



**Ontario ARC
Corporate Compliance Plan
Policies and Procedures Manual**

Board Enactment: 9/14/09

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**ONTARIO ARC
CORPORATE COMPLIANCE PLAN**

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MISSION

Ontario ARC is a not-for-profit organization dedicated to assisting individuals with developmental disabilities and their families. We offer personalized services and supports that promote independence, recognize individual uniqueness and value quality of life.

VISION

We, at Ontario ARC, envision a community where people with developmental disabilities are welcomed, involved and respected. To achieve this, we live by our values, creating opportunities for individual growth, decision-making, choice and access to services.

VALUES

Integrity

Having high standards of honesty, trust and sincerity.

Respect

Ensuring an atmosphere of dignity, recognition and appreciation.

Teamwork

Working together toward common goals.

Quality

Striving for excellence.

Commitment

Acting with dedication and responsibility.

Person-Centered

Building supports based on personal choice, ability and need.

Quality of Life

A personal sense of fulfillment.

SECTION: 1.2

SUBJECT: Corporate Compliance

TOPIC: Corporate Compliance Plan

POLICY

As a not-for-profit human resources organization dedicated to improving the lives of people with developmental disabilities, Ontario ARC is committed to complying with the rules and regulations of federal, state and local government. This includes but is not limited to those issued by the Centers for Medicare and Medicaid Services (CMS) and the New York State Office for Mental Retardation and Developmental Disabilities (OMRDD). The agency seeks to provide a work environment where high standards of ethical and legal behavior are recognized and practiced.

VALUES

Integrity, Commitment

I. ELEMENTS OF OUR COMPLIANCE PLAN

In order to demonstrate that we have developed an effective compliance program, we must demonstrate that we have:

- (1) developed standards and procedures in order to reduce the prospect of improper conduct;
- (2) designated a high-level individual to oversee compliance;
- (3) not delegated authority to individuals who may not have abided by the agency Code of Conduct ;
- (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 potential misconduct without fear of retribution;
- (6) taken appropriate disciplinary measures against individuals found to have violated the Corporate Compliance Plan or related policies and procedures;
- (7) taken reasonable steps to respond and prevent future violations.

The Corporate Compliance Plan was instituted by the Board of Directors on September 14, 2009. Our Corporate Compliance Plan also supports and complies with the NYSARC Board of Governors' policy requiring that each chapter of NYSARC implement an effective Corporate Compliance Plan.

Ontario ARC developed this Corporate Compliance Plan, including our Code of Conduct and a wide array of policies and procedures that address key risk areas, to guide our best efforts to operate under ethical and legal standards. The agency expects that all aspects of individual's care and business conduct will be performed in compliance with this Corporate Compliance Plan, professional standards and applicable governmental laws, rules and regulations.

1.2 Corporate Compliance Plan, cont.

Element I: Corporate Compliance Plan – Policies and Procedures

Our compliance philosophy is expressed within this Corporate Compliance Plan and related documents, including our Code of Conduct, our policies and procedures related to compliance, clinical operations, human resources and fiscal management. Collectively, these documents establish standards and procedures that must be followed by Ontario ARC employees and, as applicable, independent contractors and the Board. Understanding and following these standards will reduce the prospect of unethical, illegal and criminal conduct.

A. Code of Conduct

The purpose of the agency's Code of Conduct is to provide information and guidance to all employees, independent contractors and the Board to assist in carrying out the day-to-day responsibilities within legal and ethical standards.

Ontario ARC's Code of Conduct is a set of guiding principles that are more completely developed in the Corporate Compliance Plan and its related policies and procedures. The Code of Conduct reflects our tradition of caring, provides guidance to ensure our work is done in an ethical, legal manner. It emphasizes the shared common values and culture we seek to cultivate that guides our actions each day.

We require that each employee, independent contractor and Board member sign a written acknowledgment that he or she understands and will follow our Code of Conduct.

B. Policies and Procedures

Ontario ARC has developed and will continue to develop policies and procedures to implement the Corporate Compliance Plan. These policies and procedures establish the activities and processes that the agency will undertake to operate in conformance with all applicable laws and regulations. We will review, revise and develop new policies and procedures, as necessary, to ensure that Ontario ARC's operations are conducted with "best practices." The policies and procedures of not only the health regulatory components of the agency, but also those related to human resources, environmental health and safety and financial operations shall apply broadly to each employee through this Corporate Compliance Plan.

1.2 Corporate Compliance Plan, cont.

Element II: Compliance Program Structure and Oversight Responsibilities

We are committed to the operation of an effective compliance program and have assigned compliance oversight responsibilities to individuals at the management level. Individuals with day-to-day compliance oversight authority occupy high levels in the agency's organizational structure, including a Corporate Compliance Officer, and are empowered to implement the Corporate Compliance Plan, investigate compliance concerns, report compliance concerns directly to those in higher positions of authority, up to and including, the Board President, the Board of Directors and the Executive Director.

We have established a Corporate Compliance Committee comprised of key management and operations staff and agency leadership with responsibility to meet regularly to advise the Corporate Compliance Officer. This committee identifies and resolves compliance concerns and continues to improve and refine the agency's overall compliance activities. The Board of Directors will be an integral part of the Corporate Compliance Plan and will be knowledgeable about the content and operation of the agency's Corporate Compliance Plan. The Board will exercise oversight with respect to the implementation and effectiveness of the Corporate Compliance Plan.

Element III: Due Care in Assignment of Responsibilities – Background Checks

Ontario ARC agency will use due care not to employ or contract with any individual who may not have abided by the agency Code of Conduct. In order to maintain the integrity of our services and financial and business operations, it is critical that the agency hire and contract with individuals and entities that have the same respect for applicable legal and ethical obligations that the Ontario ARC possesses. This standard applies to personnel in positions with "substantial" control over the agency, including, but not limited to those having the ability to affect and determine policy and to negotiate contracts. All current and prospective employees will be required to disclose, on a periodic basis, whether he or she has committed a crime, including health care related crimes.

Further, Ontario ARC will check to determine if new hires or existing employees and independent contractors have been excluded from participation in the federal healthcare programs by checking the Office of the Inspector General's "List of Excluded Individuals/Entities," a database which provides a list of parties excluded from participation in federal healthcare programs. Similarly, the General Services Administration maintains the List of Parties Excluded from Federal Procurement and Non-procurement Programs, which identifies those parties excluded from receiving federal contracts or certain subcontracts and certain types of federal financial and non-financial assistance and benefits.

The agency will also comply with requirements promulgated under state law with respect to background checks and appropriate screening activities as those requirements apply to personnel within the agency operations.

1.2 Corporate Compliance Plan, cont.

Element IV: Education and Training

The Board of Directors, all employees and, as applicable, independent contractors, must be informed about regulatory requirements and agency's policies and procedures that implement these requirements, as they apply to each individual. Therefore, Ontario ARC will adequately train the Board, high-level personnel, substantial authority personnel, employees and independent contractors on the organization's standards and procedures. The agency will continuously identify training topics, including those arising as a result of self-monitoring, audits by regulatory agencies and regulatory developments.

All new employees will receive training regarding our Code of Conduct, this Corporate Compliance Plan and those policies and procedures relevant to their job duties as part of an orientation program. Ontario ARC will tailor its training based on the roles and responsibilities of each group of individuals and in a manner that the individual can understand.

Element V: Auditing and Reporting

A. Internal Auditing and Monitoring

Ontario ARC is committed to routinely conducting internal audits of concerns that have regulatory or compliance implications. Appropriate individuals in key management positions will be responsible for conducting internal audits within specific departments/divisions. We believe that a combination of various compliance reviews will permit us to maintain a consistent conformity to relevant laws and regulations, while fulfilling a commitment to identify and share best practices.

B. Reporting by Employees

Each employee has a responsibility to report through our compliance processes any activity by any colleague, clinician, independent contractor or client that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice or the Corporate Compliance Plan. We encourage a culture in which all employees feel free to report behaviors or action, which they believe should be reported. Therefore, the effectiveness of our Corporate Compliance Plan depends on the willingness and commitment of the employees in all parts of the agency to step forward, in good faith with questions and concerns. Likewise, we are committed to making every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports a concern in good faith.

It is an expected good practice, for concerns to be raised first with a supervisor. If this is not comfortable or not a viable option, then employees are encouraged to contact the Corporate Compliance Hotline at (585) 394-7500, extension 2345, where reports may be made confidentially.

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

1.2 Corporate Compliance Plan, cont.

Element VI: Supervisory Incentives and Actions

Ontario ARC seeks to reward employees who foster a culture of compliance. This is demonstrated through a variety of reward and recognition activities, positive feedback and continued business relations with contractors.

Failure to comply with the Corporate Compliance Plan, the Code of Conduct and/or laws and regulations applicable to the agency may result in supervisory action. Retraining of staff will occur if misconduct is based on a lack of awareness or understanding of a regulatory obligation, policy or procedure. Resolution of supervisory issues will be determined through the Corporate Compliance Plan structure in direct cooperation with the appropriate manager and the Corporate Compliance Officer and, as appropriate the agency Executive Director. The degree of supervisory action may range from counseling, verbal warnings, written warnings, recommended change or discontinuation of privileges, termination of a contract, termination of employment or removal from a particular position or function – and the agency will strive to be consistent in its approach to use the same supervisory action for similar offenses.

Element VII: Detection and Response

Ontario ARC is committed to fostering our culture of compliance through detecting, correcting and preventing non-compliance actions. Through the process of our corporate compliance reporting and communication of our compliance-related roles and responsibilities at every level of the agency's operations, detection and correction of problems is expedited.

If an internal investigation substantiates a reported violation, then it is our policy to:

- (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, as indicated, to prevent re-occurrence of a similar violation.

DATE: 9/14/2009

SECTION: 1.3

SUBJECT: Corporate Compliance

TOPIC: Corporate Compliance Structure

POLICY

Ontario ARC is committed to maintaining high standards of ethical conduct related to its business and operational practices. This policy establishes an independent Corporate Compliance Program which serves as the basis on which a strong culture of compliance to laws and regulations can rest. Ontario ARC delegates responsibility and authority to the Corporate Compliance Officer and the Corporate Compliance Committee for the oversight of implementation and operation of the Corporate Compliance Program.

VALUES

Integrity, Commitment

STRUCTURE

1. CORPORATE COMPLIANCE OFFICER (CCO)

The CCO shall be responsible for the day-to-day operation of the Compliance Program and shall foster an environment of compliance. The CCO shall oversee and monitor the development and implementation of Ontario ARC compliance policies, the achievement and maintenance of compliance standards, including audits, training, and the investigation and response to employee compliance complaints/reports. The CCO is directly responsible to the Executive Director, and, as necessary, to the Board of Directors. CCO Duties include:

Maintenance and Improvement of the Written Standards and Policies: Develops, oversees and monitors implementation of the written Corporate Compliance Plan, including the Code of Conduct and related policies and procedures and will recommend changes to or the development of new written documentation to support the Corporate Compliance Plan. Collaborates with and effectively utilize the resources of the NYSARC Compliance Resource Center to stay informed of the latest regulatory developments applicable to the chapter's operations and to develop new policies to address these changes.

Liaison to the Board, the Compliance Committee, Management and Employees: At least annually, appears before the Board to report the status of the Corporate Compliance Program. This report includes: a summary of allegations of possible non-compliance submitted to the CCO, the nature of complaint, assessment of risk, current status of the report, whether an existing procedural system or operational policy is involved, whether the complaint was referred to outside counsel, summary of related disciplinary action, and an evaluation of how effectively the disciplinary processes functioned in supporting and strengthening the Compliance Program. Reports all 'major' compliance risks to the Executive Director, in a timely manner. As determined to be necessary by the foregoing individuals, the Board will be notified of emergent compliance issues.

1.3 Corporate Compliance Structure , Corporate Compliance Officer, cont.

Liaison with the NYSARC Board of Governors: Facilitates cooperation with the NYSARC Director of Compliance at the Compliance Resource Center in periodic reviews of Ontario ARC's Corporate Compliance Program, and works cooperatively with the Director to implement any corrective actions required by the NYSARC Board of Governors to improve the effectiveness of the agency's Corporate Compliance Program.

Background/Exclusion Checks: Works with the Human Resources Department to ensure that the agency 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, in accordance with the policies and procedures established by the Human Resources Department.

Education and Training: Oversees the development of training seminars and for ensuring that these seminars are conducted in accordance with the Corporate Compliance Policy on Employee and Agent Education and Training. Leads the implementation of the Corporate Compliance Plan and will assist employees to interpret and follow the Plan.

Audit Responsibilities: Oversees compliance audits conducted by either internal staff and outside consultants. Ensures internal auditing is conducted in accordance with the Corporate Compliance Plan, Section 1.6, Service Documentation, Billing and Auditing.

Investigations and Receipt of Complaints and Concerns: Pursues and promptly investigates (or delegates investigation) any employee concerns or complaints received via the Corporate Compliance Hotline or other methods of reporting, as detailed in the Corporate Compliance Plan on Reporting Concerns (Section 1.8) and Internal Investigations (Section 1.9) Documents all compliance complaints or reports brought by the Board, by employees, by independent contractors or by clients.

Discipline/Enforcement of the Corporate Compliance Plan: Ensures that the agency imposes appropriate sanctions against an individual employee or independent contractor for failure to comply with the Corporate Compliance Plan, the Code of Conduct and/or laws and regulations applicable to the agency. Evaluates whether misconduct is based on a lack of awareness or understanding of a regulatory obligation, policy or procedure and shall institute a program of education and training of staff, as needed. Ensures that disciplinary action is taken in accordance with the Corporate Compliance Plan, Section 1.11, Corrective Action.

1.3 Corporate Compliance Structure , Corporate Compliance Officer cont.

Disclosure and Internal/External Corrective Action: Coordinates and oversees the detection, correction and prevention of non-compliance behaviors. When an internal investigation or report results in the identification of a violation of law, regulations or Ontario ARC policy or procedure, the Corporate Compliance Officer shall be responsible to work, as necessary, with the Board of Directors, the Executive Director, and/or Outside Counsel, the Corporate Compliance Committee and the management team to (a) ensure that the agency follows the Corporate Compliance Plan on Corrective Action & Reporting Violations and conducts the appropriate corrective action, such as making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency and instituting whatever disciplinary action is necessary. Also, ensures that the agency identifies and implements changes to its day-to-day policies and procedures to prevent a similar violation from recurring in the future.

2. CORPORATE COMPLIANCE COMMITTEE (CCC)

The CCC shall serve as a resource for the CCO and continually foster a culture of compliance within the agency at every level and in every department. The CCC shall have the authority to retain outside counsel and independent consultants, as needed, and shall be empowered to assure that appropriate allocation of resources for support of and effective implementation of the Corporate Compliance Program.

a. Composition and Governance

Membership: The Corporate Compliance Committee shall be appointed by the Board; the Executive Director and will be comprised of not less than eight (8) individuals representing agency leadership and key departments, including: At least one (1) Board member, the Executive Director, Senior Associate Executive Director, Associate Director for Community Services, Associate Executive Director for Support Services, Director of Human Resources, Director for Information Technology, Director for Quality Assurance/Staff Development. The composition of the Committee shall include at least three (3) directors of the agency, two (2) of whom should be non-executive directors, free from any relationship that would interfere with the exercise of his or her independent judgment. The CCO will serve as the Committee Chairperson.

Meetings: Meeting dates, times and locations will be set by the Committee Chairperson; however, the Committee will meet not less than once per quarter of the calendar year and may meet more often as deemed necessary by the Chair or by a majority of the Committee. The CCC may invite non-members to meet with the Committee. The CCO shall communicate with the members of the Committee between meetings to inform the members of significant developments or to solicit input.

1.3 Corporate Compliance Structure, Corporate Compliance Committee, cont.

Agenda: The agenda for regular meetings will be set by the CCO and all members will be entitled to add items to the agenda of regular and called meetings as they deem appropriate. Agenda items should include the following: status of implementation of Corporate Compliance Plan; potential compliance violations that have been detected; investigations and responses to reported offenses; identification of risk areas and plans for risk reduction; internal, prospective audit reports; evaluation of Corporate Compliance Plan.

Action: Actions of the CCC will require approval by a majority of the members, either by verbal or written consent. Members are not required to be physically present in the same location in order for the CCC to act and actions may be taken by telephone conferences, by written communications or by other means of communication.

Minutes: The CCC will maintain written minutes of meetings and actions. The minutes will be made available to members of the Board of Directors upon request. A Committee non-member is appointed to act as secretary and to prepare minutes of the meetings. Minutes and reviewed materials will be maintained by the CCO, in a locked file and retained indefinitely.

Confidentiality: The Corporate Compliance Committee will have access to sensitive information regarding the operations of the agency. Each member shall take appropriate steps to safeguard this information from accidental or intentional disclosure and may be required to return or destroy documents related to matters discussed by the Corporate Compliance Committee.

b. Duties of the Corporate Compliance Committee, shall be as follows:

Maintenance and Improvement of the Written Standards and Policies: Reviews the effectiveness of the Corporate Compliance Plan on an annual basis and will offer recommendations for improving and strengthening the agency's policies, procedures and commitment to compliance. Oversees and approves the continuing development and implementation of policies, procedures, directions, guidelines and communications that establish compliance standards and further the objectives of the Corporate Compliance Program. Analyzes the regulatory environment and legal requirements with which the agency must comply, and specific risk areas for the Company.

Liaison to the Board and Ontario ARC Management: Regularly communicates with the Board. Responsible to receive reports from the Corporate Compliance Officer or from the NYSARC Board of Governors concerning or related to the operation of the compliance program such as issues related to training and education, hotline reports/disclosures of wrongdoing, potential or existing government investigations or litigation, internal and external audits, and compliance risk assessment. Provides support and feedback to the CCO and others and will provide strategic direction for the Corporate Compliance Plan.

1.3 Corporate Compliance Structure , Corporate Compliance Committee, cont.

Auditing: Recommends and monitors, in coordination with the relevant departments, the development of internal systems and controls to carry out the agency's standards, policies, and procedures as part of daily operations. The CCC evaluates internal and external audits and investigations for the purpose of identifying troublesome issues and deficient areas, and implementing corrective and preventive action.

Investigations and Receipt of Complaints and Concerns: Ensures that the CCO has appropriate independence and support for the Corporate Compliance Program for investigations and matters related to compliance issues. Receives reports related to investigations and complaints under the Corporate Compliance Plan.

Discipline/Enforcement of the Corporate Compliance Plan: Supports the CCO and other management to impose appropriate sanctions for violations of law, regulations and agency policies and procedures, including the Corporate Compliance Plan. Advises on whether additional training and education may be needed based on particular areas of risk that arise.

Disclosure and Internal/External Corrective Action: Provides input into any corrective action plan developed by agency, including self-disclosure to a governmental agency. Assists the CCO to identify and implement changes to day-to-day policies and procedures to prevent future violations of similar laws, regulations and policies.

3. BOARD OF DIRECTORS

The Board of Directors shall receive and respond to reports of the CCO and the CCC and shall be responsible for the effective implementation of the agency's Corporate Compliance Plan. The Board shall be responsible for taking any disciplinary actions of its own members relating to violations of law, regulations or Ontario ARC policies and procedures, including the Corporate Compliance Plan.

4. ANNUAL WORK PLAN

The Corporate Compliance Officer shall be responsible to prepare an Annual Work Plan for the agency to follow, addressing key areas of risk. The CCO will update and report progress on an annual basis. The CCC shall approve and assist the CCO to achieve the goals of the Work Plan.

DATE: 9/14/2009

SECTION: 1.4

SUBJECT: Corporate Compliance

TOPIC: Code of Conduct & Conflict of Interest

POLICY

All employees, Board members and independent contractors must know, understand and follow the agency Code of Conduct and Conflict of Interest policy so that they may represent the organization in a positive and ethical manner. All employees should avoid situations involving a conflict between their personal interests and the interests of the agency, avoiding outside business interests that could compromise their commitment to the agency.

Our Code of Conduct/Conflict of Interest Sign Off is referenced as Attachment A in the Corporate Compliance Plan manual. These topics are also addressed in the Personnel Policies and Procedures, Policies 16C and 18.

VALUES

Integrity, Commitment, Quality

PROCEDURE

Person(s)

Responsibility

All Staff

Human Resources Staff

Includes the Code of Conduct/Conflict of Interest Statement in the Hire Packet for all newly hired employees.

All New Employees

Upon receipt of the Hire Packet, reviews the Code of Conduct and Conflict of Interest Statement. Addresses any questions to their assigned supervisor. Signs off on the Code of Conduct/Conflict of Interest Statement, indicating his or her understanding of and commitment to the Code of Conduct.

Writes on the statement any family members employed by the agency, any contractors/business associates working with the agency or personal business relationship with the agency, which may be considered a conflict of interest. Submits signed statement to their supervisor.

Supervisor

Addresses any staff questions and forwards the signed statement to Human Resources for filing. Coordinates annual review of the Code of Conduct/Conflict of Interest Statement for all assigned staff. Forwards a signed copy to Human Resources for filing.

Sets an example of ethical conduct. Creates an environment where all employees feel free to raise concerns. Ensure their employees have sufficient information to comply with laws, regulations and agency policies and procedures.

1.4 Code of Conduct/Conflict of Interest, cont.

PROCEDURE

Person(s)

Responsibility

Board Members

Executive Director

Orients new Board members within three (3) months of joining the Board of Ontario ARC. Provides a copy of the Code of Conduct/Conflict of Interest Statement to new Board Members during Board orientation and upon annual Board Corporate Compliance training.

Board Member

Reviews and signs off on the Code of Conduct/Conflict of Interest Statement, indicating his or her understanding of and commitment to the Code of Conduct.

Writes on the statement any family members employed by the agency, any contractors/business associates working with the agency or personal business relationship with the agency which may be considered a conflict of interest. Submits signed statement to the Corporate Compliance Officer.

Human Resources Director

Senior Management

Forwards a copy of the Code of Conduct/Conflict of Interest Statement to all Program Directors and Senior Management within the 1st quarter of the year.

Program Directors/Senior Management

Reviews and signs the Code of Conduct/Conflict of Interest Statement, indicating his or her understanding of and commitment to follow the Code of Conduct/Conflict of Interest.

Writes on the statement any family members employed by the agency, any contractors/business associates working with the agency or personal business relationship with the agency, which may be considered a conflict of interest. Submits signed statement to the Corporate Compliance Officer. (Corporate Compliance Officer submits his/her signed statement to the Executive Director). All signed statements are filed in the staff personnel file.

Purchasing Agent/
Facilities Director

Contractors

Provides independent contractors with a copy of the Code of Conduct/Conflict of Interest Statement at the time of entering into a written agreement with the agency.

Ensures receipt of signed statement, prior to starting work with the agency (exceptions for emergencies only).

Retains original signed copy of Code of Conduct/Conflict of Interest Statement in the contractor/vendor's file.

1.4 Code of Conduct/Conflict of Interest, cont.

Conflict of Interest Concerns

Staff questions and concerns about potential conflicts should be directed to the employee's supervisor and/or to the Corporate Compliance Officer. Supervisors shall consult with the Corporate Compliance Officer in responding to an employee's questions or concerns.

The Corporate Compliance Officer will make a determination and, if necessary, conduct an investigation as to any violation of this Conflict of Interest policy. Any disciplinary action taken or contingencies to be put in place to resolve the conflict shall be documented.

DATE: 9/14/2009

SECTION: 1.5

SUBJECT: Corporate Compliance

TOPIC: Compliance Education and Training

POLICY

Ontario ARC is committed to ensuring that staff, Board members and contractors are informed of the agency's ethical standards and aware of their personal responsibility to adhere to these standards. Attendance at Corporate Compliance training is mandatory and a condition of continued employment and/or business relationship with the agency.

VALUES

Integrity, Quality

PROCEDURE

Person(s)

Responsibility

Director, Staff Development

Ensures that Corporate Compliance and ISP/Hab Plan training is being offered on a consistent basis, throughout the year, to meet the training need. Generates a quarterly Training Report, to identify staff that are due for training.

Maintains Training Attendance Sign In sheets, to verify individual staff training.

Supervisor

Newly Hired Staff

Upon hire, provides the employee with information regarding where to reference the Corporate Compliance Plan at the worksite and on the staff webpage. Provides the employee with the Code of Conduct/Conflict of Interest for review and sign off. Forwards sign off to the Human Resources Department, to be filed in their personnel file.

Schedules newly hired staff for the following trainings:

- Corporate Compliance (during initial Orientation)
- ISP/Hab Plan Training (within 3 months of hire)
- Program specific training through their Coaching Plan, (including our Documentation Standards)

Maintains the completed Coaching Plan, with staff initials and training dates, in their supervisory file. Forwards a copy of the completed Coaching Plan sign off sheet to the Staff Development office.

Schedules staff for position specific training, in regards to any pertinent compliance information. (i.e. Changes in regulations, documentation standards, billing procedures, etc.)

1.5 Compliance Education and Training, cont.

Person(s)	Responsibility
Supervisor	<u>Annual Training</u> Schedules staff for annual ISP/Hab Plan Refresher training.
All Staff	Attend and complete the documentation training, as scheduled.
Corporate Compliance Officer	Maintains a current posting of the Corporate Compliance Plan on the agency website, for viewing by anyone who visits the site.
Corporate Compliance Officer	<u>Board of Directors</u> Conducts annual Corporate Compliance training for the Board of Directors. Any members not attending the meeting will receive a complete copy of the presentation and be required to sign off that they have received the information.
Corporate Compliance Officer	<u>Contractors</u> Annually sends a letter and training materials regarding our Corporate Compliance Plan to all contractors who conduct over \$500 of business with the agency, within a calendar year. Directs contractors to the agency website to review the complete Corporate Compliance Plan.

1.5 Compliance Education and Training, cont.

Topics Covered in Training Programs

Compliance education programs, at a minimum, will include information on the following aspects of the Corporate Compliance Program: (a) the Code of Conduct; (b) internal communications channels (e.g., access to the Corporate Compliance Officer, the Hotline); (c) organizational expectations for reporting problems and concerns; and (d) the non-retaliation policy for reporting made in good faith.

Specialized areas for education and training include: (a) government reimbursement principles; (b) government initiatives related to the services provided by the agency; (c) the general prohibition on paying or receiving remuneration for referrals of clients; (d) requirements for billing and documentation of services, including a prohibition against signing for the work of another individual and alterations to service documentation; and (e) confidentiality laws.

Specialized education and training will be provided to staff with the following responsibilities: direct submission of billing, internal auditing and oversight of the Fiscal Department.

DATE: 9/14/2009

SECTION: 1.6

SUBJECT: Corporate Compliance

TOPIC: Service Documentation, Billing and Auditing

POLICY

Ontario ARC adheres to the legal and ethical standards for documenting the services we provide. All staff are required to complete their documentation in an accordance with the agency's Documentation Standards. Quality documentation is the basis of our service billing.

VALUES

Integrity, Quality

PROCEDURE

Person(s)

Responsibility

Program Director

Ensures that there are written program procedures to provide checks on the staff documentation quality and accuracy, prior to billing submission. Adheres to the Supervisory Incentives and Corrective Action policy if there are concerns with documentation.

Ensures that there a written procedures for the confirmation of service provision, prior to submission of billing to the Accounts Receivable Specialist.

Supervisor, Compliance & Revenue

Assigns a second business department staff person to complete quality check of billing data prior to the submission for payment. Tracks all billing voids to identify the cause of incorrect billing and identifies if any procedural changes are necessary.

Monitors billing staff to ensure that there are no inducements for submittal of false billing information.

Corporate Compliance Officer

Ensures that program audits are completed by the internal audit staff, at least twice per year for each program site. Audits will be completed more frequently if there are significant concerns with the site documentation. Presents audit findings at each Corporate Compliance Committee meeting and a quarterly summary of billing voids. (Refer to Attachment B, ISP/Hab Plan Audit Tool).

Program Director

Ensures that any action items identified in the internal audit memo have a written response forwarded to the internal auditor, with related follow up information, within 30 days.

DATE: 9/14/2009

SECTION: 1.7

SUBJECT: Corporate Compliance

TOPIC: False Claims

POLICY

It is the policy of Ontario ARC to detect and prevent fraud, waste and abuse. Ontario ARC employees, contractors, or anyone working on behalf of the agency will not make or submit any false or misleading entries on any bills or claim forms. No employee, contractor, or agency representative will participate in any activity, either voluntarily or at the direction of another person including any supervisor or manager, which results in submitting a false claim.

VALUES

Integrity, Quality

PROCEDURE

1. Ontario ARC will adhere to the Federal False Claims Act which is a law used to detect fraud, waste and abuse in federal health care programs. The False Claims Act states that anyone who “knowingly” submits false claims to the Government may be held personally responsible and be required to pay back up to three times the amount of the error and an additional penalty of \$5,500 to \$11,000 for each false claim submitted. “Knowingly” means that a person;
 - has actual knowledge of the false claim;
 - acts in deliberate ignorance of the truth or falsity of the information; or
 - acts in reckless disregard of the truth or falsity of the information.
2. Should the Government, or an individual citizen acting on behalf of the Government bring actions under the False Claims Act, Ontario ARC will immediately respond and allow an investigation. Should an individual who has knowledge of a false claim file a lawsuit on behalf of the government that is successful, that individual may receive an award ranging from 15% to 30% of the amount recovered.
3. Ontario ARC will not discriminate against an employee for taking bringing an action under the False Claims Act. (Refer to Section 1.8, Compliance Concerns and Anti-Retaliation Policy and Procedure).
4. Ontario ARC will provide training to all its employees, contractors and agents regarding this policy.
5. Billing activities will be performed in a manner consistent with Medicare, Medicaid and other payor regulations and requirements in accordance with the agency’s Corporate Compliance Plan.

1.7 False Claims, cont.

PROCEDURE, cont.

1. Ontario ARC has established regular audit and monitoring procedures to assist in efforts to detect and prevent fraud, waste and abuse. (Refer to Section 1.6, Service Documentation, Billing & Auditing Policy and Procedure).
2. Any Ontario ARC employee, contractor or agency representative who has any reason to believe that anyone is engaging in false billing practices will immediately report the practice in accordance with Ontario ARC's Corporate Compliance Plan to the Corporate Compliance Officer or to the Corporate Compliance Hotline. The Hotline telephone number is 585-394-7500, extension 2345.
3. Any employee, contractor or agency representative found to have committed false claims may face additional disciplinary action up to and including termination of employment/contract and/or other penalties including criminal prosecution.
4. This policy will be included in all employee handbooks and attached to any contracts with outside contractors or agents.

DATE: 9/24/08
REVISION: 9/14/2009

SECTION: 1.8

SUBJECT: Corporate Compliance

TOPIC: Gifts

POLICY

Ontario ARC representatives (Board members and employees) will **generally** not accept gifts, hospitality or entertainment of more than \$25.00 from any outside parties with whom we conduct business. We expect all agency representatives to abide by this gift guideline, to avoid the appearance of possible influence of business decisions.

Occasional consumable gifts, such as a gift basket, which are not extravagant, may be accepted as long as the items are shared among a group of employees ***and/or participants***. ***Small business advertising items (i.e. calendars, pens) may be accepted.***

Likewise, Ontario ARC representatives will not offer or provide any gift, hospitality or entertainment of more than \$25.00 to any Medicaid beneficiary. Examples of permissible items include pens, T-shirts, water bottles, etc., as long as such items are not offered or provided to influence health care decisions by an individual, family member, or responsible party.

For fundraising events, the Director of Development contacts vendors throughout the community, including those with whom we conduct business, as well as those with whom we do not have a business relationship, to solicit donations. The level of donation is not a factor in our selection of vendors.

VALUES

Integrity

PROCEDURE

Person(s)

Responsibility

Board Members

Gift Acceptance

Informs the Corporate Compliance Officer of any gifts offered to them for a value over \$25.00

Staff Members

Informs their supervisor of any gifts received with a value under \$25.00 and those offered, and declined, above \$25.00 value.

Supervisor

Informs Corporate Compliance Officer of any gifts offered to staff above a value of \$25.00.

Directors

Gift Giving to Individuals, Families and Responsible Parties

Consults with the Corporate Compliance Officer prior to approving the offering any gift, hospitality or entertainment to individuals served, their immediate family members or responsible party, with a value over \$25.00.

PROCEDURE

Person(s)	Responsibility
Corporate Compliance Officer	Tracks the giving of gifts and entertainment on the Gifts and Entertainment Log, to ensure that the annual aggregate value of such gifts and entertainment does not exceed the IRS limit.

DATE: 2/8/2010

SECTION: 1.9

SUBJECT: Corporate Compliance

TOPIC: Reporting Compliance Concerns/Anti-Retaliation

POLICY

Ontario ARC requires all employees to promptly report any known or suspected violations of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which the agency is governed. Ontario ARC provides an environment that encourages individuals to report any suspected violations without fear of retaliation or retribution. If an employee engages in actions in retaliation to a co-worker's compliance report or complaint, it may result in disciplinary action, up to and including termination.

VALUES

Integrity, Commitment

PROCEDURE

Person(s)

All Employees

Responsibility

Reports any known or suspected violations of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which agency is governed to their supervisor, the Corporate Compliance Officer or through agency's Compliance Hotline.

To reach the Compliance Hotline, calls the agency's main facility at (585) 394-7500, requests or dials extension 2345. May report the compliance concerns confidentially to this Hotline. Callers will not be required to disclose his or her identity and no attempt will be made to trace the source of the call or identity of the caller when the caller requests anonymity.

It may not be possible to maintain the caller's anonymity if the caller identifies themselves, provides 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 agency is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.

1.9 Reporting Compliance Concerns/Anti-Retaliation, cont.

Person(s)	Responsibility
Corporate Compliance Officer	Checks the Corporate Hotline, at least two times per week. If a caller has revealed his or her identity, maintains their confidentiality to the extent practicable and allowed by law. Posts the Compliance Hotline telephone number on the agency staff website.
Any Supervisor	<p>Upon receipt of a reported compliance concern, immediately informs the Corporate Compliance Officer and their Program Director.</p> <p>Does not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith regarding a practice that the individual believes may violate the agency compliance.</p>
Program Director	Upon review with the Executive Director and the Corporate Compliance Officer, determines disciplinary actions to be taken against an employee who reports his or her own wrongdoing, such actions will be a result of the wrongdoing itself, not the reporting of such, therefore, are not to be considered retaliation or retribution. Self-reporting may be taken into account in determining the appropriate disciplinary action to be taken. (Refer to Section 1.11, Supervisory Incentives and Corrective Actions Policy and Procedure).
All Employees	If an employee believes in good faith that he or she has been retaliated against for initiating a report or complaint or for participating in any investigation related to such report or complaint, then the employee should report the retaliation to his or her supervisor, the Corporate Compliance Officer or 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, the names of any witnesses and the location or name of any document in support of the reported retaliation.
Corporate Compliance Officer	(Refer to Section 1.9, Internal Investigation Policy and Procedures for additional follow up).

DATE: 9/14/2009

SECTION: 1.10

SUBJECT: Corporate Compliance

TOPIC: Internal Investigations

POLICY

Ontario ARC is committed to investigating possible violations of laws or regulations or of the Corporate Compliance Plan. We will respond to reports or reasonable indications of suspected noncompliance by conducting an investigation of the allegations to determine whether a violation has, in fact, occurred. Investigations will be initiated within 48 hours of receipt of the report.

VALUES

Integrity, Commitment

PROCEDURE

Person(s)

Corporate Compliance Officer

Responsibility

Oversees the conduct of internal investigations of compliance issues. Engages outside counsel or other consultants, as needed.

Confirms legal and regulatory requirements regarding the compliance issue.

Determines personnel who have the required skills to examine the particular issue(s). Works with the investigator(s) 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 of staff, volunteers, contractors, participants and participant's family members.

Assesses thoroughness of the investigation, requesting additional follow up, as needed. Reviews investigation findings and recommendations to the Executive Director and Corporate Compliance Committee.

Contacts the appropriate law enforcement agency if the investigation indicates that a legal infraction may have occurred. Contacts the OMRDD if a billing adjustment is required.

1.10 Internal Investigations, cont.

PROCEDURE

Person(s)

Responsibility

Corporate Compliance Officer

Tracks the investigation in the Corporate Compliance Log and maintains all investigation documents in the central Corporate Compliance file.

Following completion of the investigation, informs the party who reported the compliance concern that the matter was looked into and has been concluded. Does not disclose any details or confidential information.

Assigned Director

Refer to Supervisory Incentives and Corrective Actions Policy and Procedure for guidelines to determine supervisory follow up.

DATE: 9/14/2009

SECTION: 1.11

SUBJECT: Corporate Compliance

TOPIC: Responding to Government Inquiries

POLICY

Ontario ARC will fully cooperate with reasonable requests of government officials. The purpose of this policy is to provide a uniform method by which agency employees are to respond in the event that any government employee (Federal or state) contacts an employee for information regarding Ontario ARC.

VALUES

Integrity, Commitment

PROCEDURE

Person(s)

Responsibility

SEARCH WARRANTS

All Agency Employees

Immediately notifies his/her supervisor upon receipt of an investigation demand letter, subpoena, or search warrant, related to Ontario ARC activities.

If a government representative appears in person, requests to see and make a copy of his or her identification and business card. If these materials are unavailable, asks for the person's name and office, address and telephone number, and identification number. Calls the government representative's office to confirm his or her identity and authority. If more than one representative appears, determines which representative is in charge and ask for his or her identifying information.

Does not remove, alter, create or destroy any form of documents or records, in anticipation or during an investigation. Does not release or copy any documents in connection to a governmental inquiry, without the authorization of the Corporate Compliance Officer.

Employee's Supervisor

Immediately notifies the Corporate Compliance Officer. If the Corporate Compliance Officer cannot be reached, the employee must immediately notify the Executive Director.

1.11 Responding to Government Inquiries, Search Warrants, cont.

PROCEDURE

Person(s)	Responsibility
Corporate Compliance Officer	Ensures that no search of the premises and/or seizing of property occurs without a legally valid search warrant. Secures a copy of the search warrant and confirms it's validity. Appoints someone on site to be responsible for communicating with the government representative. Travel to the site, if possible, to assist with the inquiry.
Assigned On-Site Staff	Required to answer questions concerning the location of documents, if they know the location of the documents in question. Does not answer other questions and informs the government representative that you prefer to wait until counsel is present. If asked to sign an affidavit of any kind, does not comment as to the validity of its contents and explains that he/she is not authorized to sign any document prior to review by agency's legal counsel. Immediately reports any concerns of investigation interference to the Corporate Compliance Officer, such as alteration or destruction of documents sought in an investigation; staff falsely denying knowledge of information; corrupt influence of another person to exercise the privilege against self-incrimination; or intimidation of a witness with the intent of influencing behavior. Develops a list of all documents that the government representative is seizing or copying. Accompanies each government representative during his or her search. Takes notes of everything the government representatives inspect and conversations between or among the government representatives.

1.11 Responding to Government Inquiries, Search Warrants, cont.

PROCEDURE

Person(s)

Corporate Compliance Officer

Responsibility

Requests a detailed receipt stating all documents and 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, asks if those documents may first be copied.

If the representative wants to seize any computers, requests to make copy of all files. If the government representative wishes to seize participant records, asks if those records may be copied so that participant care and/or confidentiality will not be compromised.

REQUESTS FOR INTERVIEWS

Any Agency Employee

Has the right to decline to be interviewed altogether or schedule an appointment at a later time to speak with the government representative.

May request to have someone with them during an interview with a government representative. Corporate Compliance Officer will arrange to have the organization's attorney present at no cost, or the employee may choose to consult an attorney separately at his or her own expense. Encouraged to take notes during the interview.

During the interview, employees should follow these guidelines:

1. Always tell the truth. If unable to recall something, are uncertain or have no knowledge about the topic being discussed, say so.
2. Answer questions completely, accurately, and concisely to avoid misunderstandings as to what you are saying. Indicate whether the information provided is first-hand knowledge, something you have heard, or speculation.
3. Contact the Corporate Compliance Officer as soon as possible, after the interview.

1.11 Responding to Government Inquiries, cont.

PROCEDURE

Person(s)

Responsibility

COMMUNICATIONS REGARDING A GOVERNMENT INQUIRY

Any Agency Staff

Does not discuss this matter with anyone without first receiving permission from the Corporate Compliance Officer, to prevent the spreading of unconfirmed information.

Upon receipt of any inquiries from the media or any person or organization, refers the inquiries to the Corporate Compliance Officer. Does not attempt to provide any additional explanation.

DATE: 9/14/2009

SECTION: 1.12

SUBJECT: Corporate Compliance

TOPIC: Supervisory Incentives and Corrective Actions

POLICY

Ontario ARC is committed to creating and fostering a culture in which compliant behavior is encouraged and rewarded. We provide recognition for employees and independent contractors who uphold these agency standards. Employees and independent contractors who, upon investigation, are found to have committed violations of applicable laws and regulations, the Corporate Compliance Plan, the Code of Conduct or the agency policies and procedures will be subject to appropriate disciplinary action.

VALUES

Integrity, Commitment, Quality

PROCEDURE

Person(s) Responsibility

INCENTIVES

Assigned Supervisor	Monitors performance of assigned staff members. Provides incentives to reward and recognize behavior that is consistent with our policies and values. Incentives may include, but are not limited to: <ol style="list-style-type: none">1. Written notes of appreciation;2. Recognition in publications (newsletters, staff website, etc.);3. Celebration of team successes;4. Reward and Recognition gift certificates;5. Performance Reviews and positive feedback;6. Awards and certificates.
Assigned Director	Monitors supervisors' use of employee incentives, (including quarterly Reward and Recognition gift certificate accounts) to ensure that they are being used effectively and fairly by assigned supervisors.

1.12 Supervisory Incentives and Corrective Actions, cont.

PROCEDURE

Person(s)

Responsibility

CORRECTIVE ACTION

Assigned Director

Upon completion of an investigation regarding the reported non-compliance, determines level of supervisory action to be recommended, considering the following factors of severity:

1. Violation was committed knowingly;
2. Individual was dishonest during the investigation;
3. There is a pattern of misconduct;
4. Individual attempted to cover up the violation;
5. Violation involved retaliation against other person(s) who reported violations in good faith;
6. Employee deliberately failed to check whether a particular course of action was prohibited;
7. Violation was criminal in nature;
8. Individual was uncooperative with the investigation;
9. Individual received personal benefit;
10. Individual did not voluntarily report the violation;
11. Serious damage was caused by violation;
12. A participant was, or could have, been harmed as a result of the violation.

Assigned Director

Determines progressive discipline consistent with the violation. Supervisory action may include, but is not limited to:

1. Verbal counseling or warning;
2. Counseling with a written warning;
3. Retraining;
4. Job or location reassignment ;
5. Demotion;
6. Suspension without pay;
7. Termination of employment (or service arrangement with a contractor).

Consults with Director of Human Resources, as needed, to ensure that supervisory action is consistent with the agency Personnel Policies.

1.12 Supervisory Incentives and Corrective Actions, cont.

PROCEDURE

Person(s)	Responsibility
Director for Human Resources	Informs Corporate Compliance Officer of any reported violations of the Corporate Compliance Plan. (Refer to Internal Investigation Policy and Procedure for additional follow up).
Assigned Director	Informs appropriate Associate Executive Director of recommended supervisory action for employee and/or contractor.
Associate Executive Director	Determines if supervisory action warrants notification to Executive Director. (All recommendations for employee termination must receive prior verbal approval from the Executive Director). Ensures that disciplinary actions are being applied consistently throughout the agency.
Corporate Compliance Officer	Updates Corporate Compliance Committee of the violation and supervisory action at the next regularly scheduled meeting, or prior to the meeting, if seriousness of the violation requires more immediate consultation.
Assigned Supervisor	Ensures that formal documentation of supervisory measures are forwarded to Human Resources, to be filed in the employee's personnel file.

DATE: 9/14/2009

SECTION: 1.13

SUBJECT: Corporate Compliance

TOPIC: Political Contributions and Lobbying

POLICY

Ontario ARC is a not for profit organization operated exclusively for charitable purposes and is exempt from federal income taxation. Therefore, our agency may not engage in any political campaign activities and may not engage in a substantial amount of lobbying. We may engage in some lobbying to advocate our position on public issues.

Ontario ARC also adheres to state laws regarding lobbying and procurement of government contracts.

VALUES

Integrity

PROCEDURE

Person(s)

Responsibility

Executive Director and Board of Directors

Political Campaign Involvement

Under no circumstances will Ontario ARC directly or indirectly participate in, or intervene in, any political campaign on behalf of or in opposition to any candidate for elective public office. Ontario ARC will also not make contributions to political campaign funds or public statements of position in favor of or in opposition to any candidate for public office.

All Staff, Board Members and Agency Representatives

Personal Involvement in Political Campaign Activities

Must clearly indicate that their written or spoken comments, on behalf of any candidate for elective office, are their personal comments and they are not intended to represent the views of the agency.

May make personal contributions to candidates for public office. The decision as to whether or not to contribute is at the sole discretion of the individual and any decision not to participate shall have no impact on any personnel actions regarding such individual. Under no circumstances will personal campaign contributions be reimbursed by Ontario ARC or otherwise identified as a business expense by the individual making the contribution.

1.13 Political Contributions and Lobbying, cont.

Person(s)	Responsibility
All Staff, Board Members and Agency Representatives	<p>Personal Involvement in Political Campaign Activities When supporting or opposing any candidate for elective office in a publication, they may indicate their job title and affiliation with the agency, so long as any such publication includes an appropriate disclaimer indicating that the individual's affiliation is provided for identification purposes only and the individual's endorsement, participation or other involvement reflects the individual's views only and not the views of Ontario ARC.</p>
All Staff, Board Members and Agency Representatives	<p>Prohibition Against Engaging in a “Substantial” Amount of Lobbying. Must consult with the Corporate Compliance Officer before any lobbying activities are performed. Must report all time and expenditures devoted by Ontario ARC to lobbying activities to the Corporate Compliance Officer for tracking purposes.</p>
Corporate Compliance Officer	<p>Tracks all time and expenditures devoted to lobbying activities to ensure that the agency does not engage in a “substantial” amount of lobbying. Consults with legal counsel, as necessary, to assess the agency’s lobbying activities and to determine whether lobbying activities may jeopardize Ontario ARC’s tax exempt status.</p>
Corporate Compliance Officer	<p>Registration/Reporting Maintains the agency’s lobbying registration with appropriate state and federal agencies, as required. Provides any periodic reports required by such agencies.</p>
All Staff, Board Members and Agency Representatives	<p>New York Procurement Law Will adhere to all requirements of New York procurement law, when seeking State of New York government contracts. Directs any questions regarding compliance with these requirements should be directed to the Corporate Compliance Officer.</p>
Corporate Compliance Officer	<p>Consults with the NYSARC attorney and/or agency attorney, as necessary, to ensure compliance with the procurement law.</p>

DATE: 9/14/2009

SECTION: 1.14

SUBJECT: Corporate Compliance

TOPIC: IRS Form 990 Review and Submission

POLICY

Ontario ARC complies with the Internal Revenue Service requirement for submission of Federal Form 990. We also comply with the New York State Department of Law, Charities Bureau requirement to file the 990 as an attachment to the New York State Form CHAR 500. The Board of Director's Budget, Finance and Audit Committee reviews and approves the Federal Form 990, prior to annual submission.

VALUES

Integrity, Quality

PROCEDURE

Person(s)

Fiscal Director

Responsibility

Communicates directly with the Controller and/or audit firm to ensure timely completion of the 990 form, including applicable attachments.

Prior to the end of the calendar year, reports to the Board of Directors' Budget, Finance and Audit Committee regarding any changes in 990 reporting requirements.

Forwards a draft of the completed forms to the Board of Directors' Budget, Finance and Audit Committee at least 5-10 business days prior to the filing of the required tax forms with the IRS and New York State Department of Law, Charities Bureau. Following committee review, discusses any questions with the tax preparer. Revises the 990, if necessary, prior to filing.

At least 24 hours before the 990 and CHAR 500 are filed, sends an e-mail version of the draft Form 990 to all agency Board members, for their information and review.

Files the 990 and CHAR 500 within the allowable timeframe, as determined by the Federal Government and New York State, respectively.

DATE: 11/25/08

REVISION: 9/14/2009

SECTION: 1.15

SUBJECT: Corporate Compliance

TOPIC: Record Retention

POLICY

Ontario ARC retains all service and business function documentation in compliance with the regulatory requirements. We adhere to the Records Retention guidelines distributed by the NYSARC Record Retention task group in March 2009. The Single Personal Record for each individual served, reflects these record retention guidelines. Record storage access is limited to those positions which have a critical need for immediate retrieval of stored records.

Purged Single Personal Records and business records are secured at our West Lake Road site, in Geneva.

VALUES

Quality, Integrity

PROCEDURE

Person(s)

Responsibility

Corporate Compliance Officer

Distributes record retention regulation guidelines and regulations to appropriate Program Director(s).

Ensures that record retention guidelines/regulations are incorporated into the Single Personal Record indexes, which include a record retention/destruction guide for each document .

Program Directors

Ensures that the staff within their service area are adhering to the approved Record Retention schedule, as applicable within the service area.

Assigned Habilitation Staff

Completes Single Personal Record purge at least annually. Files purged records by individual and year, in the sequence listed in the Single Personal Record index.

Accounting Specialist Supervisor
Or Designee

Purges Account Receivable and Payable records after receipt of the final year end audit.

Community Services Secretary

DATE: 9/14/2009

2. Suspicious Personal Identifying Information, cont.

A. Inconsistencies with other information already on file regarding the individual (known false names / addresses / telephone number / social security numbers, etc.); or the same information provided by multiple individuals.

B. Inconsistencies in the information the individual or family/advocate has given you. For example, the name, social security number, Medicaid information, etc. differs from the information previously provided by the individual.

C. An individual or family/advocate who omits personally identifying information from a form he or she is asked to complete, and / or does not respond to notices that the forms are incomplete.

D. A person who cannot provide authenticating information beyond what is generally available in a wallet.

3. Suspicious Activity. Red Flags may arise in the course of the use of the personally identifying information. Some of the more common examples are:

A. A long-dormant account is suddenly reactivated with no reasonable explanation.

B. Mail sent to the individual is returned repeatedly as undeliverable although the account continues to be used.

C. Mail is received by the individual concerning accounts he/she did not open or would have no cause to open (e.g. individual receiving residential services receives a gas or electric bill).

D. The Agency receives information that unauthorized users are using the account, there are unauthorized charges, documents are not being received by the individual, or the Agency is notified by the individual or family/advocate that identity theft has occurred.

E. Family members / friends call the individual by a name different than that provided by the individual at intake.

II. Procedures to Detect Red Flags

1. Individuals Requesting Services from the Agency.

A. During the intake process, the Agency must make reasonable efforts to verify the identity of new individuals, including but not limited to confirming the name, address, telephone number, private insurance number, social security / Medicaid identification number, etc.

II. Procedures to Detect Red Flags, cont.

B. Depending on the circumstances, the Agency can confirm the individual's identity by examining original forms of identification documents such as the individual's birth certificate, drivers' license, passport, or other documents.

C. Information can be accessed from other sources, such as the Social Security Death Index, (<http://ssdi.rootsweb.ancestry.com/>) reports from law enforcement or credit agencies, etc., if necessary.

2. Individuals in Receipt of Agency Services.

A. The agency will make reasonable efforts to authenticate the identity of individuals served on a periodic basis. For example, authentication can occur at the following times: when protected personal information is requested, at the annual ISP meeting, at each change of address, change in work site, etc.

B. During the course of providing services to individuals, the agency will make reasonable efforts to investigate suspicious accounts that are opened in the name of an individual served or unexplained activity on legitimate accounts.

III. Prevention and Mitigation of Identity Theft.

If Agency staff suspect or detect identity theft, staff will make reasonable efforts to respond. Some of the responses may include the following:

- A. "Flagging" the account and monitoring the account for future use.
- B. Contacting the individual or family/advocate.
- C. Changing passwords, security codes, or other ways that the individual's account may be accessed.
- D. Closing the account.
- E. Reopening the account with the correct information.
- F. Notifying law enforcement, and / or the Medicaid Inspector General.
- G. Notifying the Developmental Disabilities Service Office (DDSO).
- H. Stopping the intake process and requiring the individual or family/advocate to provide additional satisfactory information to verify identity.
- I. Correcting inaccurate information contained in an individual's record, and notifying other area MR/DD and other service providers, only after receipt of the completed FTC Identity Theft Affidavit.
- J. If the agency has determined that they have suffered a financial loss, due to the identity theft, the agency may consider appropriate legal action.

IV. Procedures.

1. When Identity Theft is Alleged

- A. Flag the account as suspected identity theft-related, so that staff know that the record may contain inaccurate information.
- B. Advise and assist the victim to report identify theft to law enforcement.
- C. Complete and send the victim the FTC Identity Theft Letter (Attachment B) and assist the victim in completing the FTC Identity Theft Affidavit (Attachment C).

2. When Identity Theft is Reasonably Suspected or Known to have Occurred.

- A. Complete the Identity Theft Reporting Form (Attachment D); provide copies to the Corporate Compliance Officer.
- B. Place the individual's account on hold pending the outcome of an investigation.
- C. The Compliance Officer will determine the nature and extent of investigation and reporting based upon the facts and circumstances of the matter.
- D. The agency may notify an unknowing victim of identity theft and provide them with a copy of the FTC Identity Theft Affidavit.
- E. Correct the individual's entire record and billing records as appropriate after receipt of the completed FTC Identity Theft Affidavit.
- F. The HIPAA Privacy Officer must determine whether, as a result of identity theft, protected health information (PHI) was inappropriately disclosed. If PHI was improperly disclosed, the Privacy Officer must account for such disclosure in accordance with our policy for Accounting for Disclosures.
- G. If the identity theft incident involves unauthorized access of unencrypted computerized data containing an individual's name (or other identifier) and (1) a social security number, (2) driver's license number, or (3) financial account number (including a credit or debit card number) in combination with any required security code, access code or password that would permit access to an individual's financial account, the Compliance Officer will direct a report to be made to the appropriate State Agencies and provide notification to any individuals affected in accordance with NY State's Security Breach Notification Act (General Business Law §899-aa).

V. Program Administration.

1. The Agency will provide training on the Identity Theft Prevention Program to appropriate staff, volunteers, vendors and business associates.
2. The Corporate Compliance Officer will monitor, oversee and evaluate the Identity Theft Prevention Program. He/she will also make an annual report on the Identity Theft Prevention program to the Board of Directors or an appropriate Committee of the Board.
3. The agency will follow the same protocol for investigation of suspected identity theft as outlined in the Internal Investigations Policy and Procedure.

DATE: 2/8/2010