The Arc of Monroe County  
A Chapter of NYARC, Inc.

CORPORATE COMPLIANCE PLAN

Introduction:
It is the policy of The Arc of Monroe County to conduct its business in compliance with applicable federal, state and local laws and regulations, and to adhere to the highest ethical standards.

On July 11, 2001, The Arc’s Board of Directors adopted the resolution to establish a compliance program. This means that they told agency management that they needed to come up with a compliance plan. As part of that, we have written policies and procedures about compliance. These tell us all how to make sure we’re following the rules. It also helps us make sure we are doing things the same way every time.

This plan talks about all the policies we have. It also talks about how we do compliance here at The Arc.

This plan applies to staff. It also applies to volunteers, the board, and people who do business with us. It’s up to everyone to follow this plan. Everyone is responsible for their own behavior.

We will look at this plan at least once each year. This will make sure it talks about what we’re doing now.

Mission:
Our mission is to create an inclusive society where the people we support may live truly integrated lives and reach their full potential as part of our community.

Vision:
A progressive community that welcomes diversity, fosters meaningful relationships, and cultivates a life of fulfillment for those we support.

Core values:
- Empathy
- Camaraderie
- Ingenuity
- Integrity
- Excellence
- Perseverance

Code of conduct (from our Employee Handbook):
The Arc, in alignment with its vision of total quality and its genuine concern for people we support, believes that all have rights to safe and nurturing residences and work environments, as well as fair, ethical and legal program administration. The mission of The Arc of Monroe County is to provide direct and supportive services in an effective way to individuals with intellectual and other disabilities, and their families. The Arc of Monroe County has the right to add, change, revise, or remove any code of conduct, as necessary. The following are examples of behaviors that are prohibited and do not support our Mission, Vision or Values:
- Violating Agency policies and procedures
- Being insubordinate, or refusing to follow a supervisor(s) reasonable direction;
- Using abusive or profane language towards individuals, co-workers or vendors;
- Sleeping while on duty
- Bringing unauthorized weapons of any kind onto Agency property;
- Committing any act of dishonesty, such as theft or removal of Agency property without permission;
- Committing an illegal act
- Violating all federal, state and local laws and regulations
- Discriminating against or harassing co-workers or subordinates;
- Distributing or posting unauthorized materials on Agency premises;
- Photographing, video recording or copying confidential or proprietary information about the Agency, employees or its individuals, or photographing or video recording non-public areas of Agency property that contains or could reasonably contain confidential or proprietary information about the Agency, employees or individuals;
- Excessive unexcused absences or tardiness;
- Falsifying Agency or individual records or providing false or altered documentation;
- Falsification of claims (e.g., billing for services that were not provided, double billing the government, submitting a claim in excess of the actual fee or cost, billing for services different from or more than those that were provided);
- Fighting, threatening others or provoking such acts;
- Gaining unauthorized access to, improperly divulging, or otherwise misusing confidential Agency, employee or individuals information;
- Reporting expenses inaccurately or unauthorized or inappropriate use of an agency charge card;
- Interfering with another employee’s performance, delaying or otherwise restriction operations or influencing others to do so;
- Reporting to work in a condition in which the employee is unfit to perform assigned duties or is potentially hazardous to oneself or others (e.g., alcohol or drug impairment);
- Willfully misusing, damaging, wasting or destroying Agency property.

The above list is not all-inclusive. It is intended to provide examples of behaviors that alone, or combined with others, will be cause for disciplinary action, up to and including termination of employment.

**Implementation of the plan:**

1. **Written policies and procedures:** There are formal policies and procedures covering the following topics:
   a. General corporate compliance policy for employees and volunteers, and vendors and contractors
   b. Delegation of substantial discretionary authority
   c. Responsibilities of the Board of Directors regarding corporate compliance
   d. Communication of compliance activities to the Board of Directors
   e. Corporate compliance-related training and communication
   f. Code of conduct
   g. Background and exclusion checks
   h. Justice Center Criminal History Information Checks
   i. New York State Child Register Checks
   j. Professional licensure, registration and certification verification and monitoring
   k. Educational background verification
   l. Anti-kickback
   m. Inducement of people supported and waiver of co-payments
   n. Conflict of interest
   o. Staff performance, incentives and discipline
   p. Agency-wide preventive risk assessment and annual compliance activity planning
   q. Service delivery standards
   r. Medical/clinical necessity
   s. Accurate and timely documentation, and Medicaid Fraud and Abuse/Misuse
   t. False claims
   u. Internal monitoring and auditing
   v. Non-compliance detection and response, and confidential communications
   w. Classification of compliance concerns and investigations
   x. Risk appetite assessment of compliance matters
   y. Unsupported claims and repayment/financial adjustments/Voluntary disclosure and self-reporting
   z. Employee response to governmental investigations
   aa. Contractual and financial arrangements with physicians
   bb. Political contributions/lobbying
cc. Manufacturer management

dd. New government initiatives related to corporate compliance

ee. Auditing and monitoring of the corporate compliance program

ff. Document management

gg. Whistleblower policy

hh. Corporate Compliance Officer job description

ii. Internal Compliance Committee description

jj. Corporate Compliance Committee description

We look at all the policies at least once a year. This is to make sure they are correct. We will also look at
them if we know things have changed. You can find all policies on the arcworkers site. You can also find
them at arcmonroe.org. Just click on the correct link.

2. A staff person who is responsible for the compliance plan: There is a full-time compliance officer. His title
is Vice President for Quality and Compliance, but he is also the compliance officer. His job is to write up
the compliance plan. He also keeps an eye on it to make sure it’s being followed. He will make changes to
it if he needs to. He reports to the CEO for things like supervision and benefits. He also can talk to the
board of directors or agency lawyers on his own if he feels like he needs to.

3. Training and education: All staff and volunteers will get compliance training when they start. They will
also get it every year after that. What they have to learn is based on their job. Students and interns also get training when they start with us. What they learn is based on what they will do for us. The same applies to vendors and contractors if we use them for something to do with healthcare.

4. How to contact the compliance officer: Staff can report concerns in a number of different ways. We utilize
an outside compliance hotline. Staff can access this via a web-based portal or a local number. Reports can
be made anonymously and/or confidentially using this hotline. Concerns are communicated to the
compliance officer by the outside company. The system allows anonymous/confidential dialogue between
the compliance officer and the reporter.

The Hotline contact information is:
*Phone: 585-448-3588
*URL: ethcomp.com/arcofmonroe

Posters are present throughout the agency. All staff learn how to report concerns when they are first hired.
They also hear about it every year after that. This includes the different ways they can report and who they
can report to. They are also told they can report anonymously or confidentially. The compliance officer will
keep track of who has contacted him and how. Reports can also be made directly to the compliance officer.

The Compliance Officer’s name is Peter Dancer. He can be reached:
*By phone at (585) 672-2234 (o) or (585) 451-5586
*Via email at pdancer@arcmonroe.org
*Via correspondence or in person at:
2060 Brighton-Henrietta Town Line Road
Rochester, NY 14623

5. Disciplinary policies: We have a policy in place that talks about what we will do if someone does
something illegal or that breaks the rules. This works closely with Human Resources.

6. Things we do regularly to check on things: We do audits on a regular basis. This is to check and see if we
are doing things right. It also helps us to see if there are any problems we need to fix. We share negative
findings with the President/CEO, COO, CFO, and the CHRO. We also let program vice presidents know as
well as appropriate managers. We celebrate successes with programs’ managers.
In the 4th quarter of each year, we also look at what we need to plan for in the next year. We talk to agency leaders, we look at information from the state, and we look at how we’ve been doing. We use that information to decide what compliance will focus on the next year. From this list, we look at priority.

7. **How we respond to compliance concerns**: We write up all compliance issues. We use the same form each time. We look into every concern based on what it is. Not every concern will be looked at the same way. They will be looked at thoroughly, though. When there is a concern, programs need to explain what it happened and what they will do to keep it from happening again. They also need to tell us if they disciplined any staff. If we need to pay any money back, the finance office tells us when that’s happened. We have policies that help us when we need to pay money back.

8. **It’s not OK to intimidate other staff. It’s not OK to retaliate against other staff**: We have 2 policies that talk about this. The first is, “staff performance and discipline.” The second is, “Non-compliance detection and response, and confidential communications.” These say that you can’t treat someone differently because they reported something that shouldn’t be happening but they think it really is. Staff learn this when they first start here. They also hear it again every year after that.

9. **Compliance things we do all the time**:
   a. **Making sure people can work with Medicaid**: Some people who don’t follow Medicaid rules aren’t allowed to work for agencies like ours anymore, because we get paid by Medicaid. We check all new staff when they are hired. There are 3 systems we check: the Excluded Parties List System, the HHS Office of Inspector General list, and the NYS Office of Medicaid Inspector General list. We do the same for volunteers, contractors, vendors, and board members. Every week after that, we check all employees and board members. We check vendors every month. If we find someone who works with us on one of the lists, they won’t be able to work with us anymore. That means if they are a staff, they will lose their job.

   b. **Making sure people are licensed if they need to be**: We will make sure that anyone who needs a license to work with us has that license. We do it when they first start with us. We check them every month after that.

   c. **Audits**: Most of our programs get audited at least every other month. If the audit shows we got money we shouldn’t have, we will open a compliance case. As part of that, we will make sure we pay the money back. We let agency leaders know whenever we find something during an audit. We look at all the results over time to see if there are any patterns or trends.

   We also do some audits once a year. These look at really specific things like purchasing approvals and the codes clinicians use to bill.

   d. **Answering questions**: The compliance officer or quality coordinators will help people with questions they have. Compliance questions are documented. We use the same form every time.

   e. **Looking for risks we need to focus on**: If we know something happened that has to do with corporate compliance or think something might have happened, we score it. This score is called “risk appetite”. It’s a way to see if what happened is just a normal part of doing business or something we need to look at closer. We expect that some things will happen that shouldn’t. We don’t want to focus on them. We want to focus on the ones we don’t expect. Doing this helps us figure out if there are any new risks we should look at so we do things better.

   See #6 above for more information on how we look for risks.

   f. **Compliance training**: When staff are first hired, they will get compliance training. They will learn about what it is and why we do it. They will also learn their roles in it. We will talk about why documentation is so important. We will talk about the false claims act and HIPAA. Some of this will be done during agency orientation. Some of it will be done when they get to their main work site.
Volunteers, interns and student will also learn about compliance when they start with us. It will be the things they really need to know. This includes who they can ask questions to and how to report concerns.

Board members get training when they start too. They learn about putting the agency first in their decisions. This is called “fiduciary responsibility”. They learn about conflict of interest. They also learn how to report concerns if they have any.

Staff and the board get retraining every year. There is a core of information that everyone gets. Then, there are some things that only certain people need. That’s based on their role.

g. **Contact with board of directors:** At least once a year, the compliance officer does training with the board. Also once a year, he talks with them about how compliance went the prior year. So in the first half of 2018, he will talk with them about how 2017 went.

He also gives an update every 3 months to the executive committee of the board. This committee is the agency’s official compliance committee. He gives them what’s called a dashboard. This is 6 critical things that they need to keep an eye on. If there are trends with these, it could mean things are not going well.

The compliance officer can contact the board any time he feels he needs to.

**Compliance Committees:**
1. **Compliance Committee:** See “g” above.

2. **Internal Compliance Committee:** The Quality Management Systems committee also acts as the internal compliance committee. They get more detail about compliance things that happen than the executive committee does. They help to make sure we didn’t miss anything when something happened that shouldn’t have.

More detailed information on The Arc’s compliance approach can be found in the individual policies and procedures.

Approved by the Board of Directors: 4/14/11

Revision (not substantive): 11/10/11
Revised: 3/15/12 Approved by the board: 4/12/12
Revised: 3/22/13 Approved by the board: 9/24/13 (via executive committee)
Revised: 2/20/14 Approved by the board: 3/13/14
Revised: 2/11/15 Approved by the board: 4/9/15
Revised: 2/4/16 Approved by the board: 3/10/16
Revised: 1/30/17 Approved by the board: 2/9/17
Revised: 10/9/17 Approved by the board: 3/8/18
Revised: 11/9/18 Approved by the board: 3/14/19
Revised: 5/9/19 Approved by the compliance committee (executive committee of the board): 5/29/19