



Corporate Compliance Plan

Updated
October 3, 2023

CPW's Corporate Compliance Plan applies to all **Affected Individuals**. Regulation 18 NYCRR Part 521-1.2 defines "Affected Individuals" 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"

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CORPORATE COMPLIANCE POLICY

I. Policy

It has been and continues to be the policy of Cerebral Palsy of Westchester (also referred to as CPW) to comply with all applicable federal, state and local laws and regulations, and payer requirements. It is also CPW's policy to adhere to CPW's Standards of Conduct, which is adopted by the Board of Directors, the Chief Executive and the Compliance Committee.

II. Commitment

CPW has always been and remain committed to our responsibility to conduct our business with integrity based on sound ethical and moral standards. CPW holds our Affected Individuals to these same standards.

CPW is committed to maintaining and measuring the effectiveness of our Compliance policies and standards through monitoring and auditing systems reasonably designed to detect noncompliance by its Affected Individuals. We shall require the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in federal and state health care statutes, regulations, and health care program requirements.

III. Responsibility

All Affected Individuals shall acknowledge that it is their responsibility to report any suspected instances of suspected or known noncompliance to their immediate supervisor, the Executive Director or the Compliance Officer. Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

IV. Policies and Procedures

CPW will communicate its compliance standards and policies through required training initiatives to all Affected Individuals. We are committed to these efforts through distribution of this Compliance Policy and our Standards of Conduct and philosophy.

V. Enforcement

This Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals responsible for failure to detect and/or report noncompliance.

VI. Agency Response

Detected noncompliance, thorough any mechanism, i.e. compliance auditing procedures, confidential reporting, will be responded to in an expedient manner. CPW is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan.

VII. Due Diligence

At all times, CPW will exercise due diligence with regard to background and professional license investigations for all prospective Affected Individuals.

MISSION AND EXPECTATIONS

I. Mission

The mission of CPW is to advance the independence, productivity, and full citizenship of individuals with Cerebral Palsy or other disabilities.

II. Expectations

CPW ensures that all aspects of care provided to all service recipients, and business conduct, are performed in compliance with our mission statement, policies and procedures, professional standards, and applicable governmental laws, rules and regulations and other standards. CPW expects every person who provides services to our service recipients to adhere to the highest ethical standards and to promote ethical behavior. Any person whose behavior is found to violate ethical standards will be disciplined appropriately.

Affected Individuals may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of CPW. Affected Individuals must disclose any circumstances where they or their immediate family member is an employee, consultant, owner, contractor or investor in any entity that (i) engages in any business or maintains any relationship with CPW; (ii) provides to, or receives from CPW, any service recipient referrals; or (iii) competes with CPW. Affected Individuals may not accept, solicit or offer anything of value from anyone doing business with CPW, without permission of the Compliance Officer.

Affected Individuals are expected to maintain complete, accurate and contemporaneous records as required by CPW. The term “records” includes all documents, both written and electronic, that relate to the provision of agency services or provide support for the billing of agency services. Records must reflect the actual services provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature and title of the person altering the document, and the reason for the alteration if not apparent. No person shall ever sign the name of another person on any document. Signature stamps shall not be used. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to immediate supervisors, the Compliance Officer, or the Executive Director, so each situation may be appropriately dealt with. The Compliance Officer may be reached at 914-937-3800, extension 721. If preferred, a voice message may be left on the Compliance Hotline, at 914-937-3800, extension 210.

THE ROLE OF THE COMPLIANCE OFFICER

I. Compliance Officer

The Board of Directors of CPW designates Lisa Fisher-Wheatley as the Compliance Officer. The Compliance Officer has direct lines of communication to the Executive Director and the Board of Directors, and agency counsel.

II. Job Duties

The Compliance Officer is directly obligated to serve the best interests of CPW, its service recipients and Affected Individuals. Responsibilities of the Compliance Officer include, but are not limited to:

- Developing and implementing compliance policies and procedures.
- Overseeing and monitoring the implementation of the compliance program.
- Directing internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management, medical/clinical program personnel, and individual departments regarding policies and procedures and governmental laws, rules and regulations.
- Periodically updating the Compliance Plan as changes occur within the agency, and/or in the law and regulations or governmental and third-party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Plan.
- Coordinating, developing and participating in the educational and training program.
- Guaranteeing that independent contractors (i.e., for care services, vendors, billing services, etc.) are aware of the requirements of CPW's Compliance Plan.
- Actively seeking up-to-date material and releases regarding regulatory compliance.
- Maintaining a reporting system (i.e., hotline) and responding to concerns, complaints and questions related to the Compliance Plan.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to compliance.
- Coordinating internal investigations and implementing corrective action.

THE STRUCTURE, DUTIES AND ROLE OF THE COMPLIANCE COMMITTEE

I. Reporting Structure and Purpose

Compliance Committee members are appointed by the Executive Director and approved by the Board of Directors. Compliance issues are reported by the Compliance Committee to the Executive Director and Board, where appropriate. The Committee's purpose is to advise and assist the Compliance Officer with implementation of the Compliance Plan.

II. Function

The roles of the Compliance Committee include:

- Analyzing the environment where CPW does business, including legal requirements with which it must comply.
- Working with departments to develop standards and policies and procedures that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Reviewing and assessing existing policies and procedures that address these risk areas for possible incorporation into the Compliance Plan.
- Advising and monitoring appropriate departments relative to compliance matters.
- Developing internal systems and controls to carry out compliance standards and policies.
- Monitoring internal and external audits to identify potential noncompliant issues.
- Implementing corrective and preventative action plans.
- Developing a process to solicit, evaluate and respond to complaints and problems.

DELEGATION OF SUBSTANTIAL DISCRETIONARY AUTHORITY

I. Requirement

Any Affected Individual or prospective Affected Individual who holds, or intends to hold, a position with substantial discretionary authority for CPW is required to disclose any name changes, and any involvement in noncompliant activities including health care related crimes. In addition, CPW performs reasonable inquiries into the background of such Affected Individuals.

The following organizations and others may be queried with respect to potential Affected Individuals:

- U. S. Department of Health and Human Services, Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE): <https://oig.hhs.gov/exclusions/>
- The System for Award Management (SAM) Exclusion List: <https://www.sam.gov/SAM/>
- New York State Office of the Medicaid Inspector General (OMIG) Excluded Providers List: <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>

I. Expectations

Education and training are critical elements of the Compliance Plan. Every Affected Individual is expected to be familiar and knowledgeable about CPW's Compliance Plan and have a solid working knowledge of their responsibilities under the plan. Compliance policies and standards will be communicated to all Affected Individuals through required participation in training programs.

II. Training Topics

All personnel and members of the Board of Directors shall participate in training on the topics identified in CPW's Corporate Compliance Training Plan. Some of those topics are:

- CPW's risk areas and organizational experience.
- The role of the Compliance Officer and the Compliance Committee.
- CPW's system of reporting Compliance issues.
- CPW's disciplinary standards.
- History of Corporate Compliance, laws and penalties.
- Documentation must be true and accurate.
- Definition of 'contemporaneous'.
- How to correct errors in an acceptable manner.
- The 7 Elements of an Effective Compliance Program.
- Standards of Conduct.
- Responsibilities of Affected Individuals.

III. Orientation

In addition to the above training topics, as part of their agency orientation, each new employee shall also receive a printed or electronic copy of CPW's Compliance Plan, compliance policies, and Standards of Conduct.

IV. Attendance

All education and training relating to the Compliance Plan will be verified by attendance and a signed acknowledgement of receipt of the Compliance Plan and Standards of Conduct.

Attendance at compliance training sessions is mandatory and is a condition of continued employment.

EFFECTIVE CONFIDENTIAL COMMUNICATION

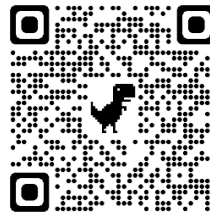
I. Expectations

Open lines of communication between the Compliance Officer and every Affected Individual subject to this Plan is essential to the success of CPW's Compliance Program. Every Affected Individual has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

II. Reporting Procedure

If any Affected Individual learns of, or is asked to participate in potential noncompliant activities, in violation of this Compliance Plan or the Standards of Conduct, they should contact the Compliance Officer, their immediate supervisor or the Executive Director. Reports may be made by:

- Speaking in person or by phone to the Compliance Officer (914-937-3800, x721) or Division Director of Quality Management (914-937-3800, x723).
- Leaving a voice message on the **Compliance Hotline**, at **914-937-3800, extension 210**.
- Sending an email to ComplianceDept@cpwestchester.org
- Mailing a letter to **Compliance Officer, Cerebral Palsy of Westchester, 1186 King Street, Rye Brook NY 10973**
- Completing the form at <https://form.jotform.com/232604324311038>
 - This QR Code may also be used to access this form:



Upon receipt of a question or concern, any supervisor or director shall document the issue at hand and report to the Compliance Officer. Any questions or concerns relating to potential noncompliance by the Compliance Officer should be reported immediately to the Executive Director.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the Affected Individual was seeking information concerning the Standards of Conduct, the Compliance Officer or designee shall record the facts of the call, the nature of the information sought, and respond as appropriate.

III. Protections

The identity of reporters will be safeguarded to the extent that is practical and allowable by law. Affected Individuals should be aware that CPW is legally required to report certain types of crimes or potential crimes and infractions to governmental agencies; therefore, confidentiality cannot be maintained in these circumstances:

- When law enforcement must be involved.
- When an employment action must occur.

- For legal proceedings.

Reporters will be protected against retaliation. Any threat of reprisal against a person who acts in good faith pursuant to their responsibilities under this Plan is acting against CPW's compliance policy. Discipline, up to and including termination of employment will result if such reprisal is proven.

ENFORCEMENT OF COMPLIANCE STANDARDS

I. Background Investigations

For all Affected Individuals who have authority to make decisions that may involve compliance issues, CPW will conduct a reasonable and prudent background investigation, including a reference check, as part of every employment application.

II. Disciplinary Action – General

Affected Individuals who fail to comply with CPW's compliance policy and standards, or who have engaged in conduct that has the potential of impairing CPW's status as a reliable, honest, and trustworthy service provider will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The Compliance Officer shall maintain a record of all disciplinary actions involving the Compliance Plan and report at least quarterly to the Board of Directors regarding such actions.

III. Performance Evaluation – Supervisory

CPW's Compliance Program requires that the promotion of, and adherence to, the elements of the Compliance Program be a factor in evaluating the performance of Affected Individuals. They will be periodically trained in new compliance policies and procedures. In addition, all managers and supervisors will:

- Discuss with all supervised individuals the compliance policies and legal requirements applicable to their function.
- Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.
- Disclose to all supervised personnel that CPW will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

IV. Disciplinary Action – Supervisory

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

AUDITING AND MONITORING OF COMPLIANCE ACTIVITIES

I. Internal Audits

Ongoing evaluation is critical in detecting noncompliance and will help ensure the success of CPW's Compliance Program. A ongoing auditing and monitoring system, implemented by the Compliance Officer, in consultation with the Compliance Committee, is an integral component of our auditing and monitoring systems. This ongoing evaluation shall include the following:

- Compliance audits of compliance policies and standards.
- Review of documentation and billing relating to claims made to federal, state and private payers for reimbursement, performed internally or by an external consultant as determined by the Compliance Officer and Compliance Committee.

The audits and reviews will examine CPW's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to Affected Individuals), and reviews of the documentation of service provision to service recipients.

II. Integrity of the Compliance Plan

Additional steps to ensure the integrity of the Compliance Plan will include:

- Annual review with legal counsel of all records of communications and reports by all Affected Individuals kept in accordance with this Plan.
- The Compliance Officer will be notified immediately in the event of any visits, audits, investigations or surveys by any federal or state agency or authority, and shall immediately receive a copy of any correspondence from any regulatory agency charged with licensing CPW and/or administering a federally or state-funded program or county-funded program with which CPW participates.
- Establishment of a process detailing ongoing notification by the Compliance Officer to all appropriate personnel of any changes in laws, regulations or policies, as well as appropriate training to assure continuous compliance.

DETECTION AND RESPONSE

I. Violation Detection

The Compliance Officer, Executive Director and the Compliance Committee shall determine whether there is any basis to suspect that a violation of the Compliance Plan has occurred.

If it is determined that a violation *may have* occurred, the matter shall be referred to legal counsel, who, with the assistance of the Compliance Officer, shall conduct a more detailed investigation. This investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged.
- A review of documents.
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or verbal response shall be fully documented.

II. Reporting

At the conclusion of an investigation involving legal counsel, they shall issue a report to the Compliance Officer, Executive Director, and Compliance Committee summarizing their findings, conclusions and recommendations and will render an opinion as to whether a violation of the law has occurred.

The report will be reviewed with legal counsel in attendance. Any additional action will be on the advice of counsel.

The Compliance Officer shall report to the Compliance Committee and Board of Directors regarding each investigation conducted.

III. Rectification of Overpayments

If CPW identifies that an overpayment was received from any third-party payer, the appropriate regulatory authority will be appropriately notified (with the advice and assistance of counsel if necessary) and the overpayment will be promptly repaid to the appropriate payer, with interest if applicable. It is CPW's policy to not retain any funds which are received as a result of overpayment.

Systems shall be put in place to prevent such overpayments in the future.

IV. Record Keeping

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the Executive Director or legal counsel.