

The Arc Rockland PROCEDURE

SUBJECT: Acceptance of Contributions

APPLICABILITY: Agency Wide

APPROVED: July 2019

Revised: 6/2023

REFERENCE POLICY: #2019-10

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IV. PROCEDURES

The Arc Rockland, and The Arc Foundation of Rockland Inc. hereinafter referred to as The Foundation, accepts with appreciation, a wide range of contributions, with some requiring review and others not subject to review.

All contributions made to the organization shall be deposited into the Foundation unless they are made specifically to "The Arc Rockland" and restricted accordingly.

Contributions Generally Without Review:

Cash: Cash gifts are acceptable in any form, including by check, money order, credit card, or bank transfer.

Marketable Securities: Stocks and bonds may be transferred electronically to an account maintained by The Arc Foundation of Rockland at one or more brokerage firms or delivered physically with the transferor's endorsement or signed stock power, with appropriate signature guarantees. All marketable securities will be sold promptly upon receipt unless otherwise directed by The Arc's Budget & Finance Department through the Chief Finance and/or Executive Officers.

If a marketable security is restricted or subject to a buy-sell agreement, the organization will seek legal counsel.

The Arc Rockland and/or The Foundation will consult a tax accountant for non-cash gifts including marketable securities with a fair market value of over \$500.

Bequests and Beneficiary Designations under Revocable Trusts, Life Insurance Policies, Commercial Annuities and Retirement Plans - Donors are encouraged to make bequests to The Arc Foundation of Rockland under their wills, and to name the organization as the beneficiary under trusts, life insurance policies, commercial annuities, and retirement plans.

Charitable Remainder Trusts - The Foundation will accept designation as a remainder beneficiary of charitable remainder trusts.

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Charitable Lead Trusts - The Foundation will accept designation as an income beneficiary of charitable lead trusts.

Contributions Subject to Prior Review

Certain forms of gifts or donated properties may be subject to review prior to acceptance. They include, but are not limited to:

Tangible Personal Property - The Executive Committee shall decide whether to accept jewelry, artwork or other collectable items based on the marketability of the item(s).

Legal and ethical requirements prevent the organization from appraising gifts, such as jewelry and artwork to determine the value for acknowledgement purposes. Such appraisals are conducted by 'qualified appraisers', as defined by IRS regulations, and is the responsibility of the donor. If The Arc requests independent appraisal, the organization is responsible for it.

Life Insurance - Contributions of life insurance shall be accepted where the organization is named as both beneficiary and irrevocable owner of the insurance policy. The donor must agree to pay, before due, any future premium payments owed on the policy (unless other arrangements are made in advance with the organization).

Real Estate - All gifts of real estate are subject to review by the organization's Board of Directors before acceptance. Under the New York Non-Profit Revitalization Act and The Arc New York and The Arc Rockland by-laws, all transfers of property shall be approved by the Board of Directors. The review should determine:

- If any restrictions have been imposed on the property.
- If the property title is clear
- If property taxes have been paid in full.
- If there any environmental issues. A qualified environmental firm should be retained at the expense of the seller.
- The benefits of the contribution in consideration of the capital, carrying, and operational costs.

Legal advice should be secured to explore opportunities and challenges in accepting the gift. Gifts shall be approved by the Board via formal resolution.

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Use of Legal Counsel- The organization will seek the advice of legal counsel on additional matters involving gift offerings, such as:

- Documents naming The Arc Rockland as trustee or requiring the organization to act in any fiduciary capacity.
- Gifts requiring The Arc Rockland to assume financial obligation or undue expenditure of resources.

Where there is the possibility of controversy concerning the acceptance of a gift, The Foundation will consider:

- A. If the acceptance of the gift compromises the mission and values of The Arc Rockland.
- B. If there is compatibility between the intent of the donor and The Arc Rockland's use of the gift.
- C. If acceptance of the gift will in any way damage the reputation of The Arc Rockland.
- D. If the primary benefit is to The Arc Rockland rather than the donor
- E. If the gift causes The Arc Rockland to incur substantial expense or difficulty.

Decisions to accept potentially controversial gifts will be made by The Arc Foundation Board based upon the advice of the Compliance Officer. The Executive Committee of the Board and legal counsel as needed:

Gift Restrictions

The organization cannot accept gifts that could cause:

- A. Conflict of interest.
- B. Preferential treatment of anyone.
- C. Violation of its corporate charter.

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- D. Loss of its status as an IRS § 501(c)(3) not-for-profit organization.
- E. A disproportionate expense in administering the donation in relation to its value.
- F. An unrealistic imposition, due to the restrictions the donor established.

Acknowledgements

The Arc Foundation of Rockland shall send a thank-you letter to each donor upon receipt of a gift or contribution. The Arc shall also send an acknowledgement to an individual in whose honor a contribution was made, and to families of the deceased in whose memory a contribution was made.

In situations where a donor may make restrictions on his or her contribution, The Arc shall clearly communicate in the thank-you letter the terms of the restriction and how the organization intends to utilize the gift.

For contributions in which the donor receives goods or services in return, such as event tickets as part of an Annual Sponsorship, *the acknowledgement letter would state the number of tickets received and the estimated tax-deductible amount.*

In situations where The Arc receives an item as a gift, the letter shall include a description, but not value of the item received.

Where contributions are made without goods or services exchanged, the letter shall state *No goods or services have been received in exchange for this contribution.*

POLICY # 2019-10

SUBJECT: Acceptance of Contributions
APPLICABILITY: AGENCY-WIDE
APPROVED: July 2019 **REVISION: 5/2023**

I. BACKGROUND:

NYSARC, INC., ROCKLAND COUNTY CHAPTER d/b/a The Arc Rockland (hereinafter referred to as **The Arc Rockland**) complies with all federal and state laws, regulations, and standards applicable to not-for-profit corporations regarding the acceptance of charitable contributions, either corporate, foundation or individual. The Arc Rockland affirms that the global principles of transparency, integrity, honesty, and public trust guide the organization in its relationships with donors as well as everyone with whom it engages.

The Arc Rockland has established a separate corporate entity, the Arc Foundation of Rockland, Inc. (hereinafter referred to as **The Foundation**) to accept contributions which are used by The Arc Rockland to support its charitable mission/purpose. This policy shall be mutually approved by both The Arc Rockland and the Foundation Board of Directors.

II. SCOPE:

This policy applies to The Foundation acceptance of charitable contributions from all donors and prospective donors, to ensure that all transactions are conducted in a professional, legal, and ethical manner, in accordance with established Internal Revenue Service (IRS) guidelines.

III. POLICY

Contributions made to The Foundation are used to enhance services and supports for The Arc Rockland and are not used to benefit one individual at the expense of others. The primary consideration in accepting a donation is the positive impact it makes on The Arc Rockland and the individuals it supports.-The Arc Rockland does not accept contributions from a corporation, foundation or individual/family that attaches conditions/restrictions that are not in the best interest of the organization or the individuals who are supported. Contributions from families or other donors that benefit an Arc division as a whole are accepted and appreciated, provided it is clear to all parties that the contribution will not result in any form of special treatment for the donor or their family member.

The Foundation accepts a wide range of contributions, including but not limited to cash, personal property, real estate, marketable securities, trusts, life insurance policies, and annuities.

POLICY # 2019-10

SUBJECT: Acceptance of Contributions
APPLICABILITY: AGENCY-WIDE
APPROVED: July 2019 REVISION: 5/2023

The Foundation advises prospective donors to seek assistance from legal and financial advisors on matters relating to their gifts, including tax and estate planning consequences.

The Foundation Board shall establish procedures to review and accept restricted contributions. These procedures shall also include a formal process to provide grants and financial contributions to The Arc Rockland.

The Chief Financial Officer or designee shall maintain a database of all restricted contributions to include the amounts and details of the restrictions. The Development Office shall ensure the integrity of all donor records, solicitations, acknowledgements, and other supporting documents. The Foundation and The Arc Rockland shall be jointly responsible for the expenditure of funds in accordance with donor restrictions/guidelines and will ensure regular communication/engagement with donors, so they are informed of how funds are utilized.

Any additions, deletions or changes to this policy and any related procedures affiliated with this policy will be written by the Compliance Officer with input from the Senior Leadership and Board of Directors.

POLICY #2016-10

SUBJECT: AUDITING AND MONITORING

APPLICABILITY: AGENCY-WIDE

APPROVED: MARCH 2007

REVISION: 8/2016, 3/2023

I. BACKGROUND:

The Arc Rockland requires affected individuals as defined as all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2) to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As affected individuals, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

II. SCOPE:

This policy applies to the auditing and monitoring activities of The Arc Rockland for all areas of regulatory and organizational compliance.

III. POLICY:

Auditing and monitoring activities are required elements of an effective compliance program; therefore, The Arc Rockland will conduct internal audits and review all areas of the organization to ensure compliance with federal, state, local and organizational standards by which The Arc Rockland is governed and to assure compliance with The Arc Rockland's policies and procedures.

Any additions, deletions or changes to this policy and any related procedures related to this policy will be written by the Compliance Officer, with input from the Senior Leadership and approval of the Board of Directors.

The Arc Rockland PROCEDURE

SUBJECT: AUDITING and MONITORING

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2007

Revised: 8/2016, 6/2023, 3/2024, 3/2025

REFERENCE POLICY #2016-10

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IV: Procedure:

Oversight of Auditing and Monitoring

On an annual basis, the Compliance Officer will monitor the effectiveness of the Corporate Compliance Program.

On an annual basis, the Compliance Officer, together with the Chief Executive Officer, and Compliance Committee shall determine the scope and format of routine audits of The Arc Rockland operations. Each member of the senior leadership team, including the Chief Executive Officer, Chief Administrative Officer, Chief Program Officer, Chief Clinical Officer, the Chief Financial Officer, and the Directors of Services shall be responsible to identify needs for internal auditing of specific issues under their oversight.

The Compliance Officer will coordinate all audits through the Chief Executive Officer. All audits of financial processes or systems shall also be coordinated through the Chief Financial Officer. The Compliance Officer will oversee, organize, and implement all audits conducted by outside consultants, including outside counsel, and that shall be shared with the Chief Executive Officer, Compliance Committee, and the Board of Directors.

The Compliance Officer will be informed of all auditing and monitoring activities within The Arc Rockland. Further investigations arising pursuant to an audit shall be in addition to these policies and procedures and shall be governed by the internal investigation policy.

Scope of Audits

On an annual basis, the Compliance Officer will conduct a review of the Corporate Compliance Plan and associated activities and will update compliance policies, procedures, and other materials, as necessary, for compliance with regulatory and organizational changes, industry trends and The Arc Rockland program and service standards.

The Arc Rockland PROCEDURE

SUBJECT: AUDITING and MONITORING

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2007

Revised: 8/2016, 6/2023, 3/2024, 3/2025

REFERENCE POLICY #2016-10

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The Compliance Officer in conjunction with members of Senior Leadership are responsible for ensuring that a periodic review is conducted on any business conduct of The Arc Rockland that may result in potential legal risk, consistent with The Arc Rockland's resources. Potential areas of inclusion in these annual audits are fraud and abuse issues, employment policies, third-party billing practices, contractual relationships, reporting and record-keeping practices, affected individual education and training, proper documentation and client record accuracy, and other areas as identified by The Arc Rockland.

The direction and facilitation may include on-site visits, interviews with the personnel involved and reviews of written materials and documentation.

On a year-to-year basis, as necessary, the Compliance Officer shall benchmark audit results and shall compare the results of similar audits performed at specific intervals for determining whether improvement is occurring.

Engagement of Outside Counsel

When the Compliance Officer, in collaboration with the Chief Executive Officer, determines that a situation may be a violation of law or otherwise requires expert advice, the Compliance Officer shall have the authority to seek Outside Counsel as needed for guidance on issues arising under the Corporate Compliance Plan. The Compliance Officer, also, may authorize and implement audits by outside consultants, including Outside Counsel, if the need arises. Audit activities shall be undertaken under the supervision of the Outside Counsel with the expectation that audit findings will be privileged and confidential. The Outside Counsel may from time to time facilitate the audit process by recommending specific areas to be audited.

Post-Audit

The Compliance Officer shall document the results of the annual review of the Compliance Program and associated activities to the Compliance Committee, the Chief Executive Officer, and the Board of Directors.

The Compliance Officer and Senior Leadership shall oversee the documentation of all other audits conducted by The Arc Rockland - whether by internal staff or by consultants.

The Arc Rockland PROCEDURE

SUBJECT: AUDITING and MONITORING

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2007

Revised: 8/2016, 6/2023, 3/2024, 3/2025

REFERENCE POLICY #2016-10

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The Compliance Officer shall address any weaknesses in the auditing process itself.

Record Retention

The Compliance Officer will maintain a record of all auditing and monitoring activities, including audit/review results and corrective action documents in the Compliance Department's files for a period of no less than seven (7) years or longer as deemed necessary under the False Claims Act recommendations.

Monitoring Activities Results and Corrective Action Plans

The Arc Rockland shall follow the Detecting & Responding to Violations Policy regarding the development of corrective action plans based on the identification of areas for improvement under The Arc Rockland's ongoing auditing program.

Reports to the Board

The Compliance Officer shall report the findings to the CEO and the Compliance Committee at the next scheduled meeting occurring after the conclusion of the audit. The Compliance Officer shall provide an annual report to the Board of Directors, describing the conclusion of said audits and an assessment of any compliance risks, and quarterly reports regarding activities of the Compliance Plan.



POLICY # 2016-12

SUBJECT: Billing Third Party Payors

APPLICABILITY: Agency Wide

APPROVED: March 2007

REVISION: 10/2016, 5/2023, 3/2025

I. BACKGROUND:

The Arc Rockland requires all “affected individuals” to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As “affected individuals” of the organization, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

II. SCOPE:

This policy applies to all current and proposed “affected individuals” affiliated with The Arc Rockland, particularly those who provide individual services and prepare documentation for the submission of claims and those who prepare claims to be submitted to third party payors.

“Affected individuals” is defined as all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2).

III. POLICY:

It is the policy of The Arc Rockland that we:

- Bill third party payors accurately for all services appropriately provided to clients
- Adhere to all applicable federal, state, and local laws and regulations related to billing and third-party payer reimbursements
- Ensure all billing information is accurate, complete, and supported by appropriate documentation
- Submit claims to third-party payers promptly and within the timeframe specified by the payer’s guidelines
- Verify service recipient eligibility before providing services to facilitate accurate billing and reduce claim denials
- Maintain thorough and accurate records of all services provided, including dates, codes, and description of services, to support billing claims, and
- Protect service recipient privacy and confidentiality in accordance with HIPAA and other relevant regulations



POLICY # 2016-12

SUBJECT: Billing Third Party Payors

APPLICABILITY: Agency Wide

APPROVED: March 2007

REVISION: 10/2016, 5/2023, 3/2025

- Will bill third party payors honestly, accurately and in a timely manner for all services appropriately provided to individuals served.

Any additions, deletions or changes to this policy and any related procedures related to this policy will be written by the Compliance Officer, with input from the Senior Leadership and the Board of Directors and reviewed at least annually.



POLICY #2023-11

SUBJECT: CLIENT INDUCEMENTS WAIVER OF COPAYMENTS

APPLICABILITY: AGENCY-WIDE

APPROVED: DECEMBER 2023

REVISION:

I. BACKGROUND:

This policy was developed to ensure that clients are free from influence or in selecting providers, practitioners, and suppliers of services by reducing or waiving co-pays for services from any federal or state healthcare program.

II. SCOPE

This Policy and Procedure applies to all employees and representatives of The Arc Rockland.

III. POLICY

The Arc Rockland and its employees shall not offer or transfer remuneration to any individual eligible for benefits under federal or state health care programs (including Medicare or Medicaid) that The Arc Rockland and its employees know or should know is likely to influence the individual to order or receive from a particular provider, practitioner, or supplier any item or service for which payment may be made, in whole or in part, by a federal or state health care program. The Arc Rockland and its employees shall bill for all applicable out-of-pocket amounts. Financial waivers or reductions of cost-sharing amounts are not routinely offered by The Arc Rockland.

Any additions, deletions, or changes to this policy and any related procedures will be written by the Chief Compliance Officer, with the input of from the executive management team.

The Arc Rockland PROCEDURE

SUBJECT: CLIENT INDUCEMENTS WAIVER OF CO-PAYMENTS

APPLICABILITY: Agency Wide

APPROVED: DECEMBER 2023

Revised: 8/2025

REFERENCE POLICY: #2023-11

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IV. PROCEDURES

The Arc Rockland and its employees shall not offer or provide any gift, hospitality or entertainment of more than nominal value to any Medicaid beneficiary. Examples of permissible items include pens, T-shirts, water bottles, etc., valued at less than fifteen dollars individually, and no more than seventy-five dollars in the aggregate annually per individual, as long as such items are not offered or provided to influence health care decisions by a client, family member, or responsible party.

An employee shall not offer any beneficiary cash or cash equivalents. The Office of Inspector General has explained cash as, “monetary payments in the form of currency” including funds transferred electronically, such as through peer-to-peer application (e.g. Venmo, CashApp, PayPal, Zelle). Cash equivalents include prepaid cards such as Visa or Mastercard gift cards.

The OIG has determined that some gift cards are “in-kind,” such as gift cards that can be redeemed only for certain categories of services or items. Examples of gift cards that meet this standard include gas cards, gift cards to fitness centers, or a gift card to a big-box store that can only be used for limited and specific items (e.g. fresh food items). The Arc Rockland will evaluate any proposals to provide gift cards from employees to individuals who receive services under a federal or state health program.

The Arc Rockland and its employees shall not offer waivers of coinsurance or deductible amounts as part of any advertisement or solicitation.

The Arc Rockland and its employees shall not routinely waive coinsurance or deductible amounts and shall waive such amounts only after determining in good faith and documenting that the beneficiary is in financial need, or after making reasonable efforts to collect the cost-sharing amounts from the beneficiary.

Any employee who acts in violation of this policy shall be subject to disciplinary action up to and including termination of employment.

The Arc Rockland PROCEDURE

SUBJECT: CODE OF CONDUCT

APPLICABILITY: AGENCY WIDE

APPROVED: July 2021

Revised: 3/2023, 9/2025

REFERENCE POLICY # 2021-01

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IV: Procedure:

This revised procedure with title of Corporate Compliance Code of Conduct replaces the version approved in July 2021 entitled Code of Conduct.

The Arc Rockland (also referred to as the "Agency") is proud of its long tradition of ethical and responsible conduct. We hold every "affected individual to the extent that such contractors are affected by the required provider's risk areas and only within the scope of the contracted authority and affected risk areas" to the highest standards of ethical and professional behavior. We expect that an affected individual or entity whose actions could be attributed to The Arc Rockland, adhere to similar standards of conduct and avoid any misrepresentation or the appearance of misrepresentation of the Agency.

Whenever a person acts on behalf of the Agency, whether in dealing with other Representatives, individuals with disabilities and their families, vendors, contractors, agents, government regulators or the general public, all are expected to act with the highest level of integrity using good judgment. In addition, even when not representing the agency per se, the person is expected to conduct themselves in a manner that would not inappropriately attract public reaction and/or media attention.

Violations of legal or ethical requirements jeopardize the welfare of the individuals supported and compromise the integrity of our Agency and Representatives in the communities in which we live and work. Because of this, the attached Code of Conduct is adopted as part of The Arc Rockland Corporate Compliance Plan to establish a mechanism for reporting possible violations of law or ethical principles within The Arc Rockland, to provide examples of ethical behavior expected of Representatives, and to provide guidance on how to resolve questions regarding legal and ethical issues. The Code of Conduct is designed to assist Representatives in making the right choices when confronted with difficult situations. This is particularly important when a Representative believes there may be a violation of law, or possible fraud or abuse. Our goal is that every representatives' actions reflect positively on the Agency.

The Arc Rockland PROCEDURE

SUBJECT: CODE OF CONDUCT

APPLICABILITY: AGENCY WIDE

APPROVED: July 2021

Revised: 3/2023, 9/2025

REFERENCE POLICY # 2021-01

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Compliance with the Corporate Compliance Program is a condition of employment or other association with The Arc Rockland. It is the affirmative duty of every Arc Rockland representative to report any suspected or known violation of the Corporate Compliance Program including the Corporate Compliance Plan, Code of Conduct, or any policy and procedure and to report any other suspected or known fraudulent behavior. No Arc Rockland Representative will be disciplined or subjected to retaliatory action or intimidation for making a report in good faith. However, failure to comply with the Corporate Compliance Program or to report a suspected or known violation of the Corporate Compliance Program in a timely manner may be grounds for discipline up to and including termination of employment or other association with The Arc Rockland.

A. Employees/Volunteers:

Each affected individual is provided with a copy of the Compliance Code of Conduct at the time of initial hire and annually thereafter during the Annual Corporate Compliance Training. New staff will be trained on our Compliance Code of Conduct at time of hire, but no later than 90 days following hire. The staff member will sign an acknowledgement of the Compliance Code of Conduct at that time, indicating understanding and commitment to follow the Compliance Code of Conduct. **The Employee Compliance Plan and Code of Conduct Acknowledgement Form is attached as Attachment (B).**

B. Supervisors and Managers

While all affected individuals are obligated to follow our Code of Conduct, The Arc Rockland management team is expected to set an example. We expect all Arc Rockland supervisory employees to: (1) exercise their responsibilities in a manner that is kind, sensitive, thoughtful and respectful. We expect each supervisor to create an environment where all employees feel free to raise concerns and propose ideas; (2) ensure their employees have sufficient information to comply with laws, regulations and The Arc Rockland policies and procedures, including but not limited to those related to The Arc Rockland Corporate Compliance Program and to resolve ethical dilemmas. Supervisors must create a culture within The Arc Rockland which promotes the highest standards of ethics and compliance.

C. Contractors/Agents, Subcontractors & Independent Contractors

Contractors, agents, subcontractors, and independent contractors will be provided with a copy of the Compliance Code of Conduct at the time of entering into a written agreement with The Arc Rockland. Each Contractor, agent, subcontractor, and independent contractor will sign an acknowledgement of the Compliance Code of Conduct at the time of initial contracting and at renewal, indicating his or her understanding and commitment to follow the Compliance Code of Conduct. **The Acknowledgement Form is attached as Attachment (C).**

The Arc Rockland PROCEDURE

SUBJECT: CODE OF CONDUCT

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APPROVED: July 2021

Revised: 3/2023, 9/2025

REFERENCE POLICY # 2021-01

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D. Board Members

Each Board member shall be provided with a copy of the Code of Conduct at the time of Board orientation. Each new Board member will be oriented on the Code of Conduct within ninety (90) days of joining The Arc Rockland board and will sign an acknowledgement of the Compliance Code of Conduct at that time, indicating his or her understanding and commitment to follow the Compliance Code of Conduct. The **Acknowledgement Form is attached as Attachment (D).**

Attachments:

Attachment A - The Employee Code of Conduct

Attachment B - Employee Compliance Plan and Code of Conduct Acknowledgement Form

Attachment C – Contractors/Agents, Sub & Independent Contractor Acknowledgement Form

Attachment D - Board Member Acknowledgement Form



Code of Conduct Attachment (A)

Standards of Conduct

We believe that certain standards of conduct must be observed to promote a positive and ethical work environment and pledge to abide by the laws, regulations and The Arc Rockland policies and procedures, including, but not limited to those related to The Arc Rockland Corporate Compliance Program.

We also understand that, as affected individuals working for and on behalf of The Arc Rockland, we have the added responsibility of following specific standards of conduct, as described below:

- To work cooperatively and respectfully with all Arc Rockland affected to provide the highest quality of services; seeking training and assistance in areas that would strengthen the ability to fulfill responsibilities to people we support and The Arc Rockland;
- To place the interests of the people we serve and their family members first and foremost in all aspects of what we do;
- To represent The Arc Rockland positively in the community-at-large
- To conduct all activities in a fiscally responsible manner;
- To work in accordance with applicable laws, regulations and The Arc Rockland policies;
- To conserve resources of The Arc Rockland by not engaging in wasteful behavior;
- To treat confidential information related to The Arc Rockland and persons supported and to respect the privacy of persons supported and fellow Arc Rockland affected individuals;
- To complete tasks in a timely manner and meet expectations for the quality of work that The Arc Rockland strives to achieve;
- To document services and bill individuals and third party payors accurately;
- To comply with labor and employment laws
- To comply with fundraising standards and respect the rights of donors
- To avoid conflicts of interest including acceptance of and gift giving
- To comply with tax-exemption requirements

- Refrain from unfair trade practices
- Adhere to proper conduct related to political participation and government relations
- To report to a supervisor, Compliance Officer or to the Compliance Hotline any potential violation of the Corporate Compliance Program; applicable laws, regulations and policies, including the Corporate Compliance Plan without fear of intimidation or retaliation for reporting or cooperating in investigation;
- To respect the role of the Board and management and to fully implement their decisions; and
- To consult The Arc Rockland Senior Leadership when questions arise as to the conduct permitted under applicable laws, regulations and policies, including the Corporate Compliance Program.

I acknowledge that I have read and that I understand The Arc Rockland Corporate Compliance Plan and The Arc Rockland Code of Conduct.

- ✓ I understand and agree that I must comply with The Arc Rockland Corporate Compliance Program, The Arc Rockland Code of Conduct and all laws, regulations, policies, procedures and other guidance applicable to the responsibilities of my position.
- ✓ I agree to fully cooperate with the implementation of The Arc Rockland Corporate Compliance Program, to participate in any auditing or monitoring processes and to report any instances of possible violations of law, regulations or policies that are applicable to The Arc Rockland of which I become aware.
- ✓ I acknowledge that The Arc Rockland maintains a hotline for the purpose of receiving notifications of possible violations of law, regulation and The Arc Rockland Corporate Compliance Program.
- ✓ I understand that my failure to report any concerns regarding possible violations of law, regulations or the Corporate Compliance Program may result in disciplinary action, up to and including termination of employment or association with The Arc Rockland.

Updated 09/2025



EMPLOYEE ACKNOWLEDGEMENT FORM (Attachment B)

Corporate Compliance

Acknowledgement and Certification of Compliance:

I acknowledge that I received training on Corporate Compliance. I acknowledge receipt of The Arc Rockland Corporate Compliance Plan (dated 3/2024) and the Code of Conduct (dated 9/2025). I am aware of the location of compliance documents within the G: Drive (“Shared Policies” and then “Corporate Compliance” folder).

I understand and agree that as a condition of my employment with The Arc Rockland, I must comply with the Corporate Compliance Program including the Corporate Compliance Plan and Code of Conduct, and all laws, regulations, policies and procedures and guidelines applicable to my responsibilities at The Arc Rockland. I further agree to cooperate fully in the implementation of the Corporate Compliance Program and Code of Conduct. I also agree to participate candidly during any auditing or monitoring processes, and report any instance of possible violations of which I may become aware.

Signature

Date

Print Name

Title



Contractor (Vendor, Agent, Subcontractor, Independent Contractor)
Code of Conduct Acknowledgement Form

Attachment (C)

As a non-for-profit health and human services organization dedicated to improving the lives of people with disabilities, The Arc Rockland has developed a Corporate Compliance Program guided by a Corporate Compliance Plan and Corporate Compliance policies and procedures in which we seek to provide a work environment where high standards of ethics and legal behavior are recognized and practiced. The Corporate Compliance Plan states that the organization and its employees, contractors and Board of Directors will adhere to applicable federal, state and local laws and regulations and internal policies and procedures.

Our Corporate Compliance Program is a combination of policy and procedure that assists our organization to monitor, detect and correct actions that are not in compliance with applicable laws or our own policies and procedures.

As an “affected individual” under The Arc Rockland’s Compliance Program we expect that you will act in compliance with the laws that are applicable to our organization and to your organization and in compliance with our policies and procedures, particularly our Code of Conduct that sets forth the overarching principles for conducting our business with integrity based on sound ethical and legal standards.

As our agent, we also expect you to report any suspected or potential violations of law or our policies and procedures of which you become aware by contacting our Chief Executive Officer at (845) 267-2500, our Compliance Officer at (845) 502-2418 or our Corporate Compliance Hotline at (845) 905-6405.

As our agent, we expect you to understand your role in the Corporate Compliance Program including the Compliance Plan of The Arc Rockland and we expect you to request any policies and procedures that are applicable to you and your organization. You may contact the Chief Executive Officer or the Compliance Officer for any questions or clarifications of your responsibilities.

* * * * *

- ✓ I acknowledge that on behalf of myself and my organization that I have read and that I understand The Arc Rockland Code of Conduct and the policies and procedures of The Arc Rockland Corporate Compliance Program that are applicable to the services that myself and my organization are providing to The Arc Rockland.
- ✓ I understand and agree that I and all those in my organization who provide services to The Arc Rockland must comply with The Arc Rockland Corporate Compliance Program and The Arc Rockland Code of

Conduct and all laws, regulations, policies, procedures and other guidance applicable to the services that are provided to The Arc Rockland.

- ✓ I agree on behalf of myself and my organization to fully cooperate with the implementation of The Arc Rockland Corporate Compliance Plan, to participate in any auditing or monitoring processes and to report any instances of possible violations of law, regulations or policies that are applicable to The Arc Rockland of which I become aware.
- ✓ I acknowledge that The Arc Rockland maintains a hotline for the purpose of receiving notifications of possible violations of law, regulation and The Arc Rockland Corporate Compliance Program.
- ✓ I understand that my failure to comply with or report any concerns regarding possible violations of law, regulations or the Corporate Compliance Program and Corporate Compliance Plan may result in corrective action, up to and including termination of my agreement with The Arc Rockland.

Signature

Date

Print Name

Title/Business



Board Member Code of Conduct Acknowledgement Form

Attachment (D)

The Arc Rockland has developed a Corporate Compliance Program that states that the organization and its employees, contractors and Board of Directors will adhere to applicable federal, state and local laws and regulations and internal policies and procedures.

Our Corporate Compliance Program is a combination of policy and procedure that assists our organization to monitor, detect and correct actions that are not in compliance with applicable laws or our own policies and procedures.

As a Board Member, we expect you to report any suspected or potential violations of the Corporate Compliance Program including laws, Corporate Compliance Plan, and/or our policies and procedures of which you become aware by contacting our Chief Executive Officer at (845) 267-2500, our Compliance Officer at (845) 502-2418 or our Corporate Compliance Hotline at (845) 905-6504.

As an “affected individual,” we expect you to understand your role in the Corporate Compliance Program of The Arc Rockland and we expect you to request any policies and procedures that are applicable to you and the organization. You may contact the Chief Executive Officer or the Compliance Officer for any questions or clarifications of your responsibilities.

* * * * *

✓ I acknowledge that I have read and that I understand The Arc Rockland Corporate Compliance Plan and The Arc Rockland Code of Conduct.

✓ I understand and agree to comply with The Arc Rockland Corporate Compliance Program and The Arc Rockland Code of Conduct and all laws, regulations, policies, procedures and other guidance applicable to the responsibilities of my membership on The Arc Rockland Board.

✓ I understand that, as a member of the Board of Directors, I have a responsibility to oversee and support the implementation of The Arc Rockland Corporate Compliance Program, including participating in monitoring, auditing, investigations and other activities related to compliance.

✓ I understand that my failure to report any concerns regarding possible violations of law, regulations or the Corporate Compliance Program may result in corrective action up to and including termination of association with The Arc Rockland.

Signature

Print Name

Title

Date

Updated 9/2025



POLICY # 2023-03

SUBJECT: Compliance Program Training & Education

APPLICABILITY: Agency Wide

APPROVED: June 2023

REVISION: _____

I. **BACKGROUND:**

This policy provides information on The Arc Rockland's compliance training and education program.

II. **SCOPE:**

This policy applies to all The Arc Rockland affected individuals identified by The Arc Rockland as requiring training. Attendance at training sessions is mandatory and is a condition of continued employment or contracting.

III. **POLICY:**

The Arc Rockland is committed to maintaining and implementing an effective compliance training and education program for all affected individuals.

REFERENCES

The Arc Rockland is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Compliance program training and education requirements are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521-1.4(d).



POLICY # 2023-03

SUBJECT: Compliance Program Training & Education

APPLICABILITY: Agency Wide

APPROVED: June 2023

REVISION: _____

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

This policy and procedure are overseen by The Arc Rockland's designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequently than annually.

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SUBJECT: Compliance Program Training & Education

APPLICABILITY: Agency Wide

APPROVED: June 2023

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IV: Procedure:

A. Compliance Training and Education Program

The Arc Rockland maintains and implements a compliance training and education program, which includes The Arc Rockland's training plan. The training plan outlines several aspects of the compliance training and education program, to include:

- required compliance-related subjects or topics,
- the timing and frequency of trainings,
- which affected individuals are required to attend each training,
- how training attendance is tracked, and,
- how the effectiveness of the training is periodically evaluated.

The Arc Rockland maintains documentation of the compliance training plan for all affected individuals through the creation of a list of all affected individuals that received, and did not receive, required compliance program training. The Arc Rockland relies on the following to demonstrate compliance with the regulatory requirements for compliance program training:

- dated Board of Directors meeting minutes and agendas that included such training and who attended
- dated attendance logs showing when such training occurred and who attended
- dated attestations signed by affected individuals that they received training in a form and format that they understood, consistent with federal and state language and other access laws, rules, or policies, and ,
- dated compliance training distribution letters to contractors

The list of all affected individuals that received, and did not receive, required compliance program training and education includes:

- the name of each affected individual,
- the type of the affected individual (i.e., employee, chief executive, senior administrator, manager, contractor, agent, subcontractor, independent contractor, governing body member, and/or corporate officer),
- the type of compliance training(s) received (i.e., annual, orientation, or both; or discrete/incidental),
- how such training was provided,

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- date(s) each compliance training was completed; and,
- the date of hire for those who received orientation training.

B. Initial Orientation

As part of their initial orientation, all affected individuals receive training within the first thirty (30) days of employment, Board appointment, or execution of a contract. The purpose of this training is to discuss the goals and objectives of the Compliance Program and familiarize new affected individuals with the Compliance Program.

At the conclusion of the orientation training, new affected individuals will be asked to sign an acknowledgment that they are aware of and will abide by the Compliance Program and Code of Conduct. The Acknowledgment Form is attached to the Code of Conduct Policy. Copies of the acknowledgement are retained consistent with The Arc Rockland's record retention schedule. These files will be subject to review and audit by the CO.

C. Training Frequency and Content

1. Employees

The CO and all employees receive training annually with respect to the Compliance Program and Code of Conduct. Training content includes at a minimum:

- The Arc Rockland's risk areas and organizational experience; and,
- the role of the CO and CC; and,
- how employees can ask questions and report potential compliance-related issues to the CO and senior management, including the obligation of affected individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program; and,
- disciplinary standards, with an emphasis on those standards related to the Chapter's Compliance Program and prevention of fraud, waste, and abuse; and,
- how the Chapter responds to compliance issues and implements corrective action plans; and,
- requirements specific to the Medical Assistance Program and the Chapter's categories of service; and,
- billing requirements and best practices, if applicable; and,
- claim development and the submission process, if applicable; and,
- the Code of Conduct; and,

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- any applicable policies and procedures and will discuss any changes or suggested changes in these policies and procedures; and,
- changes in state and federal laws and regulations affecting The Arc Rockland

Compliance training is conducted at the direction of the CC and CO.

At the direction of the CC and/or the CO, additional training sessions may be held as the need arises to address changes in the Compliance Program, state or federal laws and regulations, or any issues of interest. Additional, specialized training sessions will be conducted for employees who have responsibilities that raise specific compliance issues, such as employees responsible for billing government programs.

An employee returning from extended leave who has missed a regularly scheduled training session, must complete the training session immediately; but no later than thirty (30) days of return. Participation in and attendance at training sessions is mandatory and attendance at training sessions will be one criterion for which employees will be evaluated during performance reviews.

2. Supervisors & Managers

The CO may develop specific training programs for supervisors and managers so that these employees are trained to answer questions and respond to situations regarding the Compliance Program.

3. Contractors, Agents, Subcontractors & Independent Contractors

The CO designs a training program for contractors, agents, subcontractors, and independent contractors consistent with the training provided to employees on the Compliance Program and the Standards of Conduct. The CO may require the independent contractor to be trained on areas of risk that touch upon the services provided by contractors. If the training curriculum is distributed in a self-study format, The Arc Rockland shall distribute all training material with a compliance training distribution letter that includes the date the letter was sent.

D. Acknowledgement Forms

All affected individuals will be asked to sign attendance sheets or acknowledgment of training immediately after each training session either through hard copy or electronically. With assistance from the Training Department, a record of course attendance at any training session

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which is performed as part of the Compliance Program will be maintained. The Chapter maintains a file with hard copies or electronic record of attendance forms for affected individuals.

E. Testing

At the discretion of the CO and the CC, The Arc Rockland uses post-training tests following training sessions to evaluate comprehension. Individuals who do not receive an acceptable score either must attend another training session or receive additional one-on-one training at the discretion of the CO.

F. Reports

The CO in conjunction with HR and Training Departments, maintains a record of all training conducted at The Arc Rockland and makes this information available to the Board of Directors and the CC during meetings as necessary.

G. Development of Training Programs & Materials

The CO and the CC shall be responsible for monitoring, developing, and conducting the training curriculum and orientation sessions. In the presentation of its training, The Arc Rockland endeavors to utilize available technology, when appropriate, different formats for efficiently and effectively conducting Compliance Program training sessions, such as in-person seminars, compliance training videos, computer-based instructional programs, and intranet websites.

The trainers who offer Compliance Training shall be knowledgeable about the Compliance Program and related policies and procedures, including the Code of Conduct and those federal and state laws and regulations that are the subject of the topic being addressed in a training session. Trainers who are asked questions about areas that they are not able to answer shall arrange for follow-up to be conducted by another member of The Arc Rockland management team who is familiar with the answer to these areas.

In addition to traditional forms of training, The Arc Rockland may use other forms of communication to update employees on compliance related issues, as appropriate, and to remind employees that they need to be cognizant of compliance issues.

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H. Enforcement

Affected individuals are informed during training that strict compliance with the Compliance Program and the Standards of Conduct is a condition of employment and that compliance with the Compliance Program and the Code of Conduct may be a criterion upon which employees will be evaluated. Independent contractors identified by the CO as needing training shall be required to attend training as a condition for the continuation of their arrangement with The Arc Rockland.

Failure to attend a training session conducted pursuant to the Compliance Program shall result in disciplinary action, up to and including discharge or termination from employment or termination of an independent contractor arrangement.



POLICY # 2023-04

SUBJECT: Compliance Investigations

APPLICABILITY: Agency Wide

APPROVED: June 2023

REVISION: _____

I. BACKGROUND:

This policy provides information on The Arc Rockland's process for completing thorough investigations into matters of non-compliance.

II. SCOPE:

This policy applies to all investigations conducted to evaluate possible non-compliance with compliance issues.

This policy and associated procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

III. POLICY:

The Arc Rockland promptly responds to reports or reasonable indications of suspected noncompliance with federal, state, and local statutes, rules, regulations, Medicaid Program requirements, or the Compliance Program (hereafter referred to as "compliance issues") by commencing a prompt investigation of the allegations to determine whether a violation has, in fact, occurred.

REFERENCES

The Arc Rockland is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that



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establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the

OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2)

Compliance program investigation requirements are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 521-1.4(h) and Part 521-1.4(h)(1).

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

All affected individuals are expected to participate fully in investigation of compliance issues.

This policy and procedure are overseen by The Arc Rockland's designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

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SUBJECT: COMPLIANCE INVESTIGATIONS

APPLICABILITY: Agency Wide

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IV: Procedure:

The Investigation

The Compliance Officer (CO) is empowered to investigate and independently act on matters related to the Compliance Program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, and other affected individuals. The CO has the authority to engage outside experts, auditors, legal counsel, or other consultants, as needed. The CO considers whether the investigation should be conducted under privilege.

Depending upon the type of possible non-compliance, the CO determines what personnel possess the requisite skill sets to examine the compliance issues and will assemble a team of investigators, as needed. The CO decides whether The Arc Rockland has sufficient internal resources to conduct the investigation or whether external resources are also needed.

If appropriate, the CO recommends the cessation of internal activities that may be the cause of the possible non-compliance.

Before investigating the particular facts surrounding the issue, the CO obtains an understanding of the relevant statutes, rules, regulations, Medicaid Program requirements, and government issuances.

The CO works with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation, which may include, but not be limited to an audit of billing practices and interviews. Interviews include the “Who, What, When, Where, and Why” of the circumstances. All interview notes and notes from the documents reviewed are kept as part of the investigation file.

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Post-Investigation

Upon receipt of the results from the investigation, depending on the scope and severity of any identified violations, the CO may consult with legal counsel, the Chief Executive Officer, and/or the Compliance Committee (CC) in order to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions; (b) the completeness, objectivity and adequacy of the results and findings; and/or (c) further actions to be taken as necessary and appropriate.

If the Chapter identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Chapter promptly reports the violation to the appropriate government entity. The Chapter also makes notification to The Arc New York compliance staff immediately, but no later than five (5) business days of the self-disclosure or referral and includes a copy of the self-disclosure letter or other documentation. If no written self-disclosure document exists, the notification to The Arc New York includes a summary of the events as described to the state or federal agency. The CO receives and retains copies of any such reports.

Overpayments Identified as a Result of an Investigation

The investigation concludes that the Chapter received a Medicaid Program overpayment this is reported, returned, and explained to the department of the Office of Medicaid Inspector General (OMIG). This obligation is satisfied by making a disclosure through OMIG's Self-Disclosure Program (if eligible), complying with the requirements as specified in section 521-3.4, and returning the overpayment and interest (if required) to the department in accordance with the provisions of section 521-3.5. Please see The Arc Rockland's Voluntary Disclosures policy and procedure for additional details.

The investigation seeks to identify the root cause of the identified overpayment and explores the potential existence of any additional overpayments.

Investigations into additional potential overpayments use up to a six-year look-back period and a look-ahead period up to the point of implementation of the corrective action addressing the non-compliance contributing to the existence of the

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overpayment. The CO determines what additional activities are warranted to explore the potential existence of additional overpayments (e.g., Chapter conducted audits, seeking outside consultation and audit support) as well as the scope of the audits (e.g., the look-back and look ahead periods, what records are reviewed).

Documentation

At the conclusion of the investigation, the CO organizes the information in a manner that enables The Arc Rockland to determine whether an infraction did, in fact, occur. Documentation includes the alleged violations, a description of the investigation process, copies of interview notes, other documents essential for demonstrating that the Chapter completed a thorough investigation and the disciplinary action and corrective action implemented. The CO tracks the investigation and details, including responsible parties and due dates in a central log. The log includes a notation of “closed” (or other similar notation) when the matter has been investigated and/or fully resolved.

Reporting

The CO is responsible for reporting all investigations to the Chief Executive Officer, the CC, and the Board of Directors in a manner deemed appropriate.

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SUBJECT: CONFLICT OF INTEREST AND RELATED PARTY TRANSACTIONS

APPLICABILITY: AGENCY-WIDE

APPROVED: NOVEMBER 2020

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IV. PROCEDURE:

Duty to Disclose

In connection with initial and annual disclosures under Article VII of this Policy, Directors, Officers, and Key Persons must disclose the existence of the financial or other interest and be given the opportunity to disclose in good faith all material facts to the Audit Committee. In addition to initial and annual disclosures, Directors, Officers, and Key Persons are under a continuing obligation to similarly disclose the material facts surrounding actual or possible Conflicts of Interest as they arise, and may do so to the Board of Governors and/or Ethics Committee, as appropriate. Directors, Officers, and Key Persons are under an obligation to avoid even the appearance of impropriety and shall disclose material facts relating to any situation which could potentially be a Conflict of Interest for further consideration by the Board and/or Ethics Committee. Directors, Officers, and Key Persons shall disclose all business and volunteer relationships including Board Memberships without making their own independent determination as to whether a Conflict of Interest exists prior to disclosure and/or Audit Committee, as appropriate.

Determining Whether a Conflict of Interest Exists

After disclosure of the financial or other interest and all material facts, and after discussion with the individual raising the potential conflict, he/she shall leave the meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or Audit Committee members shall decide if a conflict of interest exists.

Procedures for Addressing the Conflict of Interest

The Director, Officer, or Key Person may make a presentation at the Board meeting, but after such presentation that individual shall leave the meeting during any discussion of, and/or vote on the transaction, arrangement or activity being addressed as the possible conflict of interest. Further, the individual with a conflict shall refrain from any attempts to improperly influence the deliberations and voting on the matter giving rise to the conflict.

After the exercise of due diligence, the Board shall determine whether it can obtain by reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

If a more advantageous transaction or arrangement is not reasonably possible under the circumstances that does not produce a conflict of interest, the Board shall determine by a majority vote of the disinterested Directors then present and voting whether the transaction or arrangement is in Arc Rockland's best interest, for its own benefit, and whether it is fair and reasonable.

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Violations of the Policy

If the Board determines that a Director, Officer, or Key Person has failed to disclose an actual or possible conflict of interest, it shall inform such person of the basis for such belief and afford the person the opportunity to explain the alleged failure to disclose.

If after hearing the individual's response and after making further investigation as warranted by the circumstances, the Board determines the individual has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action, including but not limited to consideration of the act as conduct detrimental to The Arc Rockland in violation of its by-laws.

AUDIT COMMITTEE REVIEW

The Board delegate to the Audit Committee, which shall be composed solely of Independent Directors, the adoption, implementation of and compliance with this policy. The Board may delegate to the Audit Committee review and approval of any Related Party Transaction involving a Related Party and The Arc Rockland, as contained in this Policy; provided that if the Related Party Transaction is of a magnitude that would otherwise require full Board approval, the Audit Committee shall submit the Related Party Transaction to the Board for consideration, providing its recommendation as to whether or not to approve it.

In the event the Board delegates the review and approval of Related Party Transactions to a committee, all references to the Board in this Policy shall be deemed to refer to such Committee and all references to a majority of the Board shall be deemed to refer to a majority of such Committee. Further, the Audit Committee shall report material findings on all matters arising under this Policy to The Arc Rockland Executive Committee and/or Board of Directors.

RECORD OF PROCEEDINGS

The minutes of the Board and all Committee meetings at which a Related Party Transaction is considered shall contain:

- i) The name(s) of the persons who disclosed or otherwise were determined to have a potential or actual Financial Interest and/or conflict of interest, the nature of the potential or actual Financial Interest and/or conflict of interest, any action taken to determine whether a Financial Interest or conflict of interest exists (including the basis for the Board's approval and the Board's consideration of alternative transactions), and the Board's decision with respect to whether a Financial Interest and/or conflict of interest exists.
- ii) The names of the persons who were present for discussions and votes relating to any determinations under Article III above, including whether the Related Party (and any members not considered to be Independent Directors) left the room during any such

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discussions, the content of such discussions, including discussion of alternative transactions, and whether or not the transaction with the Related Party was approved by the Board.

The minutes shall be documented contemporaneously to the decision and discussion regarding the Financial Interest or Conflict of Interest.

INITIAL AND ANNUAL STATEMENTS/ DISCLOSURES

Prior to a member of the Board's initial election to the Board, and annually thereafter, such Directors shall sign and submit to the Secretary of The Arc Rockland a written statement identifying, to the best of his or her knowledge:

- i) Any entity of which such member of the Board is an officer, director, trustee, member, owner, or employee and with which The Arc Rockland has a relationship; and
- ii) Any transaction in which The Arc Rockland is a participant and in which such member of the Board might have a conflicting interest.

A copy of each disclosure statement shall be provided by the Executive Assistant to the CEO to the Chairperson of the Audit Committee and also kept in The Arc Rockland's files and made available to any Director upon request.

Further, each Director, Officer, and Key Person shall annually sign a copy of this statement and submit it to the Secretary of The Arc Rockland that affirms that such person:

- Has received a copy of this Policy; and
- Has read and understands this Policy; and
- Has agreed to comply with this Policy.

A statement shall remain on file for no less than six years.

POLICY #2020-11

SUBJECT: CONFLICT OF INTEREST AND RELATED PARTY TRANSCATIONS

APPLICABILITY: AGENCY-WIDE

APPROVED: NOVEMBER 2020

REVISION: DECEMBER 2023

I. BACKGROUND:

This revision replaces the previous version approved November 2020 policy entitled Conflict of Interest.

New York State mandates that all nonprofit organizations develop a compliance plan which includes policy statements and procedures for ethical standards, including policy statements and procedures for managing conflicts, or potential conflicts, of interest by its employees and members of its board of directors and board committee members. The Non-Profit Revitalization Act of 2013 further requires policies and procedures that address potential conflicts of interest as they relate to business transactions.

Rockland County Chapter, NYSARC, Inc. (hereinafter “The Arc Rockland”), as a commitment to its members and the public at large, strives to maintain the highest ethical standards in the delivery of programmatic services through the design, implementation and adherence to clearly articulated policies and procedures in an effort to avoid either actual or the appearance of improper or undisclosed conflicts of interest. Each Director, Officer, and Key Person of The Arc Rockland has a duty of loyalty to The Arc Rockland, which requires those individuals to prefer the interests of The Arc Rockland over their own. The Arc Rockland further wishes to clarify that where the terms “Director”, “Officer” and “Key Person” appear, all members of The Arc Rockland Senior/Executive Leadership and Board Committee Members, as outlined in the Chapter’s By-laws, are considered part of this group and are subject to the requirements of this Policy.

The purpose of this policy (hereinafter the “Policy”) is to protect the interests of The Arc Rockland when it is contemplating entering into a transaction or arrangement that might benefit the private interest, financial or otherwise, of a Director, Officer, or Key Person of The Arc Rockland. The Arc Rockland will not enter into any such transaction or arrangement unless it is determined by the Board in a manner described below to be fair, reasonable, and in the best interests of The Arc Rockland at the time of such determination.

II. SCOPE:

This policy and associated procedure are applicable to Directors, Officers and Key Persons and made available/accessible to all employees unless a specific exemption is noted within the policy.



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APPROVED: NOVEMBER 2020

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III. POLICY

It is the policy of The Arc Rockland to make every effort to ensure that no individual personally gains in a business or professional sense, in terms of actual or perceived personal gain, when such gain works to the detriment of the Chapter, a related entity or any individual or family served by the Chapter.

It is the policy of The Arc Rockland that employees and Board members avoid conflicts of interest so that they may represent The Arc Rockland in a positive and ethical manner. This policy also serves to protect the interests of The Arc Rockland when it is contemplating entering into a transaction or arrangement that may have the potential to benefit the private interest of an employee or member of the Board of Directors of the Corporation or might result in a possible prohibited transaction or excess benefit transaction. The policy further is intended to comply with the provisions of Sections 715 and 715-A of the New York State Not-for-Profit Corporation Law, as added by the Non-Profit Revitalization Act of 2013, and thus shall be interpreted and construed accordingly.

A conflict of interest is a situation in which an individual has competing interests or loyalties. A conflict of interest can exist in several types of situations such as:

- with an employee who works for the Corporation but who may have personal interests that compete with his/her employment.
- with a person who has a position of authority in the Corporation that conflicts with his or her interests in another organization.
- with a person who has conflicting responsibilities.

This policy and associated procedure are overseen by The Arc Rockland's designated Compliance Officer (CO). The CO is responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary with input from Senior Leadership and the Board of Directors; no less frequent than annually.



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REFERENCES

Conflict of Interest standards are governed by the Non-Profit Revitalization Act. Additionally, Chapters Conflict of Interest processes are governed by the Arc New York Chapter Manual, specifically, Section III-14.0: Ethics.

DEFINITIONS

Affiliate. An affiliate of The Arc Rockland is an entity that is directly or indirectly through one or more intermediaries, controlled by, and in control of, or under common control with The Arc Rockland.

Conflict of Interest Committee. A committee of The Arc Rockland Chapter Board.

Board of Directors or Board. The body responsible for the management and governance of The Arc Rockland.

Conflict of Interest. Any situation in which a Director, Officer, or Key Person of The Arc Rockland has a competing professional or personal interest in a matter, which is the subject of a decision or duty by that person. Such competing interest may make it difficult for such person to fulfill their duties impartially and can create an appearance of impropriety even if no unethical or improper act results from the conflict. A Conflict of Interest can be actual or perceived. An actual Conflict of Interest exists when an individual has two conflicting duties in a given situation. A perceived Conflict of Interest exists where there may be no actual conflict, but someone could reasonably think there is, which may have its own ramifications. As many Chapter Board members serve on multiple boards, it is important to consider both actual and perceived conflicts and ensure that all are disclosed for maximum transparency. This definition of Conflict of Interest includes Related Party Transactions, defined below.

Director. Any voting or non-voting member of the governing board of The Arc Rockland.

Financial Interest. A person has a Financial Interest if such person would receive an economic benefit, directly or indirectly, from any transaction, agreement, compensation agreement, including direct or indirect remuneration as well as gifts or favors that are not insubstantial or other arrangement involving The Arc Rockland.

Independent Director. A member of the Board of Directors who:

- Has not been an employee or an Affiliate of The Arc Rockland within the last three years;

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APPLICABILITY: AGENCY-WIDE

APPROVED: NOVEMBER 2020

REVISION: DECEMBER 2023

- Does not have a Relative who has been a Key Person of The Arc Rockland or an Affiliate of The Arc Rockland within the last three years;
- Has not received and does not have a Relative who has received more than \$10,000 in compensation directly from The Arc Rockland or an Affiliate of the Chapter within the last three years; and
- Does not have a substantial Financial Interest in and has not been an employee of, and does not have a Relative who has a substantial Financial Interest in or was an Officer of any entity that has provided payments, property or services to or received payments, property services from NYSARC or an Affiliate of NYSARC in any of the last three fiscal years that exceeds of the lesser of (a) \$10,000 or (b) 2% of NYSARC or the Affiliate's consolidated gross revenue if revenue was less than \$500,000¹ (payment does not include charitable contributions or payments made by the corporation at fixed or non-negotiable rates as long as those services received by the corporation are also not otherwise available from another source).

Key Person. A Key Person is someone who is in a position to exercise substantial influence over the affairs of The Arc Rockland. This includes, but is not limited to:

- Voting members of the Board;
- Presidents, chief executive officers, chief operating officers or employee of any other title with similar responsibilities;
- Treasurers and chief financial officers or employee of any other title with similar responsibilities; or
- A "highly compensated" employee, within the meaning of section 4958 of the Internal Revenue Code and guidance issued by the Internal Revenue Service, who is in a position to exercise substantial influence over the affairs of The Arc Rockland.

Officer. A person designated as such in the The Arc Rockland's Chapter By-laws.

Related Party. Persons who may be considered a Related Party of The Arc Rockland under this Policy include:

- Directors, Officers, or Key Persons of The Arc Rockland or an Affiliate of The Arc Rockland;



POLICY #2020-11

SUBJECT: CONFLICT OF INTEREST AND RELATED PARTY TRANSCATIONS

APPLICABILITY: AGENCY-WIDE

APPROVED: NOVEMBER 2020

REVISION: DECEMBER 2023

- Relatives of Directors, Officers, or Key Persons of The Arc Rockland or any Affiliate of The Arc Rockland; and

- any entity in which a person in (i) or (ii) has a 35% or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of 5%.

Related Party Transaction. Any transaction, agreement or any other arrangement with The Arc Rockland or an Affiliate of The Arc Rockland in which a Related Party has a Financial Interest, *except that a transaction is not a Related Party Transaction if: (i) the transaction or the related party's financial interest in the transaction is de minimis, (ii) the transaction would not customarily be reviewed by the board or boards of similar organizations in the ordinary course of business and is available to others on the same or similar terms, or (iii) the transaction constitutes a benefit provided to a related party solely as a member of a class of the beneficiaries that the corporation intends to benefit as part of the accomplishment of its mission which benefit is available to all similarly situated members of the same class on the same terms.* Any Related Party Transaction will be considered a conflict of interest for purposes of this Policy.

Relative. A Relative is a spouse, ancestor, child (whether natural or adopted), grandchild, great grandchild, sibling (whether whole or half-blood), or spouse of a child (whether natural or adopted), grandchild, great grandchild or sibling (whether whole or half-blood).

RESPONSIBILITIES

This policy and associated procedure are overseen by The Arc Rockland Conflict of Interest Committee.

1 – If the entity's consolidated gross revenue was \$500,000 or more but less than \$10,000,000, the payments, property of services cannot exceed \$25,000; if the entity's consolidated gross revenue was more than \$10,000,000, the payments, property or services cannot exceed \$100,000.

The Arc Rockland PROCEDURE

SUBJECT: Corporate Compliance Discipline Program (formerly entitled Discipline Program)

APPLICABILITY: Agency Wide

APPROVED: 3/2016

REFERENCE POLICY #2016-09

Revised: 3/2023

Page 1 of 4

IV: Procedure:

This revision replaces the March 2016 version entitled Discipline Program with applicability listed as Agency Wide Corporate Compliance.

Violations Resulting in Disciplinary Action

Examples of when disciplinary actions may be taken include: (a) authorization of or participation in actions that violate law, regulations or the Corporate Compliance Plan, including the Code of Conduct and all related policies and procedures; (b) failure to report any violation of a peer or a subordinate; (c) failure to cooperate in an investigation; (d) retaliation against or intimidation of an employee, independent contractor, or individual supported for reporting a possible violation; (e) failure to act as an honest and trustworthy service provider.

Determining Appropriate Disciplinary Action

Factors that The Arc Rockland may consider in determining the level of disciplinary action to be taken include: (a) whether the violation was committed knowingly; (b) whether the actor lied or was otherwise dishonest during the investigation; (c) whether there was a pattern of misconduct; (d) whether the actor attempted to cover up the violation; (e) whether the violation involved retaliation against other persons who reported violations in good faith; (f) whether the actor deliberately failed to check whether a particular course of action was prohibited; (g) whether the violation was criminal in nature; (h) whether the actor cooperated with the investigation of the violation; (i) whether the actor received personal benefit; (j) whether the actor voluntarily reported the violation; (k) the seriousness of the damage caused by the violation; and (l) whether an actor receiving services was or could have been harmed as a result of the violation.

The Arc Rockland shall apply progressive discipline consistent with the violation. Examples of disciplinary action for corporate compliance violations that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling/warning; (b) counseling with written warning; (c) reassignment/demotion; (d) suspension without pay; and (e) termination of employment or of an arrangement with a contractor. The Arc Rockland may wish to report the employee or independent contractor to the appropriate federal or state or local regulatory agency for civil and/or criminal prosecution.

The Arc Rockland PROCEDURE

SUBJECT: Corporate Compliance Discipline Program (formerly entitled Discipline Program)

APPLICABILITY: Agency Wide

APPROVED: 3/2016

REFERENCE POLICY #2016-09

Revised: 3/2023

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The Compliance Officer (CO) and/or the Chief Human Resources Officer shall consult with Chief Compliance Officer (CEO) and when indicated, Legal/Outside Counsel, as appropriate to determine the appropriate response to a violation, including those by an independent contractor. The CO will advise the Compliance Committee (CC) as necessary of disciplinary action stemming from compliance violations.

Collaboration between the Corporate Compliance Officer and Human Resources

To the extent possible, disciplinary action shall be taken in compliance with The Arc Rockland's Employee Handbook. In addition, when the conduct is related to any serious violation of compliance-related standards, the Compliance Officer and the appropriate supervisor will meet to discuss any appropriate disciplinary actions. The Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.

The Compliance Officer shall serve as a liaison between with the Quality and Compliance Department and the Chief Human Resources Officer in developing policies and procedures related to corporate compliance disciplinary actions. The Chief Human Resources Officer will consult with the Compliance Officer on all matters related to the implementation of an effective Corporate Compliance Program. The Chief Human Resources Officer is responsible to report to the Compliance Officer those disciplinary actions taken as a result of violations of the Corporate Compliance Plan.

Contractors, Agents, Subcontractors, & Independent Contractors

The Compliance Officer shall serve as a liaison with The Arc Rockland Senior Leadership member who is responsible for the engagement with the above-named contractor(s) who has committed a violation as described in this policy. The Arc Rockland Senior Leadership member responsible for the engagement is responsible to report to the Compliance Officer when an above-named contractor commits a possible violation.

Reports to the Board and/or the Corporate Compliance Committee

When determination is made that a compliance violation has occurred, the Compliance Officer will notify The Arc Rockland's Chief Executive Officer and the individual's supervisor or contracting contact. The Compliance Officer will notify the Compliance

The Arc Rockland PROCEDURE

SUBJECT: Corporate Compliance Discipline Program (formerly entitled Discipline Program)

APPLICABILITY: Agency Wide

APPROVED: 3/2016

REFERENCE POLICY #2016-09

Revised: 3/2023

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Committee of all corporate compliance violations (ending with) the determination of disciplinary action.

Documentation of Disciplinary Action

Documentation of disciplinary measures for corporate compliance violations will be retained in the disciplined employee's personnel file and will be considered during performance evaluations. For independent contractors, all documentation relative to corporate compliance violations will be retained in the contractor's file.

CORPORATE COMPLIANCE PLAN

Introduction

As a not-for-profit health and human resources organization dedicated to improving the everyday lives of people with developmental disabilities, the Rockland County Chapter, NYSARC, Inc. (herein called “The Arc Rockland”), is committed to complying with the rules and regulations of federal, state, and local government, including but not limited to those promulgated by the U.S. Center for Medicare and Medicaid Services (CMS), Office of the Medicaid Inspector General (OMIG), the New York State Office for People with Developmental Disabilities (OPWDD), and the Arc New York.

To this end, The Arc Rockland has adopted this Corporate Compliance Plan (the "Plan"). It is the intent of this Plan to establish a framework for governing all corporate level compliance issues. It is not intended to set forth all of the substantive practices of The Arc Rockland, but rather to serve as an overview of our commitment to address business, ethical and legal compliance issues and the expectations we hold for our employees and others associated with the Agency.

In developing this Corporate Compliance Plan, we are committed to ensuring that we conduct our business affairs with the highest integrity based on unwavering ethical and moral standards. As Medicaid providers, we are subject to the federal and state laws that govern this program. The Arc Rockland expects that all aspects of care for those supported and business conduct will be performed and billed for in compliance with all applicable laws and regulations governing the delivery of such services and which are appropriately documented. The Arc Rockland shall also comply with all applicable Federal, State and local laws and regulations and adhere to the Corporate Compliance Plan, Code of Ethics and Standards of Conduct and a wide array of policies and procedures that address key risk areas, and other related policies and procedures adopted by the Board of Directors, the Chief Executive Officer and the Compliance Committee. We will hold all affected persons to these same standards. Affected individuals is defined as all persons who are affected by the provider's risk areas including The Arc Rockland’s employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2).

The Arc Rockland’s Corporate Compliance Plan conforms with the seven basic components of an effective compliance program outlined by the Office of Medicaid Inspector General. The Arc Rockland's Plan follows these seven components as listed below in order to demonstrate that we have (1) developed standards and procedures in order to reduce the prospect of improper conduct including a policy of non-intimidation and non-retaliation; (2) designated a high-level individual to oversee compliance; (3) not delegated authority to individuals who have exhibited a propensity for misconduct; (4) taken steps to communicate the standards to our employees and agents; (5) engaged in auditory and monetary compliance and established a reporting system in which employees can report misconduct confidentially and/or anonymously, without fear of retribution; (6) taken appropriate disciplinary measures against individuals found to have violated the Corporate Compliance Plan or related policies and procedures; and (7) taken reasonable steps to respond and prevent future violations.

The Corporate Compliance Plan was instituted by the Board of Directors. Our Corporate Compliance Plan also supports and complies with the NYSARC Board of Governor's policy requiring that each chapter of NYSARC implement an effective Corporate Compliance Plan.

This Compliance Plan is intended to be flexible and adaptable to changes in regulatory requirements. The Plan should be regularly reviewed and updated as necessary.

1.Existence and Implementation of Policies, Procedures, Code of Conduct Including a Policy of Non-Intimidation and Non-Retaliation

The Arc Rockland has adopted as part of this Compliance Plan a Code of Conduct which outline affected individuals' expected behavior in the workplace and in any activity where an affected individuals' actions reflect on The Arc Rockland. Every employee, volunteer, contracted practitioner or other agent of the Agency shall receive a copy of this Plan, be familiar with its contents and adhere to its code and standards.

We have numerous additional Policies and Procedures guiding aspects of our business that are regularly reviewed and updated. Every affected shall be familiar with the relevant Policies and Procedures necessary for job performance and will receive any updates on a timely basis.

Affected individuals are held to the same legal and ethical standards discussed here. It is the responsibility of all persons associated with The Arc Rockland to understand, implement and uphold the standards set out in this Plan, Code of Conduct, and the Agency's policies and procedures.

We will hold all affected individuals to this Compliance Plan. The Arc Rockland compliance standards will also be incorporated into all contracts entered into with all business associates, contracted practitioners and vendors.

As indicated in The Arc Rockland False Claims Act/Whistleblower Policy, the agency will not retaliate or intimidate against any affected individual or person supported associated with The Arc Rockland for taking any lawful action under the False Claims Act or other similar laws. Moreover, The Arc Rockland will not retaliate or intimidate against any affected individual or person supported for reporting any potential compliance concern, as described in The Arc Rockland's False Claims Act/Whistleblower Procedure.

2.Designation of a Compliance Officer and Corporate Compliance Committee Compliance Officer

In order to uphold our values and monitor compliance with the Plan, Code of Conduct, and policies and procedures, The Arc Rockland will select a Compliance Officer (CO). The Compliance Officer shall:

- Maintain a reporting system and respond to concerns, complaints and questions related to the Compliance Plan

- Develop and implement compliance policies and procedures and oversee and ensure adherence to the Compliance Plan
- Actively seek and research current material relative to regulatory compliance
- Collaborate with The Arc Rockland's training department to develop and implement a program for communicating the requirements of the Compliance Plan to the Agency's affected individuals
- Review annually and update the Compliance Plan as necessary to reflect changes that may occur with The Arc Rockland, pertinent laws and regulations, and mandates of governmental and other relevant third-party payers
- Ensure that training is updated at regular intervals to include new developments in the law and regulation
- Advise and monitor departments to assure conformity with the Plan
- Oversee internal and external compliance audits
- Identify and investigate areas of non-compliance
- Implement corrective action plans in conjunction with management
- Ensure that corrective action has been implemented
- Maintain records of all corrective actions and investigations

The Compliance Officer has direct lines of communication as needed to the Chief Executive Officer, the Board of Directors and counsel. The Compliance Officer shall report directly to the Agency's Chief Executive Officer and shall report at least quarterly to the Corporate Compliance Committee, and at least annually to the Board of Directors on the activities of the Compliance Plan.

Corporate Compliance Workgroups and Committee

Corporate Compliance Workgroups comprised of a cross section of agency management and Senior Leadership will meet regularly, typically monthly, to preliminarily identify and review action items related to compliance issues and via the Compliance Officer, report up to the Corporate Compliance Committee (CCC).

The Board of Directors and the Chief Executive Officer will appoint members to the Corporate Compliance Committee (CCC). The purpose of the Corporate Compliance Committee is to advise and assist the Compliance Officer with implementation of the Compliance Plan. At a minimum, the CCC shall consist of the members of the Board Senior Leadership, and the Compliance Officer.

The Corporate Compliance Committee shall:

3/2023

- Coordinate with the Compliance Officer to ensure that the written policies and procedures and required standards of conduct are current, accurate, and complete, and that the required training topics are completed timely
- Coordinate with the Compliance Officer to ensure communication and cooperation by affected individuals on compliance-related issues, internal or external compliance audits, or any other function or activity required in the regulations
- Ensure that the Compliance Officer is allocated sufficient funding, resources, and staff to fully perform their responsibilities
- Ensure that effective systems and processes are in place to identify Compliance Program risks, overpayments, and other issues, and effective policies and procedures for correcting and reporting such issues
- Enact required modifications to the Compliance Program
- Review and assess existing policies and procedures that address risk areas for possible incorporation in the Compliance Plan
- Stay informed as to departments' adherence relative to compliance matters

The Compliance Officer will act independently in carrying out the duties of the position and is not an agent of the Corporate Compliance Committee. The CCC shall meet quarterly and more frequently if circumstances require.

3.An Effective Training and Education Program for Employees and Board Members

The Arc Rockland affected individuals on behalf of The Arc Rockland will receive a copy of this Plan and other information necessary to ensure compliance with these standards. The Arc Rockland will communicate its expectations and policies and procedures to its employees, contracted practitioners and Board Members through a required orientation program, a formalized ongoing training and education program, and publication of this Plan. The Compliance Officer are responsible to ensure this training is carried out.

Affected individuals will be provided with an acknowledgment form which states that the individual has read and understands these provisions. Each affected individual will be required to annually review these compliance standards. Any changes in these policies will be made available to affected individuals as they occur and they will receive updated training as necessary.

4.A Confidential Reporting System and Open Lines of Communication

All affected individuals shall acknowledge in writing their responsibility to immediately report any known or suspected instances of noncompliance with this Plan, including but not limited to, fraud, waste or abuse.

If for any reason an employee or other individual associated with the Agency does not wish to report a violation to a direct supervisor, he or she may contact the Compliance Officer or designee. Reports to the Compliance Officer or designee can be made over the phone at (845) 267-2591 or via voicemail to a secure hotline at (845) 905-6504. Written reports can be submitted by U.S. mail, interoffice mail, or in person at 210 Route 303, Valley Cottage, NY 10989, or via email to kramos2@thearcrockland.org. All communications of this nature will be investigated thoroughly and fairly and will be kept, to the extent possible, in the strictest confidence.

The Arc Rockland will ensure the confidentiality of its records at all levels. Reports may be made without fear of retaliation, retribution, or breach of confidentiality. Strict rules on privacy and confidentiality of information will be mandatory with restriction on the flow of information to those who need to know for investigative purposes. We will operate under the presumption of innocence with safeguard for the rights of the accused. Retaliation or intimidation of any sort against an affected individual for reporting an incident in good faith or against employees or other individuals who participate in an investigation will not be tolerated. Failure to report noncompliance, failure to cooperate with an investigation, or knowingly making a false report will be grounds for disciplinary action, up to and including termination of employment or other association with the Agency.

5. Internal Monitoring, Auditing and Review

The Arc Rockland will perform periodic, compliance audits by internal auditors who have familiarity with the applicable Federal, State and local statutes, regulations and program requirements. We will also be prepared for and fully cooperate with external auditors and will contract for audits with outside firms on an as-needed basis.

We will require all directors, managers, supervisors, and employees to immediately notify the Senior Leadership in the event of any visits, audits, investigations or surveys by Federal or State agencies or authorities, and forward correspondence received from any regulatory agency charged with administering a Federal or State funded program or enforcing its relevant regulations.

6. Enforcement of Publicized Standards and Disciplinary Guidelines

While all instances of noncompliance cannot be foreseen, there are several key steps The Arc Rockland will take to try to prevent legal and ethics violations and enforce the standard set out in this Plan:

- The Arc Rockland shall conduct reasonable inquiries into the background of all affected individuals prior to hiring, contracting with or appointing the individual.
- We shall make compliance with this Corporate Compliance Plan and applicable laws and regulations a condition of employment at or other association with The Arc Rockland.
- We will take appropriate action in response to failure to comply with this Plan and such failure will be documented in the employee's personnel file.

- We will require affected individuals to timely disclose to The Arc Rockland any activities which do not comply with regulatory standards including conviction of any crime.
- We will discipline supervisors for failure to adequately instruct their subordinates in the requirements of this Plan or for failing to detect non-compliance with applicable policies and legal requirements where reasonable diligence on the part of the director, manager or supervisor would have led to the earlier discovery of any problems or violations.
- We will require all directors, managers and supervisors to encourage and support the commitment and adherence to the policy and procedures of the Compliance Plan.

7. Timely Response to Detected Offenses and Development of a Corrective Action Plan

The Arc Rockland shall take all necessary steps to respond to every allegation of noncompliance or violation of this Plan. If it determines that a violation has occurred, an inquiry into the matter will be undertaken. All reasonable measures will be taken to maintain the confidentiality of such inquiries.

If The Arc Rockland determines that a violation of this Plan has occurred, whether through monitoring, an anonymous tip, internal investigation, audit or other means, there are a series of corrective steps The Arc Rockland may take depending upon the severity of the violation. Such responses will serve two purposes: first, to correct the violation, and second, to prevent further similar violations. Corrective steps may include: revision or implementation of new policies and procedures, refunding overpayments through self-disclosure, training or re-training, written warnings, suspension or termination of persons associated with the Agency. All corrective action will be determined on a case-by-case basis and may include discipline up to and including termination of employment or other association with the Agency. Counsel shall be contacted as needed.



POLICY # 2017-01

SUBJECT: CORPORATE COMPLIANCE PROGRAM STRUCTURE
APPLICABILITY: AGENCY-WIDE
APPROVED: March 2007 **REVISION: 2/2017, 3/2023**

I. **BACKGROUND:**

This revised policy with title change to Corporate Compliance Program Structure replaces the original version approved March 2007, revised 2/2017 entitled Corporate Compliance Structure.

The Arc Rockland is committed to establishing and maintaining high standards of ethical conduct related to its business and operational practices. The Arc Rockland has established an independent Corporate Compliance Program that serves as the basis on which a strong corporate culture of compliance to laws and regulation rests. The Arc Rockland delegates responsibility and authority to the Compliance Officer and the Corporate Compliance Committee for the oversight of implementation and operation of the Corporate Compliance Program.

The Arc Rockland is dedicated to improving the lives of people with intellectual and developmental disabilities, and is committed to complying with the statutes, rules, and regulations of the federal, state, and local governments, including but not limited to those promulgated by the U.S. Centers for Medicare and Medicaid Services (CMS), Office of the Medicaid Inspector General (OMIG) and the New York State Office for People with Developmental Disabilities (OPWDD). The Arc Rockland supports a work environment where high standards of ethical and legal behavior are recognized and practiced. The Arc Rockland expects that all aspects of business activity will be performed in compliance with this policy and procedure, professional standards and applicable statutes, rules and regulations. To achieve these standards and expectations, it is the policy of The Arc Rockland to adopt and implement a compliance program.

The Arc Rockland is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include, New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, Arc New York Chapter



POLICY # 2017-01

SUBJECT: CORPORATE COMPLIANCE PROGRAM STRUCTURE
APPLICABILITY: AGENCY-WIDE
APPROVED: March 2007 REVISION: 2/2017, 3/2023

Manual).

II. **SCOPE:**

This policy applies to all current and proposed persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

This policy and procedure are applicable and made available/accessible to all affected individuals unless a specific exemption is noted within this policy.

This policy and procedure are overseen by The Arc Rockland designated Compliance Officer (CO) and Corporate Compliance Committee (CCC). The CO and CCC are responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

III. **POLICY:**

The purpose of this policy is to define the functional components of the Corporate Compliance Program to include the Compliance Officer and the Corporate Compliance Committee, and their related responsibilities established within the Corporate Compliance Program of The Arc Rockland as well as the collaborative role of The Arc New York. The Arc Rockland developed this policy and associated procedure, including our Code of Conduct, to guide our best efforts to operate an effective compliance program consistent with federal, state, and local statutes, rules, regulations, and Medicaid Program requirements as well as the compliance program expectations of the Arc New York.

The Arc Rockland PROCEDURE

SUBJECT: CORPORTATE COMPLIANCE PROGRAM STRUCTURE

APPLICABILITY: AGENCY-WIDE

APPROVED: MARCH 2007

REFERENCE POLICY #2017-01

Revised: 2/2017, 6/2023

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IV: Procedure:

The Arc Rockland has adopted and implemented a compliance program, structured around the following principles:

- (1) written policies, procedures, and standards of conduct
- (2) designation of a CO who is versed with the day-to-day activities of the compliance program and establishment of an active CC consisting of Senior Leadership;
- (3) establishment and implementation of an effective compliance training and education program for all affected individuals;
- (4) establishment and implementation of effective lines of communication for all affected individuals to report compliance concerns and/or potential violations confidentially and/or anonymously, without fear of intimidation or retaliation
- (5) establishment of disciplinary standards to address potential compliance violations and encourage good faith participation in the compliance program;
- (6) engaging in routine auditing and monitoring of compliance risks to the Chapter; and
- (7) establishing and implementing procedures and systems for promptly responding to compliance issues, including any issues identified in the course of an internal or external audit.

Written Policies, Procedures, and Standards of Conduct

At a minimum, The Arc Rockland maintains written policies and procedures outlining the operation of the Compliance Program inclusive of the aforementioned principles, confidentiality practices, and a commitment to an environment of non-intimidation and non-retaliation. The Arc Rockland reviews, revises, and develops, as appropriate, new compliance program policies and procedures, annually and as necessary, to ensure that The Arc Rockland's Compliance Program activities are conducted effectively and consistent with applicable statutes, rule regulations, Chapter and Arc New York policy.

Standards of Conduct

The Arc Rockland's compliance expectations are embodied within written Code of Conduct. At a minimum, the Code of Conduct reaffirms our commitment to conducting business in an ethical and legal manner. The Arc Rockland expects that all affected individuals act in accordance with the Code of Conduct including refusal to participate in unethical or illegal conduct, and a commitment to report any unethical or illegal conduct to the CO. Failure to adhere to the Code of

The Arc Rockland PROCEDURE

SUBJECT: CORPORATE COMPLIANCE PROGRAM STRUCTURE

APPLICABILITY: AGENCY-WIDE

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Conduct will result in progressive disciplinary actions as describe in The Arc Rockland's disciplinary program policy and procedure on disciplinary program. Conduct that is intentional or reckless may result in more severe disciplinary action.

The Arc Rockland requires that all affected individuals sign a written acknowledgment that they understand and will follow The Arc Rockland's Code of Conduct.

Compliance Officer and Compliance Committee

The Arc Rockland is committed to the operation of an effective compliance program and has assigned compliance oversight responsibilities to individuals at the management level. Individuals with day-to-day compliance oversight authority occupy high levels in The Arc Rockland's organizational structure, including a Compliance Officer (CO), and are empowered to implement the Compliance Program, investigate compliance concerns, report compliance concerns directly to those in higher positions of authority, up to and including The Arc Rockland's Board of Directors and the Chief Executive Officer (CEO). The CO is accountable to the CEO. The CO does not hold a position in The Arc Rockland's legal or financial departments. The CO receives annual performance evaluations that assess the duties they are to perform. An annual assessment determining whether the CO is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the compliance program is also completed and documented. This assessment is conducted as part of a broader compliance program effectiveness review.

The Arc Rockland maintains a Compliance Committee (CC) operating under a written charter. The CC reports directly to the Board of Directors while coordinating committee activities with the CO.

A key task of The Arc Rockland's CC is to ensure that all affected individuals have received corporate compliance training both through orientation and annually. This task will be accomplished through coordination with the CO.

At a minimum, membership on the CC consists of Senior Leadership including the CEO, and members from operations, finance, and compliance. The CC appoints a chairperson who serves in such a capacity for no less than one year. The chairperson will set meeting dates no less than quarterly and communicates with the members of the CC between meetings to inform them of significant developments or to solicit input as necessary. The CC will use an agenda for meetings including the areas of the Compliance Program. Meetings may be conducted in-person, virtually, or by phone as necessary. The CC maintains written meeting minutes and made available to the Board of Directors upon request.

The Arc Rockland PROCEDURE

SUBJECT: CORPORATE COMPLIANCE PROGRAM STRUCTURE

APPLICABILITY: AGENCY-WIDE

APPROVED: MARCH 2007

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The CC may access sensitive information and must ensure confidentiality taking appropriate steps to safeguard this information from accidental or intentional disclosure. The CC is empowered to advocate for appropriate allocation of funding and resources to support effective implementation of the Compliance Program. The CO and the CC as well as the Board of Directors are responsible to foster a culture of compliance supported by the effective implementation of the Compliance Program.

At a minimum, the CC issues reports to the Board of Directors. Meetings occur and not less than quarterly.

Duties of the Compliance Officer

To aid the CO with their duties, the CO has access to all records, documents, information, facilities and affected individuals relevant to carrying out their compliance program activities.

The duties of the CO include but are not limited to the following:

Oversight and Monitoring the Adoption, Implementation, and Maintenance of the Compliance Program

Drafting, Implementing and Updating a Compliance Work Plan

The CO ensures that The Arc Rockland maintains a Compliance Work Plan that outlines the Chapter's proposed strategy for meeting the requirements and Federal and State Statutes, rules, regulations, policies, and standards pertaining to the operation of an effective compliance program and compliance with governing statutes, rules, regulations and standards of the governing Federal and State agencies.

The CO updates the Compliance Workplan at minimum annually or as necessary.

Awareness of Referrals to and From External Agencies

The CO is made aware by the Chapter of any referrals to and from external agencies that pertain to audits, reviews, or disclosures of any nature.

The Arc Rockland PROCEDURE

SUBJECT: CORPORATE COMPLIANCE PROGRAM STRUCTURE

APPLICABILITY: AGENCY-WIDE

APPROVED: MARCH 2007

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Maintenance of Written Compliance Program Standards of Conduct and Policies and Procedures

The CO oversees and monitors the implementation of the written Code of Conduct and related Compliance Program policies and procedures. The CO revises these documents as changes occur with Federal and State statutes, rules and regulations, and standards.

Liaison to the Board of Directors, the Compliance Committee (CC) and Chief Executive Officer (CEO)

The CO reports on the progress of The Arc Rockland Compliance Program directly to the Board of Directors, CC, and the CEO. At a minimum, the reporting is completed quarterly. The CO prepares and submits to the Board of Directors a written report on the operation of the Compliance Program during the preceding quarter. The report to the Board of Directors addresses the status of the Compliance Program.

The CO meets with the Board of Directors in an Executive Session at least annually.

All material compliance risks are also reported in a timely manner to the CEO and members of Senior Leadership as necessary. As determined to be necessary by the CO, the Board of Directors will be notified of emergent compliance issues.

Supported Risk Assessment

The CO assists The Arc Rockland in routine and risk assessment including identifying methods to improve efficiency in business practice related to compliance with the Medical Assistance Program, quality of services, and systems to reduce The Arc Rockland's vulnerability to fraud, waste, and abuse.

Supporting Compliance Program Investigations

The CO coordinates internal investigations pertaining to alleged violations of the Compliance Program. This includes oversight of the documenting and reporting of these investigations. The CO pursues and promptly investigates any employee compliance concerns or complaints received via the Compliance Hotline or other methods of reporting. The CO will document compliance complaints or reports brought by affected individuals. The CO works with the

The Arc Rockland PROCEDURE

SUBJECT: CORPORTATE COMPLIANCE PROGRAM STRUCTURE

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involved departments and contactors to ensure that the corrective actions are implemented and effective.

Liaison to the Arc New York

The CO may act as liaison to The Arc New York at the direction of the Chapter. This may include completing attestations required by The Arc New York Chapter Manual, participating in a Compliance Effectiveness Review, etc. The CO notifies The Arc New York of any suspected fraud, breach of fiduciary duty, or violation of any statute, rule, regulation, or common law by any affected individual.

Background/Exclusion Checks

The CO will work with the Human Resources Department to ensure that The Arc Rockland does not hire or contract with an individual or entity who has been excluded or debarred from participation in federal and state health programs, including Medicaid.

Audit Responsibilities

The CO shall be responsible for overseeing compliance audits conducted by both internal staff and outside consultants. As directed by the CO, managers and other employees may assist with the audits.

Discipline/Enforcement of Compliance Program

The CO is responsible for ensuring that The Arc Rockland imposes appropriate sanctions against an affected individual for violation of the Chapter's Compliance Program, Code of Conduct and/or statutes, rules, and regulations applicable to the Chapter.

Disclosure and Internal/External Corrective Action

The CO coordinates and oversees the detecting, correcting, and preventing of non-compliance behaviors. When an internal or external investigation results in the identification of a violation of law, regulation or compliance policy, the CO will work with the Board of Directors, CEO, and CC and management team as necessary to ensure that The Arc Rockland conducts appropriate corrective actions including restitution, reporting and instituting disciplinary actions. Additionally, the CO works with the aforementioned parties as necessary to identify and implement systemic changes to prevent similar violations in the future when indicated.

The Arc Rockland PROCEDURE

SUBJECT: CORPORTATE COMPLIANCE PROGRAM STRUCTURE

APPLICABILITY: AGENCY-WIDE

APPROVED: MARCH 2007

REFERENCE POLICY #2017-01

Revised: 2/2017, 6/2023

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Annual Compliance Work Plan

The CO is responsible to prepare an annual Compliance Work Plan for the Chapter to follow in order to address key areas of compliance risk. The CO updates the work plan as necessary but no less than annually, and reports on its progress no less than quarterly to the CC. The CC approves and assists the CO to achieve the goals of the work plan.

Compliance Training and Education Program

The CC coordinates with the CO to ensure that appropriate and relevant compliance training and education program content is delivered to affected individuals both through initial orientation and annually.

The Arc Rockland conducts a compliance training and education program for all affected individuals to the extent that they are affected by The Arc Rockland's risk areas. The Arc Rockland's training program includes a training plan that outlines compliance subjects or topics required for all affected individuals, timing and frequency of the trainings, which affected individuals are required to attend specific trainings, how attendance for each training is recorded, and how periodic evaluation of training effectiveness is completed. The Arc Rockland continuously identifies training topics, including those arising as a result of self-monitoring, audits by regulatory agencies and regulatory developments. The Arc Rockland provides refresher training for affected individuals on, at minimum, an annual basis.

New employees receive training in The Arc Rockland's Code of Conduct, this procedure and associated policy and those policies and procedures relevant to their job duties as part of an orientation program. The Arc Rockland tailors the training based on the roles and responsibilities of each group of individuals and in a manner that the individual can understand.

Lines of Communication

The Arc Rockland makes available lines of communication to all affected individuals for the purpose of supporting anonymous or confidential reporting of and asking questions about compliance concerns to the CO. The Arc Rockland makes available telephone, email, and face-to-face options as the methods of reporting compliance concerns to the CO.

The Arc Rockland PROCEDURE

SUBJECT: CORPORATE COMPLIANCE PROGRAM STRUCTURE

APPLICABILITY: AGENCY-WIDE

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Affected individuals have a responsibility to report through available reporting methods any activity by anyone that appears to violate applicable laws, rules, regulations, or The Arc Rockland's policies and procedures. The Arc Rockland is committed to making every effort to maintain the confidentiality of the identity of any individual who reports a concern in good faith. The Arc Rockland ensures that there is an anonymous method of communicating a compliance concern. The Chapter works to ensure that the confidentiality of persons reporting shall be maintained consistent with regulations at Part 512-1.4. All persons who report compliance issues, including Medicaid recipients of service, are protected under The Arc Rockland written non-intimidation and non-retaliation policies.

It is an expected good practice, when one is comfortable with it and thinks it is appropriate under the circumstances, for compliance concerns to be raised first with a supervisor. The supervisor then makes the CO aware of any compliance concerns. If this is not comfortable or not a viable option, then parties are encouraged to contact the Compliance Hotline at 845-905-6504 where all reports are confidential and can be made anonymously. Additionally, affected individuals may contact the CO directly as a means of confidential reporting.

Any party who intentionally makes a false accusation with the purpose of harming or retaliating against anyone will be subject to appropriate disciplinary action.

Disciplinary Standards

The Arc Rockland maintains written disciplinary policies and procedures pertaining to violations of the Compliance Program that are published and disseminated to all affected individuals.

Failure of affected individuals to comply with Compliance policies and procedures, the Code of Conduct, the Medicaid program and/or statutes, rules, and regulations applicable to The Arc Rockland may be subject to disciplinary action. Conduct that is intentional or reckless may result in more severe disciplinary actions.

The Arc Rockland strives to enforce disciplinary standards fairly and consistently with the same disciplinary action applied to all levels of personnel.

Retraining of affected individuals is a key corrective action if violations are based on a lack of awareness or understanding of an obligation, policy or procedure.

Resolution of disciplinary issues will be determined through direct cooperation with the appropriate manager, Human Resources, and the CO and, as appropriate, the CEO. The degree of discipline may range from counseling, verbal warnings, written warnings, recommended change

The Arc Rockland PROCEDURE

SUBJECT: CORPORATE COMPLIANCE PROGRAM STRUCTURE

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or discontinuation of privileges, termination of a contract, termination of employment or removal from a particular position or function.

Auditing and Monitoring

The Arc Rockland is committed to fostering a culture of compliance through the implementation of a system for the routine identification of compliance risk areas to detect, correct and prevent non-compliance behaviors. Through the process of our corporate compliance reporting structure, the articulation of compliance-related roles and responsibilities at every level of The Arc Rockland's operations, and through the utilization of our organizational experience, detection and correction of problems is expedited. If an internal investigation substantiates a reported violation, then it is our policy to engage in a two-fold process:

- (1) to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary; and
- (2) implementing systemic changes to prevent a similar violation from recurring in the future.

The Arc Rockland is committed to routinely conducting internal audits of compliance risk areas. Results of internal and external audits are shared at minimum with the CC and The Arc Rockland Board of Directors. The Arc Rockland also conducts annual reviews of the compliance program to determine and evaluate the program's effectiveness and any need for correction or revision. The results of annual compliance program reviews are shared at minimum with the CEO, senior management, the CC, and the Board of Directors.

The Arc Rockland maintains a compliance workplan that at minimum describes in detail the plan for routine auditing monitoring, and compliance program review activities. This workplan is drafted and/or developed by the CO and shared with the CC for feedback. Revisions are made to the workplan as risk areas change and based on the outcomes of the auditing and monitoring activities.

Responding to Compliance Issues

The Arc Rockland maintains a system to prevent, detect, investigate, and correct non-compliance with Medical Assistance Program requirements. This system is designed to ensure appropriate response, investigation, resolution, and proper reporting of compliance issues. This system includes the implementation of procedures, policies, and systems as necessary to reduce the potential for recurrence. The Arc Rockland also maintains a system that ensures prompt

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reporting of compliance issues in a manner consistent with applicable statutes, rules, and regulations.

If a compliance issue requires reporting and returning of overpayment, this will be completed in accordance with the appropriate Self-Disclosure Program requirements.

The Arc Rockland PROCEDURE

SUBJECT: Detecting and Responding to Violations; Voluntary Disclosure

APPLICABILITY: Agency Wide-Corporate Compliance

APPROVED: March 2007

Revised: 8/2016, 11/2019, 6/2023, 3/2024, 3/2025

REFERENCE POLICY #: 2016-08

IV: Procedure:

A. Identification of a Violation

If the Compliance Officer (CO), the Compliance Committee (CC) or The Arc Rockland management confirms that a violation of the Corporate Compliance Plan or an applicable state or federal law or regulation has taken place, then the CO shall discuss the violation with Outside Counsel, as appropriate, to determine the proper response to the violation. Violations may be identified through various avenues, including, but not limited to: voluntary disclosures by employees and other associates with The Arc Rockland; calls to the Corporate Compliance Hotline; self-auditing and monitoring; outside investigations by consultations, government agencies or accrediting bodies and any other means.

The CO shall coordinate The Arc Rockland's response to a violation by evaluating each violation and promptly implementing actions consistent with the following:

- ✓ Development and implementation of a Corrective Action Plan;
- ✓ Prompt notification to the Corporate Compliance Committee of the violation;
- ✓ Disclosure to state or federal regulatory agencies, if applicable, upon consultation and recommendations of Outside Counsel, and
- ✓ Making restitution of any overpayments to the appropriate payer (e.g., a commercial health plan, a government payor or an individual or their family)

B. Development of a Corrective Action Plan

The Division Director shall provide input in the development of an appropriate Corrective Action Plan, however, final approval shall be made by the CO, CC, Chief Executive Officer (CEO), or Board of Directors, depending on the scope and severity of the violation.

Corrective Action Plans will be stated in measurable terms with progress monitored on a quarterly basis, as appropriate. The CO is responsible for ensuring Corrective Action Plans are followed and that feedback is provided by the Managing Director on the plan progress.

Elements that may be included in a Corrective Action Plan include, but are not limited to: disciplinary action against the employees and other affected individuals responsible, revising or developing policies and procedures in response, or training specific to the violation.

The Arc Rockland PROCEDURE

SUBJECT: Detecting and Responding to Violations; Voluntary Disclosure

APPLICABILITY: Agency Wide-Corporate Compliance

APPROVED: March 2007

Revised: 8/2016, 11/2019, 6/2023, 3/2024, 3/2025

REFERENCE POLICY #: 2016-08

The CO or representatives from affected programs will present progress on Corrective Action Plans to the CC during their regularly scheduled meetings. Upon request of the Board, the CC or the CEO, more frequent updates shall be submitted.

C. Voluntary Disclosure of Violations

The CO, in consultation with the CEO and the CC, will evaluate the violation to determine if a voluntary disclosure of the violation is appropriate. The CO may consult with The Arc New York State Office or Outside Counsel regarding the notification of appropriate government officials, private payors or other entities in the event of a violation where voluntary disclosure of the violation may be appropriate. Notification shall be made within a reasonable period after discovering the violation and may include restitution of monies paid by the applicable state or federal agency, payor or other entity.

Overpayments

Overpayments: Exploration of a potential violation of the Compliance Program or an applicable local, state, and/or federal statute, rule, or regulation may sometimes reveal an overpayment received from a state or federal payor.

All overpayments are reported, returned, and explained in accordance with applicable state and federal statutes, rules, and regulations.

Medicaid overpayments are managed in accordance with the Medicaid self-disclosure program requirements, including procedures and timeframes as directed by Social Services Law 363-d and New York regulations at Title 18, Part 521-3 (Self-Disclosure Program). Specifically, (Chapter) will report, return, and explain any Medicaid overpayments received within 60 days of identification or by the date any corresponding cost report is due, whichever is later. For the purposes of this policy, 'identification' is defined as, "The Chapter has determined that they have received an overpayment and quantified the amount and scope of the overpayment."

Guidance on the Office of the Medicaid Inspector General's (OMIG's) Self-Disclosure Program can be viewed on their website at: www.omig.ny.gov.

The Chapter may seek support from The Arc New York State Office Compliance Department on matters pertaining to potential violations, including those that may result in voluntary disclosure. The Chapter reports to The Arc New York State Office

The Arc Rockland PROCEDURE

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APPROVED: March 2007

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REFERENCE POLICY #: 2016-08

compliance staff every occurrence or discovery of an internal matter that results in a self-disclosure or referral to a state or federal oversight or regulatory agency or body, including but not limited to, a self-disclosure or referral to the NYS Office of Medicaid Inspector General (OMIG) or the Medicaid Fraud Control Unit (MFCU) of the NYS Attorney General's Office.

D. Documentation of Corrective Action

Documentation should reflect every effort by The Arc Rockland to comply with applicable statutes, regulations, and federal healthcare program requirements.



POLICY # 2016-16

SUBJECT: Document Retention and Destruction

APPLICABILITY: Agency Wide

APPROVED: December 2007

REVISION: 10/2016, 5/2023

I. **BACKGROUND:**

Federal and state laws and regulations govern the retention and destruction of records so as to ensure that records are retained and discarded at the proper time. Regulations provide guidelines concerning the length of time official records should be retained under ordinary business circumstances, as well as the steps that an organization should take in the event of any pending or imminent government (federal, state or local) investigation, audit or proceeding, or any civil or criminal lawsuit involving the organization.

II. **SCOPE:**

This policy applies to all The Arc Rockland “affected individuals” as defined as all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, POLICY # 2016-17 Page 2 of 3 SUBJECT: EXCLUSION CHECKS APPLICABILITY: AGENCY-WIDE APPROVED: APRIL 2007 REVISION: 10/2016, 5/2018, 3/2023 contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2).

III. **POLICY:**

Introduction:

The records of The Arc Rockland are important assets that are required for the effective running of our business. In addition, both federal and state laws require The Arc Rockland to maintain certain types of records for particular retention periods or risk potential penalties and/or fines. Toward that end, The Arc Rockland's records must be well organized, efficiently retrievable and properly retained for legally mandated durations. In past years, records were finite and easily controlled. But with the advent of e-mail and other electronic storage and retrieval devices, the volume of records has increased exponentially, making it impossible to retain everything and difficult to cull from the universe of information those records worth keeping. For these and other reasons, this document retention and destruction policy has been adopted to ensure an effective and consistent management of all The Arc Rockland's records from creation to disposition. With consistent adherence to this policy, The Arc Rockland's goal is to prevent the loss of important documents and maximize the efficiency of document discovery.



POLICY # 2016-16

SUBJECT: Document Retention and Destruction

APPLICABILITY: Agency Wide

APPROVED: December 2007

REVISION: 10/2016, 5/2023

Definitions:

Records - Records include any of the documents produced or maintained by The Arc Rockland regardless of format. Records can be in draft or final form, electronic or paper form, and include such items as interoffice emails. Some records are made up of multiple documents. For purposes of this policy, a "record" is specifically defined to mean any written, photographic, computer generated, or electronic documents, data or material of every kind and description, regardless of physical form or characteristics that are created or maintained in the course of The Arc Rockland's business.

Clinical Records - Clinical Records consist of information concerning or relating to the examination or treatment of an individual maintained by The Arc Rockland. The record shall contain information on all matters relating to the admission, legal status, care and treatment of the individual, including data pertaining to admission, legal matters affecting the individual, records and notations of course of care and treatment, therapies, restrictions on individual's rights, periodic examinations, discharge information and such other information as may be required by the New York State Office of Mental Health, the New York State Office of People with Developmental Disabilities or other applicable regulatory agency or payor.

Active Records/Active Individual Clinical and Program Records - Active records consist of no more than 2 years of current documentation maintained at the workstation. An Active Individual Clinical Record includes two years of clinical documentation, including, but not limited to, the Life Plan (formerly ISP), Staff Action Plan (formerly Habilitation Plan), Daily Service Records and Monthly Service Records, medical records, nursing notes, Care Manager case notes and correspondence, Behavior Support Plans, personal allowance documentation, residential daily logs, consent for psychotropic medication, Developmental Disability Profiles (DDPs) Level of Care Eligibility Determination, recreation profiles and satisfaction surveys. Active Program Records are those in which two years of program documentation are maintained. These documents include, but are not limited to, Community Services case notes, Residential communication log notes, AMAP certifications, fire drills, staff training records, staff meeting minutes, vehicle records, SCOR Reports and Quality Improvement documents.



POLICY # 2016-16

SUBJECT: Document Retention and Destruction

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Certain records should always be maintained in the Active Individual Clinical or Program Record, including, but not limited to, guardianship papers, the most recent psychological, psychiatric, and/or sexuality assessments, DNR orders/Health Care Proxy, Notice of Decision (NOD), Care Management Approval Notice, Home and Community Based Services (HCBS) Waiver Choice Form, pre-admission documents, HIPAA authorizations, Notice of Privacy Practice and PHI disclosure tracking forms.

Affected Individuals: This policy applies to all The Arc Rockland “affected individuals, defined as all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, POLICY # 2016-17 Page 2 of 3 SUBJECT: EXCLUSION CHECKS APPLICABILITY: AGENCY-WIDE APPROVED: APRIL 2007 REVISION: 10/2016, 5/2018, 3/2023 contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2).

Objectives:

By consistently adhering to this policy, it is our further objective to accomplish the following:

- Identify and organize important documents for use in day-to-day business activities;
- Store and manage inactive records no longer needed for day-to-day business activities but necessary for reference or future use;
- Systematically dispose of records that are no longer necessary for the proper functioning of The Arc Rockland;
- Establish a system for retrieving records as needed for inspection or audit by the OPWDD, or other state or federal review agencies;
- Ensure that privacy and other non-retention obligations are met during the entire life cycle of each record type;
- Train all The Arc Rockland “affected individuals” to know what documents should be retained, the length of their retention, means of storage, and when and how documents should be destroyed.

Document Retention Policy Statement:

It is the policy of The Arc Rockland that “affected individuals” shall abide by the document retention and destruction schedules incorporated and attached to this policy and any associated procedures which outlines the retention requirements for various categories of records. The retention schedules have been developed in accordance with both federal



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SUBJECT: Document Retention and Destruction

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and state statutory and regulatory requirements and are subject to annual review and revision by The Arc Rockland's Compliance Officer.

It is imperative that all “affected individuals” fully comply with this policy. If an “affected individual” is ever uncertain as to any procedures set forth in this policy (e.g., what records to retain or destroy, when to do so, or how) it is that individual's responsibility to seek answers from The Arc Rockland's Compliance Officer.

Any additions, deletions or changes to this policy and any related procedures related to this policy will be written by the Compliance Officer, with input from Senior Leadership and the Board of Directors.

The Arc Rockland Procedure

SUBJECT: DOCUMENT RETENTION AND DESTRUCTION

APPLICABILITY: Agency Wide

APPROVED: December 2007

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Revised:10/2016, 7/2017, 6/2023

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IV. PROCEDURES

It is the policy of The Arc Rockland that all “affected individuals” shall abide by the Medicaid document retention and destruction schedule which outlines the requirements for various categories of records. The retention schedules have been developed in accordance with both federal and state statutory and regulatory requirements.

It is imperative that all “affected individuals” representing The Arc Rockland fully comply with this procedure. If an “affected individual” is ever uncertain as to any information set forth in this procedure, it is that individual's responsibility to seek answers from The Arc Rockland Corporate Compliance Officer.

False Claims Act

The U.S. Supreme Court expanded the statute of limitations period for non-intervened whistleblower False Claims Act (FCA) cases from six to 10 years. Subsequent to that ruling, OPWDD recommends that applicable service records that may fall under the FCA should be retained for a period of at least then (10) years from the date the service was delivered or when the service was billed, whichever is later.

Document Retention and Destruction overview:

Records vs. Non Records

Records, including Clinical and Program Active/Inactive Records as defined in the associated Policy, are documents and parts of documents contained on any media and in any format that: are made or received by the organization; provide evidence of its operations; document business decisions; and/or have value requiring their retention for a specific period of time. Examples include, but are not limited to: certain letters, memoranda and correspondence; policies, procedures and methods; data stored in computers, data processing equipment, emails, remotely stored information, and off-line media; computer programs and documentation; audio and video recordings; calendars, meeting agendas and minutes; handwritten notes; memory in pagers, cell phones and PDAs whether issued by the organization or personally owned.

Non-Records

Non-records are copies of records maintained in more than one location or materials available from public sources that can be disposed of at the discretion of the user. They include: duplicates of original records including copies stored by offices that did not create the record, but not necessarily annotated copies; preliminary drafts of letters,

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memoranda, reports, worksheets, and informal notes that do not represent significant steps and/or decisions in the preparation of a record; books, periodicals, manuals, training binders, newspapers, and other printed material obtained from outside sources and retained primarily for reference purposes; materials not filed as evidence of an office's operations that also have no informational value; spam, junk mail, and blank forms.

Exclusions and Special Situations

Any records relevant to pending or ongoing litigation, government investigation, or audit **MUST BE RETAINED** until such matters have been resolved, all appeals are exhausted, and the retention period has expired. All destruction of relevant records must cease, including the destruction of records according to approved retention periods, when such a document hold is in place. In cases where litigation is threatened or likely, consult with the Legal Department to determine whether a litigation hold is required. The Legal Department may decide, in its sole discretion, the form and extent of the hold. Such hold may include additional or alternative ways to store or process new or previously created records of any kind. Departments that maintain committee, workgroup, or Board of Governors' minutes should retain them for seven years from the date of their creation. FSRC, Audit Committee, and Budget and Finance Committee minutes should be retained for ten years from the date of creation or longer at the General Counsel's discretion.

Please note that special rules may apply to email communications.

Legal Holds

All record destruction in accordance with this procedure must be suspended upon notice of potential or actual litigation (including any current, pending or threatened litigation, arbitration, governmental investigation, or audit). In such cases, the Chief Executive Officer shall be notified of the potential action and shall arrange to ensure that such records **MUST BE PRESERVED** until Arc Rockland's legal counsel determines that the records are no longer necessary.

Preparing Records for Retention & Disposal

Once a document has been identified as a record, it shall be categorized and filed in accordance with the retention schedule.

Each department head will be responsible for following agency-wide established protocols to ensure that records are correctly indexed and stored in a manner permitting easy access and retrieval.

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Once the retention period for the specified record has expired, the record shall be destroyed once approval is granted under the guidance of the Corporate Compliance Officer following the identified internal protocol for record destruction. Records that contain confidential or proprietary information shall be shredded or deleted electronically for security purposes.

On-Site and Off-Site Storage of Records

Storage of records is maintained by each division and program. Based on availability of storage space, at least one (1) to two (2) years of records should be stored on-site at each division/program for ease of access. When planning for removal of records from the division/program site they must be categorized, labeled, and stored in banker boxes following the internal protocol for record storage.

Records may be re-located to secure off-site storage based on availability of on-site storage space following the internal protocol for record storage.

POLICY #2020-02

SUBJECT: DOCUMENTATION OF SERVICE DELIVERY

APPLICABILITY: AGENCY-WIDE

APPROVED: February 2020

REVISION: 12/2023

This current revision replaces the previous version of the policy #2020-02.

I. BACKGROUND:

Proper documentation of service delivery is an integral component of The Arc Rockland's Compliance Program. Documentation of service delivery must be completed by the “affected individual” that provides the support to the person supported. Thus, the “affected individual” is attesting to the fact that services were delivered, as described. Service Delivery documentation is provided to the billing department in either an electronic format, or on paper, and is used as verification of the provision of service in order to bill payers (i.e., Medicaid, SED, etc.)

“Affected individuals” are expected to document service delivery contemporaneously. To ensure compliance with federal, state, and local laws and regulations, organizations should set standards for documentation of the services provided to individuals served.

II. SCOPE:

This policy applies to all “affected individuals” who are involved in the development, documentation, review, and processing and preparation of service documents and claims for billing.

Affected individuals is defined as all persons who are affected by the required provider's risk areas including the required provider's employees, the Chief Executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

III. POLICY:

The Arc Rockland requires documentation to be finalized on the date of service delivery, with a maximum extension up to 5 days following the date of service. In the event that the Electronic Health Record (EHR) is not available, “affected individuals” are to document the service using paper record system and sign and date the note at the time of service. Any documentation of service completed beyond the contemporaneous timeframe is required to include a note explaining the reason for the late entry. The note must be completed, dated, and signed (or initialed as appropriate) by the person who provided the service.

POLICY #2020-02

SUBJECT: DOCUMENTATION OF SERVICE DELIVERY

APPLICABILITY: AGENCY-WIDE

APPROVED: February 2020

REVISION: 12/2023

The purpose of this policy is to ensure that documentation of service delivery is completed accurately, documented contemporaneously, and provided in compliance with all relevant regulation and agency policies. Inaccurate documentation may subject The Arc Rockland, involved employees and other representatives to civil or criminal penalties. Any “affected individual” who presents or otherwise is involved in the documentation of a false, fraudulent, or fictitious claim for payment will be subject to disciplinary action up to and including immediate termination or association with the agency.

The Arc Rockland’s “affected individuals” must ensure the accuracy and completeness of the documentation of the services provided to individuals in all programs. The Arc Rockland is responsible for training “affected individuals” who create documentation related to the provision of services to individuals supported and will ensure that the “affected individuals” have the necessary skills to perform their jobs.

The Division Directors are responsible for the implementation of the procedures for the delivery and documentation of supports provided as well as appropriate training. This policy will be reviewed annually with any additions deletions or changes to this policy will be written by the Corporate Compliance Officer, with input from Senior Management and approval by the Board of Directors.

In order to monitor compliance, The Arc Rockland will conduct periodic audits of service documentation against billing reported.

The Arc Rockland PROCEDURE

SUBJECT: EXCLUSION CHECKS

APPLICABILITY: AGENCY WIDE

APPROVED: March 2015

Revised: 5/2017, 12/2018, 6/2023, 3/2025

REFERENCE POLICY #2016-17

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IV: Procedure:

A. Definitions

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

Ineligible Person: an individual or entity currently excluded, suspended, debarred, or otherwise ineligible to participate in Federally funded health care programs or in federal procurement or non-procurement programs. For the purposes of this policy, this includes employees, members of the Board of Directors, contracted agents, and vendors.

Exclusion Check is a search of state and federal exclusion lists. There are three federal exclusion lists and one New York State exclusion list that The Arc Rockland is required to search:

(1) the U.S. Department of Health and Human Services, Office of Inspector General ("OIG")'s List of Excluded Individuals/Entities (<https://exclusions.oig.hhs.gov/>); and

(2) the General Service Administration ("GSA")'s System for Awards Management's ("SAM") Advanced Search – Exclusion (<https://www.sam.gov/SAM/>) to determine if an individual or entity's name appears on either list.

(3) the New York State Office of the Medicaid Inspector General List of Restricted and Excluded Providers on their website (<https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>) to determine if an individual or entity's name appears on either list.

B. Third Party Screening Services

To streamline the screening process, The Arc Rockland contracts with a third-party screening service. This service enables The Arc Rockland to verify individual or company exclusions on a case-by-case basis in addition to permitting a monthly batch file run of multiple individuals and companies. The service screens for persons and entities excluded from any government-funded programs and reports back any potential, possible or confirmed matches. Using this service, The Arc Rockland will screen all "affected individuals" at least every thirty (30) days.

The Arc Rockland PROCEDURE

SUBJECT: EXCLUSION CHECKS

APPLICABILITY: AGENCY WIDE

APPROVED: March 2015

Revised: 5/2017, 12/2018, 6/2023, 3/2025

REFERENCE POLICY #2016-17

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C. Employee Exclusion Check Procedures

1. An Exclusion Check is performed for all applicants for employment at The Arc Rockland as part of the pre-employment background check.
2. If the Exclusion Check indicates that any individual is an Ineligible Person, the individual cannot be employed by The Arc Rockland.
3. To protect The Arc Rockland against individuals excluded subsequent to beginning their employment, an Exclusion Check is performed on all employees at least every thirty (30) days. (N.Y. Comp. Codes R. & Regs. Tit. 18, 521-1.4(3)(i)).
4. Search results for Exclusion Checks must be documented and maintained by the Chapter. Results of the checks are shared with the Chapter's CO and appropriate compliance personnel. If a current employee appears on one of the lists, an assessment is documented to determine the employee's eligibility to maintain employment status with The Arc Rockland. The Arc Rockland will consult with The Arc New York State Office Legal Counsel will be included as necessary.

D. Other Individual and Entity Exclusion Checks

1. Exclusion Checks are conducted prior to appointment of any volunteers to the Board of Directors. They are also conducted prior to execution of any contract with a contractor or vendor.
2. If the Exclusion Checks indicate that any volunteer for the Board of Directors is an Ineligible Person, the individual cannot be appointed to the Chapter Board.
3. If the Exclusion Checks indicate that any contracted agent/vendor that will be entering into a contract with the Chapter is an Ineligible Person then the contact cannot be executed.
4. To protect The Arc Rockland against Board members, contracted agent, and vendors who are excluded after beginning their appointment to the Board or contract with the Chapter, an Exclusion Check is performed on all Board members, contractors, and vendors at least every thirty (30) days. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.4 (3)(i)).

In all cases, the Compliance Program investigates the circumstances surrounding an individual or entities inclusion on an exclusion list and determines if any overpayment exists.

The Arc Rockland PROCEDURE

SUBJECT: EXCLUSION CHECKS

APPLICABILITY: AGENCY WIDE

APPROVED: March 2015

Revised: 5/2017, 12/2018, 6/2023, 3/2025

REFERENCE POLICY #2016-17

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E. Individual/Entity Contract Certification Procedures

1. Any individual/entity wishing to execute a contract with The Arc Rockland is required to certify in its contract that neither it nor any of its employees is an Ineligible Person. Such affected individual certification is made on at least an annual basis.
2. In addition, each individual/entity contract under the Corporate Compliance Program contains a provision requiring the individual/entity to maintain supporting documentation for its own Exclusion Checks and to produce copies of such documentation to The Arc Rockland upon The Arc Rockland's request.

F. Investigating Possible Matches from Exclusion Screenings

Human Resources will consult with the Compliance Officer or designee when investigating any possible matches of screenings results of employees, Board Members, contracted entities or vendors. The investigations are documented on appendix D, and shared with the screener and Compliance Officer or designee so that further action may be taken if necessary, or to rule out the match in future screenings.

G. Duty to Report

All Arc Rockland employees, contractors and vendors have a duty to report any action that would render that individual or entity an Ineligible Person.

H. Pending Actions

1. If The Arc Rockland becomes aware that any individual/entity is charged with a criminal offense related to healthcare or is proposed to be subject to debarment or exclusion from federal programs, the individual or entity must be removed from direct responsibility or involvement in any federally funded health care program while the matter is pending.
2. If resolution of the matter results in conviction, debarment or exclusion, The Arc Rockland shall immediately terminate its employment or other contractual arrangement with the individual or entity.

The Arc Rockland PROCEDURE

SUBJECT: FALSE CLAIMS ACT-WHISTLEBLOWER PROVISION

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2016

REFERENCE POLICY #2016-05

Revised: 7/2018, 6/2023, 4/2025

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IV: Procedure:

A. General Principles

1. The Arc Rockland provides training to all its employees, contractors and agents regarding this Policy.
2. Billing activities are performed in a manner consistent with Medicare, Medicaid and other payor regulations and requirements and in accordance with The Arc Rockland's documentation and billing policies.
3. To assist in its efforts to detect and prevent fraud, waste and abuse, The Arc Rockland conducts regular audit and monitoring procedures.

B. Reporting Non-Compliance

If an Affected Individual has any reason to believe that anyone is engaging in false billing practices, that employee immediately reports the practice in accordance with The Arc Rockland's reporting potential compliance concerns policy]. The Arc Rockland Compliance Hotline telephone number is (845)905-6504.

C. Non-Retaliation

The Arc Rockland does not retaliate against any Affected Individual for taking any lawful action under the False Claims Act. Moreover, The Arc Rockland does not retaliate against any Affected Individual for reporting any potential compliance concern.

D. Employee Handbooks and Contractor Agreements

This Policy is included in all employee handbooks and attached to any contracts with outside contractors or agents.

Overview of Relevant Laws

A. Deficit Reduction Act (DRA, 42 U.S.C. §1396-a(a)(68))

1. **Overview.** The Deficit Reduction Act (DRA) requires that any entity, as a condition of receiving Medicaid payments shall "(A) establish written policies for all [affected individuals], that provide detailed information about the False Claims Act established under sections 3729 through 3733

The Arc Rockland PROCEDURE

SUBJECT: FALSE CLAIMS ACT-WHISTLEBLOWER PROVISION

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2016

REFERENCE POLICY #2016-05

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of title 31, administrative remedies for false claims and statements established under chapter 38 of title 31, and State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs (as defined in policies, detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse; and (c) include in any employee handbook for the entity, a specific discussion of the laws described in subparagraph (A), the right of employees to be protected as whistleblowers, and the entity's policies and procedures for detecting and preventing fraud, waste and abuse."

A. Federal False Claims Act (31 U.S.C. §§ 3729 – 3733).

1. Overview. The False Claims Act is one of the laws the Government uses to prevent and detect fraud, waste and abuse in federal health care programs. The False Claims Act establishes liability for any person who "knowingly" submits a false claim either (1) directly to the Government or (2) to a contractor or grantee of the Government, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest. A violation of the False Claims Act can result in a civil penalty for each false claim submitted, plus up to three times the amount of the damages sustained by the Government due to the violation(s). The False Claims Act defines "knowingly" to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Specifically, the False Claims Act may be violated by the following acts found at 31 U.S.C.A. § 3729:

- a. Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval;
- b. Knowingly making or using, or causing to be made or used, a false record or statement material to a false claim;
- c. Conspiring to commit a violation of the False Claims Act; or
- d. Knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay money or transmit property to the Government, or knowingly concealing or avoiding or decreasing an obligation to pay money or transmit property to the Government.

2. Applicability. Among other things, the False Claims Act applies to claims submitted for payment by federal health care programs, including Medicare and Medicaid.

The Arc Rockland PROCEDURE

SUBJECT: FALSE CLAIMS ACT-WHISTLEBLOWER PROVISION

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2016

REFERENCE POLICY #2016-05

Revised: 7/2018, 6/2023, 4/2025

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3. Examples. A few examples of actions that violate the False Claims Act include knowingly:
 - a. Billing for services that were not actually rendered;
 - b. Charging more than once for the same service;
 - c. Billing for medically unnecessary services; and
 - d. Falsifying time records used to bill Medicaid.
 4. Methods of Enforcement. The Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the False Claims Act. If a Relator brings an action under the False Claims Act, the Government has a period of time to investigate the allegations and decide whether to join the lawsuit. If the Government elects to join the lawsuit, the Relator is entitled to 15-25% of any recovery. If the Government elects not to join the lawsuit, the Relator may still proceed with the action and is entitled to 25-30% of any recovery.
 5. Employee Protection. The False Claims Act prohibits discrimination by The Arc Rockland against an employee, contractor or agent for taking lawful actions in furtherance of an action under the False Claims Act. Under the False Claims Act, any employee, contractor or agent who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee, contractor or agent whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorneys' fees. An overview of the FCA, including civil penalty amounts, can be found at: <https://www.justice.gov/civil/false-claims-act>
- B. Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812). The Program Fraud Civil Remedies Act of 1986 is a federal law that provides for administrative recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. Violations of this law are investigated by the Department of Health and Human Services and monetary sanctions may be imposed in an administrative hearing setting. Monetary sanctions may include penalties for each claim and damages of twice the amount of the original claim.
- C. Patient Protection and Affordable Care Act "PPACA" (Pub. L. No. 111-148, 124 Stat. 119). The Patient Protection and Affordable Care Act of 2010 is a federal healthcare law that through amendments

The Arc Rockland PROCEDURE

SUBJECT: FALSE CLAIMS ACT-WHISTLEBLOWER PROVISION

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2016

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expanded provisions of the Federal False Claims Act. Most significantly, PPACA expanded FCA liability for possession of overpayments (42 U.S.C. § 1320a-7k). The law clarified that an overpayment must be reported and returned by 60 days after the date on which the overpayment was identified.

Overpayments retained after the deadline are considered an obligation as defined in the FCA imposing FCA liability.

D. New York State False Claims Laws

1. New York State False Claims Act (State Finance Law §§187-194). The New York State False Claims Act was modeled after the Federal False Claims Act and its provisions are very similar. This Act provides that anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties between \$6,000 and \$12,000 for each false claim submitted. The False Claims Act defines “knowingly” to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. The Government, or an individual citizen acting on behalf of the Government (a “Relator”), can bring actions under the New York State False Claims Act. In addition, the New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

2. Social Service Law §145-b. Under this section it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. In the event of a violation of this law, the local Social Services district or the State has a right to recover civil damages equal to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the damages (or \$5,000, whichever is greater) sustained by the government due to the violation. In addition, the Department of Health may impose a monetary penalty of up to \$10,000 per violation unless a penalty under the section has been imposed within the previous five years, in which case the penalty may be up to \$30,000.

3. Social Services law § 145-c. Under this section, if any person individually or as a member of a family applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, then the needs of that person shall not be taken into account for determining the needs of that person or those of his or her family: (i) for a period of 6 months if a first

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offense; (ii) for a period of 12 months if a second offense, or upon an offense which resulted in the wrongful receipt of benefits in an amount of between \$1000 and \$3,900; and (iii) for a period of 18 months if a third offense or upon an offense which resulted in the wrongful receipt of benefits in excess of \$3,900, and 5 years for any subsequent occasion of any such offense.

4. Social Services law §145. Under this section, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. This crime is punishable by fines and by imprisonment up to one year.

5. Social Service Law § 366-b. Under this section any person who, with intent to defraud, presents for payment any false or fraudulent claim for services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which he/she is legally entitled to shall be guilty of a class A misdemeanor.

6. Penal Law Article 155. Under this Article, the crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or similar behavior. This Article has been applied to Medicaid fraud cases. This crime is punishable by fines and imprisonment up to twenty-five years.

7. Penal Law Article 175. Under this Article, four crimes relating to falsifying business records or filing a false instrument have been applied in Medicaid fraud prosecutions. These crimes are punishable by fines and imprisonment up to four years.

8. Penal Law Article 176. This Article establishes the crime of insurance fraud. A person commits such a crime when he/she intentionally files a health insurance claim, including Medicaid, knowing that it is false. This crime is punishable by fines and imprisonment up to twenty-five years.

9. Penal Law Article 177. This Article establishes the crime of health care fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly and willfully provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health care fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.

10. Labor Law §740. In addition to provisions contained in the Federal and New York State False Claim Acts, this section offers protections to employees who may notice and report inappropriate activities. Under New York State Labor Law §740, an employer may not take any retaliatory personnel action against an employee because the employee:

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SUBJECT: FALSE CLAIMS ACT-WHISTLEBLOWER PROVISION

APPLICABILITY: AGENCY WIDE

APPROVED: MARCH 2016

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Revised: 7/2018, 6/2023, 4/2025

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- discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that is in violation of law, rule or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;
- provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by such employer; or
- objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

To bring an action under this provision, the employee must first bring the alleged violation to the attention of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. The law also provides that employees who bring an action without basis in law or fact may be held liable to the employer for its attorney's fees and costs.

11. Labor Law §741. Under this section, an employer may not take any retaliatory personnel action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gives the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs.



POLICY # 2020-08

SUBJECT: Gift Acceptance
APPLICABILITY: Entire Agency
APPROVED: March 2020

REVISION: November 2023

This Policy and Associated Procedure previously replaced:

- Gift Acceptance- #2015-2024 dated 12/2015
- Gifts and Entertainment to Potential Referral Sources # 2017-02 dated 3/2007

I. BACKGROUND:

The Arc Rockland ensures that it complies with all federal and state laws, regulations and standards applicable to not-for-profit corporations with regard to the acceptance of gifts either corporate or nominal in nature. The Arc Rockland affirms that the global principles of transparency, integrity, honesty and public trust guide its expectations of highly ethical behavior for all of its employees and board members at all times.

II. SCOPE:

This Policy applies to all employee, volunteers, independent contractors, members of the Board of Directors, and Board Committee members and serves to enhance the organization's collective integrity and ensures that the business of The Arc Rockland is conducted in a professional and ethical manner.

III. POLICY:

It is the policy of The Arc Rockland to ensure corporate and individual gifts, entertainment and other benefits are not accepted from donors, potential referral sources and/or their immediate family members who attach conditions to a gift that is not in the best interest of the organization or the individuals we support. Substantial or excessive gifts, favors or business entertainment at any time from families of individuals supported or suppliers that attach conditions to a gift is strictly prohibited. Any gift, favor or entertainment that might influence a working relationship with the donor shall be considered substantial or excessive. Gifts from families, suppliers, or donors that benefit an Arc Rockland program as a whole and do not attach conditions, such as gifts related to holiday celebrations, are acceptable, providing it is clear to all parties that the gift will not result in any form of special treatment for the donor or their family member. Individual's gifts of nominal value to employees from time to time, may also be accepted.

In addition, employees, volunteers, independent contractors, and board members are prohibited from any "quid pro quo" arrangement in which something is given or received in exchange for something else.

Any additions, deletions or changes to this policy and any related procedures related to this policy will be written by the Chief Compliance Officer, with input from the executive management team.

The Arc Rockland PROCEDURE

SUBJECT: Gift Acceptance

APPLICABILITY: Entire Agency

APPROVED: March 2020

REFERENCE POLICY # 2020-08

Revised: 3/2022, 11/2023, 3/2025

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IV. Procedure:

Definitions:

Gifts and Entertainment: Gifts and entertainment include items of value given to another free of cost with the expectation of the items use for a personal gain or enjoyment. This excludes events sponsored/hosted and/or attended by The Arc Rockland that are for organizational purposes and/or advance the work and mission of The Arc Rockland.

Immediate Family Member: An immediate family member of a person includes: (1) the person's spouse; (2) natural or adoptive parent, child or sibling; (3) stepparent, stepchild, stepbrother or stepsister; (4) father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; (5) grandparent or grandchild; and (6) spouse of a grandparent or grandchild.

Potential Referral Source: A potential referral source includes any organization or individual in a position to refer an individual for any services offered by The Arc Rockland, including, but not limited to physicians, dentists, chiropractors, opticians or other persons that could reasonably be a source of patient referrals for services or treatment to The Arc Rockland programs.

Provision of and of Acceptance of Gifts and Entertainment

Personal Gifts from Individuals and Their Families:

Employees, volunteers, and independent contractors who receive a gift purchased by an Individual should decline acceptance and encourage the Individual to spend their money on themselves instead. These Arc Rockland representatives may accept gifts of nominal value and ensure that they discuss the nature of the gift with their supervisor.

Individual employees, volunteers, independent contractors or board members who have been offered gifts from individuals or their families with a value of over \$50.00 annually shall decline accepting the gift and report the attempt to the program director who in turn will report the information to the Chief Compliance Officer. Group gifts offered to employees, volunteers, independent contractors or board members with a total equivalent value over \$50.00 per recipient shall decline acceptance of this offer and report the attempt to the program director who in turn will report the information to the Chief Compliance Officer.

The Arc Rockland PROCEDURE

SUBJECT: Gift Acceptance

APPLICABILITY: Entire Agency

APPROVED: March 2020

REFERENCE POLICY # 2020-08

Revised: 3/2022, 11/2023, 3/

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Preferably during intake, individuals and their families will be notified, by Coordinator of Intake of the \$50 threshold for gift acceptance, and then subsequent annually thereafter by the Managing Director.

Gifts and Entertainment to Potential Referral Sources or Vendors:

The Arc Rockland employees and representatives may not offer a potential referral source and/or his/her immediate family members gifts or entertainment under any conditions.

If an employee or representative becomes aware of a situation whereby a gift or entertainment was offered to a potential referral source and/or his/her immediate family members, he/she is to report the situation immediately to the Chief Compliance Officer or call the Corporate Compliance hotline.

Gifts and Entertainment from Potential Referral Sources or Vendors:

1. Individual employees, volunteers, independent contractors, or board members who have been offered any gifts from current or prospective referral sources or vendors (such as theatre or sports events tickets) may only accept such offer if it is at or under the \$50 threshold, and if above such threshold, shall notify the Chief Executive Officer, or designee, who in turn will either forward the gift for use by the individuals supported, if appropriate, or for use by staff, or may choose not to accept the gift. If the decision is not to accept the gift, the Chief Compliance Officer will be advised and they in turn, will contact the donor and ensure the gift is returned.
2. Group gifts offered to employees, volunteers, independent contractors, or board members who have been offered any gifts from current or prospective referral sources or vendors (such as theatre or sports events tickets) may only accept such offer if its total value is an amount equivalent to or under a \$50 threshold per recipient, and if above such threshold, shall notify the Chief Executive Officer, or designee, who in turn will either forward the gift for use by the individuals supported, if appropriate, for use by staff, or other purposes deemed appropriate by CEO and CO, or may choose not to accept the gift. If the decision is not to accept the gift, the Chief Compliance Officer will be advised and they in turn, will contact the donor and ensure the gift is returned.
3. The Chief Financial Officer will be advised by the Chief Executive Officer, or designee of any gifts received from either current or prospective vendors to ensure that gifts do not influence any decisions for awarding contracts/purchases. The Chief Executive Officer, the Chief Financial Officer and senior management team will

The Arc Rockland PROCEDURE

SUBJECT: Gift Acceptance

APPLICABILITY: Entire Agency

APPROVED: March 2020

REFERENCE POLICY # 2020-08

Revised: 3/2022, 11/2023, 3/2025

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ensure that the agency policy entitled, "Purchasing" is adhered to in awarding all contracts and selecting vendors for major purchases and those decisions are not influenced by donations/gifts from vendors.

4. Any employee or representative having knowledge of a gift that is accepted by another employee, volunteer, independent contractor or board member having a value of over \$50.00 within an annual period is required to notify the Program Director or Chief Executive Officer, respectively, immediately who in turn will notify the Chief Compliance Officer. The Chief Compliance Officer will investigate and ensure that the gift is returned.
5. Failure to adhere to this policy will result in disciplinary or corrective action, up to and including termination/dismissal and/or affiliation with the agency.

The Arc Rockland PROCEDURE

SUBJECT: Policy Development

APPLICABILITY: Agency Wide

APPROVED: February 2019

Revised: 6/2025

REFERENCE POLICY: #2019-001 Policy Development

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IV. PROCEDURES

A. Development

- a. Policies shall be developed and/or revised to meet regulatory requirements and to comply with other Arc Rockland policies.
- b. Senior Leadership at The Arc Rockland shall be responsible to recommend the timely development and/or will be assigned to take a lead role, as needed, throughout the process of developing, review, revision, and implementation of new and existing policies relating to their area of accountability. Senior Leadership should consult with the Compliance Officer prior to developing any new policy to ensure that the policy is necessary and consistent with overall Arc Rockland operations.
- c. The Compliance Officer is responsible for the drafting and implementation of practices related to this policy.

B. Review/Revision

- a. The Compliance Officer shall conduct a review of all compliance policies/procedures on an annual basis and coordinate with the Compliance Committee to ensure that the Policies are current, accurate, and complete and conform to changes in Federal and State laws, rules, and regulations.
- b. The members of Senior Leadership shall conduct reviews of all non-compliance policies/procedures periodically on a scheduled basis. Senior Leadership members will be assigned to take a lead role, as needed, throughout the process of revising all non-compliance related policies/procedures based on their area of accountability.
- c. The Compliance Officer will be responsible for the authorization of any new or revised policy/procedure.

C. Approval

- a. All policies shall be approved by the Senior Leadership and Board of Directors prior to implementation. The date of approval of each policy shall be included on the policy.

The Arc Rockland PROCEDURE

SUBJECT: Policy Development

APPLICABILITY: Agency Wide

APPROVED: February 2019

Revised: 6/2025

REFERENCE POLICY: #2019-001 Policy Development

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- b. All procedures shall be approved by Senior Leadership but do not require consideration by the Board prior to implementation. The date of approval of each procedure shall be included on the procedure.

D. Maintenance

- a. The Compliance Officer shall assign a number to each policy, maintain an ongoing file of revised policies, substitute policies and current policies, including an index.
- b. Policies and procedures as they are revised or replaced, shall ~~not be discarded~~ be kept and only be discarded according to The Arc Rockland's record retention schedule.

E. Distribution & Training

- a. Upon full approval the new and revised policies shall be distributed based on applicability of the policy as indicated in the policy header. The Compliance Officer or designee shall distribute new and revised policies to the Board, Senior Leadership, and if applicable to their scope of responsibilities to all affected individuals.
- b. The Compliance Officer shall develop a plan for informing and educating The Arc Rockland's affected individuals as applicable to their responsibilities of new and revised policies and procedures, which may include obtaining a written acknowledgement that each affected individual read and understands each new or revised policy and procedure. Copies of these acknowledgements shall be maintained in the learning management system (LMS) and/or in an individual's personnel file, or in the contractor's contract file.



POLICY #2025-01

SUBJECT: REPORTING COMPLIANCE CONCERNS

APPLICABILITY: AGENCY-WIDE

APPROVED: 5/2025

REVISION:

I. BACKGROUND:

This policy describes The Arc Rockland's process regarding report of concerns relating to compliance and ethical practices, as well as identifying whistleblower protections and responsibilities. This policy governs the procedure used by Affected Individuals to report compliance concerns and seeks to ensure that The Arc Rockland provides an environment that encourages reporting any suspected violations without fear of retaliation, intimidation or retribution.

II. SCOPE

This policy and associated procedure are applicable and made available/accessible to all Affected Individuals. A copy of the policy will be distributed to all directors, officers, key persons, employees and to volunteers who provide substantial services to the corporation. For purposes of this subdivision, posting the policy on The Arc Rockland's website or at the offices in a conspicuous location accessible to employees and volunteers may be used to satisfy the distribution requirement. The Board approves and oversees implementation of and compliance with this policy.

III. POLICY

Strict adherence to The Arc Rockland's Corporate Compliance Plan and Standards/Code of Conduct is vital. The Arc Rockland requires all Affected Individuals to promptly report any known or suspected violations of the Corporate Compliance Plan, Standards of Conduct, policies and procedures or any of the laws, rules or regulations by which The Arc Rockland is governed.



POLICY #2025-01

SUBJECT: REPORTING COMPLIANCE CONCERNS

APPLICABILITY: AGENCY-WIDE

APPROVED:

REVISION:

REFERENCES

The Arc Rockland is governed by several federal, state, and local statutes, rules, and regulations; however, the focus of this policy is on those pertaining to The Federal False Claims Act (31U.S.C. §§ 3729–3733), the Federal Program Fraud Civil Remedies Act (31 USC §§ 3801–3812), the New York State False Claims Act (State Finance Law §§ 187–194) and other New York State laws concerning employee protections against retaliation. Other relevant laws governing reporting of compliance concerns and whistleblower protections include:

- Section 715-B New York Not-for-profit Corporation Law (NPCL)
- Section 740 of New York Labor Law
- Section 363-D of New York Social Services Law
- Title 18 Part 521 of New York Codes, Rules and Regulations

DEFINITIONS

Affected Individuals - is defined as all persons who are affected by the provider's risk areas, including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

RESPONSIBILITIES

The Arc Rockland's Compliance Officer (CO) administers this policy and procedure with input from the Executive Leadership team. The CO and Compliance Committee (CC) are responsible for reviewing annually and revising as necessary with periodic reports on the policies effectiveness being made to the Board.

The Arc Rockland PROCEDURE

SUBJECT: REPORTING COMPLIANCE CONCERNS

APPLICABILITY: AGENCY-WIDE

APPROVED: 6/2025

Revised:

REFERENCE POLICY: #2025-01

IV: PROCEDURE

A. Duty to Report.

Affected individuals are required to report any known or suspected violations of the Corporate Compliance Plan, Standards/Code of Conduct, policies and procedures or any of the laws, rules or regulations by which Arc Rockland is governed to their supervisor, manager, the CO or through The Arc Rockland's Compliance Hotline.

1. Reporting Through Arc Rockland's Compliance Hotline

Affected individuals may report their compliance concerns to The Arc Rockland's Compliance Hotline. The Compliance Hotline telephone number is (845)905-6504. Callers to the Compliance Hotline may make confidential reports anonymously. No caller is required to disclose their identity, and no attempt is made to trace the source of the call or identity of the caller when the caller requests anonymity.

If a caller has revealed their identity, confidentiality is maintained to the extent allowed by law. Callers should be aware, however, that it may not be possible to preserve anonymity if they identify themselves, provide other information which identifies them, the investigation reveals their identity, or they inform people that they have called the Compliance Hotline. Callers should also be aware that The Arc Rockland is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.

The Arc Rockland PROCEDURE

SUBJECT: REPORTING COMPLIANCE CONCERNS

APPLICABILITY: AGENCY-WIDE

APPROVED:

Revised:

REFERENCE POLICY: #2025-01

The Compliance Hotline telephone number is accessible to Affected Individuals by phone, with the number posted at each agency building/program and on the website.

2. Confidentiality of Reports

The Arc Rockland treats all reports made under this policy confidentially and works to protect the identity of the individual who has made a report consistent with fair and thorough enforcement of the Corporate Compliance Program and Standards of Conduct while also fulfilling The Arc Rockland's obligation to disclose matters to governmental agencies as necessary.

3. Investigation of Reports

Upon report of a compliance concern, the CO or designee conducts an investigation and prepares an investigative report as necessary with findings and recommendations/corrective actions. These reports are presented to the Board or its authorized committee at least annually summarizing incidents reported, investigatory findings and any corrective actions taken.

The person who is subject of the whistleblower complaint may not be present or participate in board or committee deliberations or vote on the matter relating to the complaint (except that nothing prohibits the person from providing background information or answering questions before deliberations/voting begin).

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B. Non-Intimidation/Non-Retaliation

1. General Principles

The Arc Rockland does not threaten or impose any adverse employment action, including discharge, suspension, demotion, intimidation, harassment, discrimination, or any other adverse action as defined in Section 740 of New York Labor Law in retaliation to a Affected Individual or former employee who discloses or threatens to disclose to any public body as defined in Section 740 of New York Labor law, whether within the scope of their job duties. This includes employment action that adversely impacts a former employee's current or future employment. Specifically, no adverse employment action will be taken when an Affected Individual or former employee discloses or threatens to disclose any violation of any aforementioned areas governed by The Arc Rockland. This includes, but is not limited to, any activity, policy, or practice by The Arc Rockland that the Affected Individual reasonably believes presents a substantial and specific danger to public health or safety, constitutes improper quality of care to people receiving supports and services, or constitutes health care fraud.

The protections within this section apply when an Affected Individual makes a good faith effort to notify The Arc Rockland of any known or suspected violation(s) of the aforementioned areas governing the Chapter. "Good faith" means the individual believes the potential violation occurred while reporting it. The Affected Individual must adhere to the reporting procedures in this policy with the exception of circumstances where there is an imminent and serious danger to public health or safety, the Affected Individual believes that reporting to The Arc Rockland would result in the destruction of evidence or

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concealment of the known/suspected violation(s), the known/suspected violation could reasonably be expected to lead to endangering the welfare of a minor or the physical harm to the Affected Individual or any other person, or the Affected Individual reasonably believes that The Arc Rockland is already aware of the known/suspected violation(s) and will not take corrective action.

An Affected Individual may seek remedy for alleged retaliatory action for up to two years after the alleged retaliatory action occurred.

The Arc Rockland prohibits adverse employment actions when employees object to or refuse to participate in any activity, policy, or practice in violation of a law, rule, or regulation. All covered parties are prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in retaliation or retribution against, or intimidation of, any individual for reporting their concerns relating to a possible violation of any aforementioned areas by which Arc Rockland is governed.

Further, The Arc Rockland does not impose any disciplinary or other action in retaliation, including intimidation, harassment, and discrimination, against individuals who provide information or testify before any public body conducting an investigation, hearing, or inquiry into any violation of law, rule, or regulation by The Arc Rockland.

The associated Policy's non-intimidation/non-retaliation provisions does not permit covered parties to avoid the consequences of their wrongdoing by reporting such wrongdoing. Disciplinary actions taken

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against an Affected Individual who reports their own wrongdoing result from the wrongdoing itself, not the reporting of such wrongdoing and, therefore, are not considered acts of intimidation, retaliation, or retribution. However, self-reporting may be considered in determining the appropriate disciplinary action to be taken.

2. Reporting Complaints

If an Affected Individual associated with The Arc Rockland believes in good faith that they have been intimidated or retaliated against for initiating a report or complaint or for participating in any investigation, hearing, or inquiry related to such report or complaint, then The Arc Rockland Affected Individual should report the intimidation/retaliation to their supervisor, manager, the CO, member of the QI/Compliance Department, or The Arc Rockland's Compliance Hotline as soon as possible. The report should provide a thorough account of the incident(s) and should include names, dates of specific events (if available), the names of any witnesses and the location or name of any document in support of the alleged retaliation.

The Arc Rockland conducts a thorough and objective investigation of the retaliatory incident(s).

Adverse actions in retaliation for an Affected Individual's report or complaint may result in discipline, up to and including termination or termination of contract.

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3. Discipline

Any disciplinary action for violation of the Corporate Compliance Plan, Standards/Code of Conduct, policies and procedures or any of the laws, rules or regulations by which The Arc Rockland is governed are imposed in accordance with The Arc Rockland's Corporate Compliance Discipline Program Policy and Procedure.

In the event an Affected Individual makes a frivolous, malicious or knowingly false report or complaint under this Policy, the employee is subject to appropriate discipline, up to and including termination or termination of contract.



POLICY # 2023-05

SUBJECT: Responding to Government Investigations

APPLICABILITY: Agency Wide

APPROVED: June 2023

REVISION: _____

I. **BACKGROUND:**

The purpose of this policy is to provide a uniform method by which employees of The Arc Rockland are to respond if any government employee (federal or state) contacts an Arc Rockland employee, at any time, for information regarding The Arc Rockland or any Arc Rockland entity or affiliated individual.

II. **SCOPE:**

This policy and associated procedure are applicable and made available/accessible to all employees unless a specific exemption is noted within this policy.

III. **POLICY:**

It is the policy of The Arc Rockland to fully cooperate with reasonable requests of government officials.

REFERENCES

The Arc Rockland is governed by several federal, state, and local statutes, rules, and regulations; however, this policy focuses on those pertaining to participation in and compliance with the Medical Assistance Program (Medicaid and Medicare). Applicable statutes, rules and regulations used to design this policy include New York State Title 18 regulations, specifically those under Part 521 that establishes requirements to adopt and implement programs designed to detect and prevent fraud, waste, and abuse in the Medical Assistance program. Social Services Law Part 363-d which establishes expectations for provider compliance programs, was also used to design this policy and procedure. The Arc New York Chapter Manual also requires that all operating Chapters shall have in effect a plan for corporate compliance that contains all the elements of a corporate compliance plan required by the OMIG (Section III-15.0: Corporate Compliance, The Arc New York Chapter Manual) as well as a Compliance Committee that is a committee of the Chapter Board. (Section II-5.1: Model Chapter By-Laws, Article XI, Sections 1 &2).



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Compliance Program expectations for investigations, including response to external investigations, are governed by Title 18, Social Services Law, New York Codes, Rules, and Regulations at Part 18 NYCRR § 521-1.4(h).

DEFINITIONS

Affected Individuals: all persons who are affected by the required provider's risk areas, including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

RESPONSIBILITIES

This policy and procedure is overseen by The Arc Rockland's designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary, but no less frequently than once a year.

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IV: Procedure:

This procedure replaced the Responding to Government Inquiries Procedure associated with Policy #2016-18 with the same title.

A. General Procedures

1. If at any time an investigative demand letter, subpoena, or search warrant is received by an employee, the employee immediately notifies the Compliance Officer (CO) who in turn will immediately notify the Chief Executive Officer (CEO). If the CO cannot be reached, the employee must immediately notify the CEO directly.
2. The CO with assistance from the CEO and Outside Counsel (as needed), will coordinate The Arc Rockland's response to the government.
3. No The Arc Rockland employee shall release or copy documents in connection with or in response to an investigative demand letter, subpoena, or search warrant without the authorization of the CO.
4. No The ARC Rockland employee may remove, alter, create, or destroy documents or records including, but not limited to, paper, tape, and computer records, in anticipation of or during an investigation.
4. If an investigator or other government representative appears in person, employees shall contact their supervisor or the CO to request assistance with engaging the representative. The employee then asks to see and make a copy of the government representative's identification and business card. If these materials are unavailable, employees ask for the person's name and office, address and telephone number, and identification number. The employee shall call the government representative's office to confirm their identity and authority. If more than one representative appears, determine which representative is in charge and ask for their identifying information.

B. Search Warrants

1. A search of The Arc Rockland's premises by government representatives may not be conducted without a legally valid search warrant. A search warrant is a legal document that permits authorized law enforcement agents to search a person, location, or vehicle for evidence

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of unlawful action. A search warrant also permits the seizure of tangible property if described in the search warrant or located in an area specifically identified as covered by the search warrant.

2. If a government representative presents a search warrant, employees must make a copy of the document and immediately request that the government representative allow them to contact the CO to determine the validity of the warrant. The CO decides on the need to engage legal counsel. If the government representative has a legally valid search warrant, employees may not stop the search. Once the validity of the warrant has been determined, the CO will instruct employees on how to proceed.

3. After the CO has determined that the search warrant is valid, the following procedures are followed:

I. The CO appoints an on-site The Arc Rockland employee to be in charge. That person will be responsible for communicating with the government representative.

II. All employees must remain calm, polite, and observant. Remember, it is a crime to obstruct an agent in the lawful execution of a valid search warrant. Employees may ask questions.

III. The following actions are prohibited:

a. Alteration or destruction of any documents or tangible items sought in an investigation;

b. Falsely denying knowledge of information;

c. Intimidating a witness with the intent of influencing behavior. If this behavior is observed, notification to the CO is made immediately; or,

d. Corruptly influencing another person to exercise the privilege against self-incrimination.

4. It is very important to keep a thorough list of all documents and/or items that the government representative is seizing or copying. An employee is assigned by the CO to accompany each government representative during their search. That employee takes detailed notes of everything the government representatives inspect but does not seize or copy. The employee also takes

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detailed notes of any conversations between or among the government representatives and all conversations between the government representatives and other employees.

5. The employee requests a detailed receipt from the government representative of all documents/items of which the government has obtained a copy, including the number of pages copied for reimbursement purposes. If the government representative wishes to take original documents, they are asked if those documents may first be copied. If the government representative will not allow copies to be made, notification is made to the CO. If the CO is unavailable, the CEO or Outside Council should be contacted, and a request is made to the government representative to first make a list of all documents the government is taking.

6. The government representatives may seek to seize documents or items whose loss will impede the day-to-day operations of The Arc Rockland, including records of people supported and computers. If the representative wants to seize any computers, a request is made for the Chapter to make a copy of all files. Notification is made to the CO to inform them that the government is seizing computers. If the government representatives wish to seize records of people supported, a request is made that those records may be copied so that confidentiality of the person supported will not be compromised. Notification is made to the CO that the government is seizing records of people supported.

7. Employees are required to answer questions concerning the location of documents or items if they know the location in question.

8. Employees are not required to answer other questions. Employees may tell the government representative that they prefer to wait until counsel is present.

9. If a request is made to sign an affidavit of any kind, employees do not comment as to the validity of its contents and explain that they are not authorized to sign any document prior to review by The Arc Rockland's legal counsel.

10. It is important that all employees (1) cooperate with the government representatives and (2) provide accurate information to the government representatives. Providing inaccurate statements to government representatives may result in obstruction of justice charges.

C. Requests for Interviews

1. It is important to know that during a government representative's first encounter with The Arc Rockland, the government representative may suggest that employees must speak with them or consent to an interview. That is not true.

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2. Government representatives may not threaten employees in any way or require an employee to speak with them immediately. Employees have the right to schedule an appointment at a later time to speak with the government representative. Employees also have the right to decline to be interviewed altogether.

3. Employees are entitled to have someone with them during an interview with a government representative. The Arc Rockland will arrange to have the organization's attorney present at no cost, or the employee may choose to consult an attorney separately at their own expense. It must be made clear to the employee that an attorney hired by The Arc Rockland does not represent the employee individually.

4. Employees are, of course, free to speak with the government representatives. If an employee speaks with the government representatives before notifying the CO, the employee makes the notification as soon as possible after the interview. Employees are strongly encouraged to take notes during the interview.

5. During the interview, employees should follow these guidelines:

I. Always tell the truth. If an employee cannot recall something, is uncertain or has no knowledge about the topic being discussed, they should say so.

II. Employees should be careful to answer questions completely, accurately, and concisely so that there will be no misunderstandings as to what they are saying. Employees should indicate whether the information they provide is first-hand knowledge, something they have heard, or speculation.

III. It is good practice to avoid speculation, but if an employee must speculate, it is important to make sure they let the government representatives know that they are speculating.

IV. Contact the CO as soon as possible after the interview.

D. Communications Regarding a Government Inquiry or Investigation

1. Employees shall not discuss this matter with anyone without first receiving permission from the CO. Innocent parties may be hurt by rumors regarding the government contact, and The Arc Rockland will not condone the spreading of such rumors.

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2. If an employee receives any inquiries from the media, a person, or organization, they will refer the inquiries to the CO. No attempt shall be made to provide any explanation other than to state that the questions regarding the investigation will be answered by the CO.



POLICY #2023-02

SUBJECT: RESPONSE TO EXTERNAL AUDITS

APPLICABILITY: AGENCY-WIDE

APPROVED: JANUARY 2012

REVISION: 3/2023, 5/2023

I. BACKGROUND:

This policy replaces the policy and procedure entitled Response to External Audits: Plans of Corrective Action originally approved January 2012.

In an effort to ensure timely, clearly written, accurate, acceptable plans of correction in response to deficiencies noted by external audit teams from all government oversight entities (including but not limited to OMIG, OPWDD, DOH, and the State Education Department), the Quality and Compliance Department will participate with each department in the following activities:

- A member of the Quality Improvement and Compliance Department will attend, as available, all the exit conferences held by the external audit teams.
- The Chief Executive Officer (CEO) and Compliance Officer (CO) will review all the external audit team findings. This includes all Statements of Deficiencies and Exit Conference Forms issued from all visits.
- The CEO and CO will review and approve all Plans of Corrective Action written in response to external audits.
- The CEO and President of the Board of Directors will sign all Plans of Corrective Action written in response to external audits.

APPLICABILITY:

The Arc Rockland requires all departments to follow the associated procedures related to development of an acceptable Plan for Corrective Action (POCA) unless provided different instructions by the government oversight entity.

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SUBJECT: Response to External Audits

APPLICABILITY: Agency Wide

APPROVED: JANUARY 2012

REFERENCE POLICY: #2023-02

Revised: 3/2023, 6/2023

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IV. Procedure:

This procedure replaces the previous version entitled Response to External Audits: Plans of Corrective Action originally approved in 2012.

1. The Division Director (or designee) will immediately notify all members of the Senior Leadership Team, as well as the team that supports that specific program whenever auditors arrive to the program via email using the auditorarrivalnotification@rocklandarc.org email address.
2. The Division Director (or designee) will notify the Senior Leadership Team as well as the team that supports that specific program when the External Audit team will hold an exit conference to allow team members to attend the exit conference as necessary.
3. Unless an exception is made by the Chief Quality and Compliance Officer or the Chief Executive Officer, a member of the Quality and Compliance Department staff will attend the exit conference. The Quality and Compliance Department staff's role is to provide the review team with information on Agency policies, feedback on potential citations and regulatory interpretations.
4. The Division Director (or designee) will sign and forward all copies of Exit Conference Forms to the Chief Executive Officer and Chief Quality and Compliance Officer or a designee within twenty-four hours of conclusion of the audit and Exit Conference Form receipt.
5. In the event of a Statement of Deficiencies (SOD) is issued by the External Audit Team, the Division Director (or designee) will forward copies of the SOD to the Chief Executive Officer, the Chief Quality and Compliance Officer for review.
6. The Division Director (or designee) will immediately convene a meeting with the members of the support team for that program following the exit conference if an SOD is issued to prepare and ensure immediate action is taken for any noted deficiencies.
7. The Division Director (or designee) will submit the written Plan of Corrective Action (POCA) to Chief Quality and Compliance Officer for review and approval.
8. Once approved, the POCA will be forwarded to the Chief Executive Officer for final review and approval and signature and presented to the President of the Board of Directors for final approval and signature.

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9. Once properly signed as stated above, the Chief Quality and Compliance Officer (or designee) will submit the POCA to the government oversight agency(s) as instructed.
10. The Division Director (or designee) will forward the final approved Plan of Corrective Action (signed off by the Chief Executive Officer, President of the Board of Directors, and the Quality and Compliance Department) to all staff responsible for the implementation and monitoring of the plan. The Division Director (or designee) and Quality and Compliance Department will maintain a record of all POCAs for future reference.
11. After submission of the POCA, the Division Director (or designee) will notify the Chief Executive Officer and the Chief Quality and Compliance Officer (or designee), if there is any phone or email contact from the government oversight agency concerning a submitted Plan of Corrective Action to a Statement of Deficiencies issued by the External Audit Team so that the Chief Quality and Compliance Officer will act as liaison between The Arc Rockland and the External Audit Team and/or government oversight agency(s). Any changes to the approved POCA will be made in collaboration with the Chief Quality and Compliance Officer (or designee) and the Chief Executive Officer.
12. The Division Director (or designee) will supervise and monitor all staff responsible for the implementation of all aspects of The Plan of Corrective Action and ensure the plan to maintain compliance is followed.
13. The Quality and Compliance Department will conduct or ensure that monitoring of the Plan of Corrective Action has been implemented.