

Arc Jefferson - St. Lawrence New York POLICY AND PROCEDURE	POLICY #: 502F	REVISION #/DATE: #1 02/2023
BOARD APPROVAL DATE: 3/25/2021	DATE ISSUED:	EFFECTIVE DATE: 1/1/2019
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Corporate Compliance Plan

Element 1 Compliance Risk Assessments

1. Policy: It is the policy of The Arc Jefferson - St. Lawrence to periodically identify compliance risk areas in order that such risk areas are assessed and any needed corrective action taken. Risk areas to be assessed include, but are not limited to:

- Billings
- Payments
- Medical necessity and quality of care
- Governance
- Mandatory reporting
- Credentialing (applicable to staff, contractors and registered providers)
- Other risk areas identified by The Arc Jefferson - St. Lawrence

2. Scope: This policy applies to all persons who are affected by our risk areas including employees, the CEO, other senior administrators, managers, contractors, agents, subcontractors, independent contractors, the governing body, corporate officers, volunteers, and people supported (hereafter referred to as “affected individuals”) of The Arc Jefferson - St. Lawrence for all areas of regulatory compliance.

3. Procedure

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

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

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

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

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

3. Complete the OMIG “Compliance Program Self-Assessment Form” to identify weaknesses.

Corporate Compliance staff completes the tool annually to identify potential compliance risk areas.

4. Conduct interviews with key operational and administrative staff. Such staff includes senior leadership and directors from each operational area.

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

Discussion topics:

- New programs or services
- Regulatory changes
- Changes in operations
- Changes in key staff
- Internal or external audit findings
- Audit procedures and processes

5. Conduct interviews with key governance members.

Staff of the Corporate Compliance Department as part of the risk assessment process consults with key The Arc Jefferson - St. Lawrence governance members. These members include the Board President, Vice President, Treasurer and Secretary. Additionally, any Board member who chairs critical/key The Arc Jefferson - St. Lawrence committees should be interviewed (e.g., compliance, finance, audit, HR, programming).

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

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

7. Self-Disclosures or Claim Voids

The Corporate Compliance Department reviews the circumstances and what programs were impacted in order to identify areas that continue to present compliance risks.

8. External Audit Findings & Enforcement Activities

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

Documentation:

The Arc Jefferson - St. Lawrence assesses and identifies risks and documents those risks using a formal risk assessment. Risks are prioritized and are used by the CCO to develop The Arc Jefferson - St. Lawrence annual corporate compliance work plan and audit plan. Such plans should be reviewed and approved by the management compliance and Board compliance committees.

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

Format and Record Retention

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