



Compliance Plan 2025

PREPARED BY:

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Section 1 – Introduction

1.1 Purpose

Family Services, Inc. (“FSI”, “Agency” or “Required Provider”) maintains a Compliance Program, due to its commitment to compliance and regulations requiring its participation. The purpose of the Agency’s 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)¹. 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 Plan 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 Plan 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.

1.2 Applicability

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

- Governing Body,
- Corporate Officers,
- Executive Leadership other Senior Administrators,
- Managers,
- Employees,
- Contractors, and
- Other persons affected by the Agency’s risk areas.

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

¹ 45 CFR § 160, SSL § 363-d and 18 NYCRR Part 521

² Public Law 104-191

1.3 Commitment

Family Services, Inc. is, and will remain, committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold all Affected Individuals to these same standards.

Family Services, Inc. is committed to the prevention of improper or illegal activities and to provide mechanisms to detect noncompliance, including but not limited to, any violations of laws and regulations, healthcare program requirements, standards of conduct or the Agency's policies and procedures. The Agency is committed to the prompt investigation and resolution of reported or detected noncompliance.

Family Services, Inc. is committed to exercising due diligence with regard to integration and implementation of regulatory requirements, in line with Agency resources.

Family Services, Inc. is committed to taking all reasonable steps to operate proactively in terms of continuing compliance, including making necessary modifications to the Compliance Plan or Compliance Program policies and procedures regularly, or as appropriate.

Family Services, Inc. is committed to maintaining and measuring the effectiveness of our Compliance Program through monitoring and auditing systems reasonably designed to detect noncompliance by Affected Individuals.

1.4 Compliance Program – Required Elements

This Plan outlines the eight required core elements³ of a Compliance Program, 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)⁴.

Element # 1 – Policies and Procedures and Standards of Conduct

Element # 2 – Compliance Officer and Compliance Committees

Element # 3 – Training and Education

Element # 4 – Lines of Confidential Communication

Element # 5 – Discipline and Enforcement of Compliance Standards

Element # 6 – Auditing and Monitoring

Element # 7 – Response to Compliance Issues

³ 18 NYCRR § 521.3(a)

⁴ 42 CFR §§ 1001 - 1099 and 9 NYCRR § 5.140

Section 2 – Core Elements

2.1 Element 1 – Policies and Procedures and Standards of Conduct

To support the operation of Family Services, Inc.'s Compliance Program, policies and procedures have been established to provide direction to Affected Individuals and address the following components:

- Auditing and monitoring
- Billing errors and overpayments
- Compliance policy development, approval and maintenance
- False Claims Act and Whistleblower protections (non-retaliation)
- Discipline enforcement of compliance standards
- Education and training
- Exclusion screening
- Kickbacks, gifts, entertainment and business courtesies
- Reporting and investigation of compliance concerns
- Responding to governmental investigations, search warrants and subpoenas
- Role and Responsibilities of Internal Compliance Committee (ICC)

Affected Individuals are expected to be familiar with and knowledgeable of the Compliance Program Policies and Procedures. The policies and procedures can be accessed through various means, electronic or otherwise.

The Standards of Conduct detailed in the FSI Employee Handbook, and interwoven into policies and procedures, serve as a foundation that describes the Agency's fundamental principles and values, and commitment to conduct its business in an ethical manner. The Standards of Conduct provides Affected Individuals with guidance on requirements for conduct related to their employment, contract, assignment or association with the Agency.

2.2 Element 2 – Compliance Officer and Compliance Committees

Designation of the Compliance Officer

Family Services, Inc. Compliance Officer role is assigned to the Vice President for Corporate Compliance and Technology. The Agency Chief Executive Officer and Board of Directors have designated Casey Hons as the Compliance Officer.

Reporting Relationship

The Compliance Officer reports to the Chief Administration Officer (CAO), however, has direct access to the Chief Executive Officer (CEO), the Compliance Committee of the Board of Directors, the Board of Directors, and legal counsel.

Role and Responsibilities

In summary, the Compliance Officer's primary responsibilities include:

- Overseeing the development, adoption, implementation of the Agency Compliance Program.
- Ensuring compliance with and effectiveness of the Program.
- Providing guidance and recommendations to Agency Leadership and Governing body.

The CO has the express authority to review all documents and other information that is relevant to Compliance activities, including but not limited to: patient charts, billing, disciplinary enforcement and performance tracking, conflicts of interest, compensation, finance, audits, By-laws, policies, technology (email, internet usage, video surveillance, network access, etc.) security, marketing efforts, training and education, exclusions, credentialing, contracts or any other arrangements with other parties, for the purposes of investigations, risk assessment, and other Compliance related activities.

A more comprehensive description of the Compliance Officer's functions and responsibilities is detailed in the Vice President for Corporate Compliance and Technology job description.

Structure, Duties, and Role of the Internal Compliance Committee

The Agency's Internal Compliance Committee (ICC) Chair is appointed by the Chief Executive Officer. The Committee is comprised of the Vice President for Human Resources and Risk Management, Vice President for Behavioral Health, Vice President for Finance, Associate Director of Health Information Management, Associate Director of Revenue Cycle Management, Staffing and Development Manager, and other members of Leadership as needed. The Chair may invite additional members, as necessary or at the request of the CO, with varying backgrounds and experience to ensure that the ICC has the expertise to handle the full range of clinical, administrative, financial, and operational issues relevant to the Program.

In general, the ICC serves as both an oversight committee, monitoring compliance activities and an active working committee to support these activities. Any ICC assessments or recommendations are communicated to the Chief Executive Officer, Chief Administration Officer and the Compliance Committee of the Board by the CO.

A more comprehensive description of the ICC functions and expectations are detailed in "Role and Responsibilities of the Internal Compliance Committee" policy and the "Internal Compliance Committee Charter".

Board of Directors (BOD)

The Board of Directors is ultimately accountable for oversight of the Compliance Program and conducts that oversight through its Compliance Committee (referred to as "BOD Compliance Committee"). The CO has the authority to bring matters directly to the Board at any time, with or without prior notification to the CAO or CEO.

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

The BOD Compliance Committee works with the CO and is responsible for overseeing 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 BOD Compliance Committee is further responsible for evaluating the performance of the CO.

The CO provides regular reports (no less than annually) and recommendations concerning compliance matters to the BOD Compliance Committee. In addition to any requirements in the FSI by-laws, its members are expected to be knowledgeable about compliance risks and strategies and to periodically assess the effectiveness of the Program. To ensure the integrity of the relationship, there is the opportunity for an executive session with the committee members and CO only, at every meeting. Refer to the Compliance Committee of the Board Charter for additional requirements related to the Compliance Committee of the Board oversight responsibilities.

Delegation of Substantial Discretionary Authority/Exclusions

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for the Agency is required to disclose any name changes and any involvement in non-compliant activities including healthcare-related crimes. In addition, the Agency performs reasonable inquiries into the background of such applicants, all prospective employees (including providers and those who have an impact on Agency risk areas), the Chief Executive officer, Leadership Team, Board members, employees, interns, contractors, and vendors.

The following resources may be queried when conducting screening:

- U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
- The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
- NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
- Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, NPPs) at <http://www.health.state.ny.us/nysdoh/opmc/main.htm>
- NYS Justice Center for the Protection of People with Special Needs website at <https://www.justicecenter.ny.gov/staff-exclusion-list>

It is the Affected Individuals responsibility to notify FSI of any changes to their exclusion or licensure 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 Medicaid programs, medical malpractice litigation, etc. Non-adherence to this policy may result in disciplinary action leading, and up, to termination of employment, contract, assignment, or appointment with the Agency.

2.3 Element 3 - Training and Education

Expectations

Education and training are critical elements of the Compliance Program. Affected Individuals are expected to be familiar with and knowledgeable about FSI's Compliance Program and have a working knowledge of their responsibilities within the Compliance Program.

Training Plan

Family Services, Inc. maintains a Training Plan as per the Agency's "Compliance Education and Training" policy. The Training Plan, at a minimum, outlines the subjects or topics for compliance training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The Training Plan will be reviewed by the Compliance Officer and Internal Compliance Committee and updated as needed, but at minimum on an annual basis. Training topics are specific to job function, therefore not all Affected Individuals are required to complete every course.

Board Training

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

- Corporate governance responsibilities of Board members
- 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.

Mandatory annual training will be provided to active Board members. Pertinent updates to compliance regulations will be communicated as needed.

Other Affected Individuals/Contractors

All other Affected Individuals receive a copy of the Agency's Compliance Plan upon contracting, with the opportunity to ask questions and receive responses. These Affected Individuals will also receive updated Plans, as appropriate.

2.4 Element 4 - Lines of Confidential Communication

Expectations

Open lines of communication between Family Services, Inc. and each Affected Individual subject to the Compliance Plan are essential to the success of the Agency's Compliance Program and commitment to comply with all applicable laws and regulations and the prevention of fraud, waste, and abuse.

As outlined in Section 2.7 and the Agency's "Reporting and Investigation of Compliance Concerns" policy, Affected Individuals who witness, suspect, learn of, or are asked to participate in any activities that are potentially in violation of the Compliance Program and/or Standards of Conduct have an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below. Failure to report is deemed

misconduct, a violation of the Compliance Program and Agency policies. Non-adherence may result in disciplinary action leading, and up, to termination of employment, contract, assignment, or appointment with the Agency as cited in the Agency's "Discipline Enforcement for Compliance Standards" policy.

Communication Modalities

Reporters may contact the Compliance Officer directly, an immediate supervisor, Agency Officer, member of the Leadership Team, or a member of the Internal Compliance Committee. To protect the integrity of any potential investigations and limit exposure of confidential information, reports made to individuals other than the Compliance Officer must be immediately forwarded to the CO. Reports may be made in person; by phone, email, or mail.

**Direct Phone Line to Compliance Officer
(845) 486-2703 Ext. 1327**

Compliance @familyservicesny.org

**Family Services, Inc. – Attn: Compliance Officer
29 North Hamilton Street, Suite 314,
Poughkeepsie, NY 12601**

Anonymous reports may also be submitted through the Agency Compliance Hotline, a non-traceable, confidential resource available to Affected Individuals to report compliance violations, concerns, or submit questions.

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

While the right to anonymity is protected, it is valuable when callers offer their identity in the case that further information, that only they could provide, may be necessary during an investigation. Information provided remains confidential to the extent allowable by law.

In addition to this Plan, reporting mechanisms are publicized across various mediums such as the Agency intranet, shared network drives, internal emails, flyers, memos, etc. More comprehensive details related to the reporting of potential compliance concerns are outlined in the Agency's "Reporting and Investigation of Compliance Concerns" policy.

Protections

Confidentiality

As part of the investigative process, confidentiality is prioritized to protect the integrity of the outcome. The identity of an Affected Individual who reports a compliance concern will be maintained, with few exceptions. One such exception is if the matter is related to a disciplinary proceeding. Additionally, if the Agency or reporter is referred to, or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding, confidentiality may not be possible. In all cases of exception, disclosures of identity are strictly limited to only those required. The Compliance Officer may identify, however, the need for

specific individuals to have this information in order to conduct a thorough investigation. Those individuals have a duty to maintain the confidentiality of the information shared with them.

Non-Retaliation and Non-Intimidation

As detailed in the Agency's Employee Handbook, "Reporting and Investigations of Compliance Concerns", and "False Claims Act and Whistleblower Protections" policies, FSI will not take any retaliatory action against or intimidate a protected Affected Individual who, in good faith, reports a compliance concern, or for good faith participation in the Compliance Program, including but not limited to:

- Reporting potential issues;
- Investigating issues;
- Self-evaluations;
- Audits;
- Remedial actions; and
- Reporting to appropriate officials as provided in sections 740 and 741 of the New York State Labor Law.

More comprehensive details on this topic are outlined in the sources cited in this Section. These include reporting procedures, enforcement of related policies, and disciplinary standards.

2.5 Element 5 – Discipline and Enforcement of Compliance Standards

Family Services works to ensure that disciplinary actions for violations of the Compliance Program applied consistently, with consideration given to the nature and scope of the infraction. All Affected Individuals who fail to comply with the Agency's Compliance Program and Standards of Conduct, or who, upon investigation, are found to have committed illegal or unethical acts or violations of applicable Federal and State laws and regulations, the Compliance Program, the Standards of Conduct, or the Agency's policies and procedures, will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with the Agency.

Managers and supervisors will be disciplined for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and procedures and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided the Agency with the opportunity to correct them.

A more comprehensive outline of disciplinary actions and enforcement is detailed in the Employee Handbook and the Agency's "Discipline Enforcement of Compliance Standards" policy.

2.6 Element 6 – Auditing and Monitoring

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of the Agency's Compliance Program. An ongoing auditing and monitoring system, implemented

by the Compliance Officer and in consultation with the Internal Compliance Committee, is an integral component of the Agency's auditing and monitoring systems.

On an annual basis, the Compliance Officer, in conjunction with the Internal Compliance Committee, will develop an audit plan based on an Agency Risk Assessment.

Ongoing auditing and monitoring will evaluate at minimum, the following risk areas:

- Billings
- Payments
- Ordered services
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing
- Contractor, subcontractor, agent, or independent contract oversight
- Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions
- Review of documentation and billing relating to claims made to Federal, State, and third-party payers for reimbursement
- Compliance training and education
- Effectiveness of the Compliance Program
- Other risk areas that are or should reasonably be identified by the Agency through experience

Internal audits, assessments and reviews may examine the Agency's compliance with specific rules and policies, or to identify risk areas, through data stored in the Electronic Health Record, other sources of electronic data, on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), record reviews, or other applicable sources of information.

More comprehensive details on this topic can be found in the Agency's "Auditing and Monitoring" policy.

2.7 Element 7 - Response to Compliance Reports and

Violation Detection

Section 2.3 of this Plan and the Agency's "Compliance Education and Training" policy reference the training and education provided to Affected Individuals that supports their ability to recognize potential Compliance violations. Affected Individuals are expected to actively promote a culture of Compliance, including applying their training to detect suspected violations. Violations may also be detected during through regular auditing and monitoring activities.

Reporting and Investigation

As stated in Section 2.4 and the Agency's "Reporting and Investigations of Compliance Concerns" policy, Affected Individuals who know of, or reasonably suspect that a violation has occurred are required to report any concerns they are aware of through the available lines of communication.

To protect the integrity of an investigation and limit exposure of confidential information, reports made to individuals other than the Compliance Officer are immediately forwarded to the CO without the conducting of pre-investigative actions. Compliance investigations are conducted by the Compliance Officer, or designee, without interference or influence from others, including Agency Officers and Leadership. If a report is received that pertains to both Compliance and Personnel, or personnel only, the Compliance Officer confers with the Vice President for Human Resources and Risk Management to assess the need for joint investigation or transfer between departments.

With each report, the Compliance Officer follows the investigatory process as detailed in the Agency's "Reporting and Investigations of Compliance Concerns" policy. This policy includes the process for communication of investigation activities, results and recommended remedial actions to the Chief Administration Officer, Chief Executive Officer, members of the Internal Compliance Committee, the Compliance Committee of the Board of Directors, and other as defined by the policy.

More comprehensive details on this topic are in the Agency's "Reporting and Investigations of Compliance Concerns" policy.

Resolution and Rectification

If the Compliance Officer, in consultation with legal counsel when appropriate, identifies credible evidence or reasonably believes that a State or Federal law, rule, regulation, or policy has been violated, the Compliance Officer will follow internal notification procedures set forth in the Agency's "Reporting and Investigations of Compliance Concerns" policy and promptly report such violation to the appropriate entity, where such reporting is otherwise required by law, rule, or regulation. In cases of overpayments, the Agency will follow all procedures outlined in the Agency's "Billing Error and Overpayments" policy which is written in accordance with the Office of the Medicaid Inspector General Self-Disclosure requirements.

Investigation Record Keeping

The Compliance Officer maintains confidential records of all investigations, including copies of all pertinent and relevant documentation. The Compliance Officer will securely maintain all notes of the interviews, evidence and review of documents as part of the investigation file. This record will be considered confidential and not released, in full or part, without the approval of the Chief Executive Officer, Chief Administration Officer or legal counsel.

Section 3 – Resolution Regarding Compliance Program

WHEREAS, the policy of Family Services, Inc. has been always to conduct its business in compliance with all applicable and constitutional laws and regulations and adherence to the highest ethical standards; and

WHEREAS, the Board of Directors recognizes that the Federal and State agencies responsible for enforcement of Medicare and Medicaid laws and regulations applicable to healthcare providers have encouraged or required the development and implementation of formal Compliance Programs by healthcare providers; and

WHEREAS, in light of the foregoing, and in light of the importance of limiting the potential Corporate exposure of Family Services, Inc. and its employees, agents, directors, and officers, the Board of Directors believes that development of a formal Compliance Program is necessary;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Management of Family Services, Inc. is directed to develop and implement such a Compliance Program and to provide periodic progress reports to the Board of Directors on the development, implementation, and ongoing operation of this program.

UNANIMOUSLY ADOPTED this 1st day of December, 2024

David Pina
Name of Board Chair:

[Signature]
Signature of Board Chair: