and other applicable information which is verified as accurate and current. The Agency is restricted in the types of providers which may be employed based on the New York State Office of Mental Health regulations<sup>18</sup>. Screening of candidates by Human Resources during the recruitment process includes ensuring compliance with these additional regulations.

It is the individual Workforce Members responsibility to notify FSI of any changes to their status. Such changes may include, but are not limited to, expired or revoked license/certification, criminal conviction, dis-enrollment from or change in eligibility status with Medicare or

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<sup>17</sup> 42 CFR § 1004.10 (c)

<sup>18</sup> 14 NYCRR Part 599 – Clinic Treatment Programs



Medicaid programs, any medical malpractice litigation, etc. Non-adherence to this policy may result in disciplinary action leading and up to termination.

Family Services must maintain a current operating certificate in order to provide Article 31 Clinic Program services under the Office of Mental Health (OMH). OMH regularly performs recertification audits on both the administrative and clinical functions of the program. Upon completion of the audit, Family Services is issued a new operating certificate that is valid for up to three (3) years. Any findings reported to Family Services are addressed with a corrective action plan.

### 3.4 Disclosures

Executive Workforce Members, employed and contracted Providers and Board Members must disclose any direct or indirect ownership and control percentages, conflicts of interest, related business transactions, affiliation and criminal offenses related to their involvement in any Federal/State funded healthcare programs.<sup>19</sup> Other disclosable events include the following:

- Currently has an uncollected debt to Medicare, Medicaid, or CHIP, regardless of –
  - The amount of the debt.
  - Whether the debt is currently being repaid (for example, as part of a repayment plan); or whether the debt is currently being appealed.
  - Has been or is subject to a payment suspension under a federal health care program<sup>20</sup>, regardless of when the payment suspension occurred or was imposed.
  - Has been or is excluded by the OIG from participation in Medicare, Medicaid, or CHIP, regardless of whether the exclusion is currently being appealed or when the exclusion occurred or was imposed; or
  - Has had its Medicare, Medicaid, or CHIP enrollment denied, revoked, or terminated, regardless of the reason for the denial, revocation, or termination; whether the denial, revocation, or termination is currently being appealed; or when the denial, revocation, or termination occurred or was imposed.
  
- Currently or previously have been ineligible for malpractice insurance and/or has had a founded claim.

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<sup>19</sup> 42 CFR §§ 455.100 – 455.107

<sup>20</sup> Social Security Act § 1128B(f)

## Section 4 – Compliance Plan Adoption

### 4.1 Plan Adoption

It is required that the Compliance Plan be adopted by Family Services governing body on an annual basis or as it is revised.

This is to acknowledge that Family Services Board of Directors has reviewed, approved, and adopted the Compliance Plan as set forth in this document.

Name of Board Chair:

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Signature of Board Chair:

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Date:

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