Compliance Plan

Life's WORC Compliance and Ethics Helpline
CALL (516) 302-1853

Date Developed: March 8, 2023
Date(s) Revised: April 25, 2025
May 1, 2026

Table of Contents

I. Introduction
- A. Mission
- B. Vision
- C. Values

II. Governance
- A. Oversight of Compliance Program
- B. Certification
- C. Compliance Policy

III. Seven Elements of the Compliance Program
- A. Written Policies and Procedures
- B. Designation of a Compliance Officer
- C. Training and Education
- D. Communication Lines to the Compliance Department
- E. Enforcement of Compliance Policies
- F. Auditing and Monitoring
- G. Responding to Compliance Issues

I. INTRODUCTION

This Plan establishes the standards of conduct for Life's WORC. The Plan is designed to promote honest and ethical behavior and provides a structure for educating and communicating those standards to all "Affected Individuals" * with the overall objective of preventing, detecting, and reporting noncompliance with federal, state and agency requirements to the best of anyone's ability.

Our Mission

Life's WORC's mission is to provide high quality person centered services that facilitate an independent, meaningful and productive life experience for people with all abilities, developmental disabilities and autism.

Our Vision

We envision a future that values, embraces, and empowers people of all abilities to thrive and reach their potential to lead rewarding lives.

Our Values

All of our services are provided with one goal in mind: To enable the person to achieve their personal best, no matter what their abilities or challenges. In pursuit of that goal, we follow four core values:

- Responsibility to One Another
- High Quality Supports and Services
- Teamwork: Learn and Grow Together
- Communication: Engage, Listen and Share

**Affected Individuals: all persons who are affected by the required providers risk areas including employees, Chief Executive Officer, Board of Directors, Corporate Officers, Executive Leadership, managers, contractors, agents subcontractors, and independent contractors.*

II. GOVERNANCE

Oversight

Life's WORC Governing Body is the Board of Directors. The Board of Directors is committed to complying with all laws that affect its various operations.

A. All Life's WORC Board of Director members will be trained on the Agency Corporate Compliance Plan, as well as, Regulatory and Medicaid Requirements. The Board of Directors will review the Agency Compliance Plan annually.

B. Reporting to the Board of Directors - A quarterly report will be provided to the Board of Directors, including trends noted in external and internal audits, any reports of non-compliance, investigatory outcomes, and any regulatory changes.

C. Board of Directors Oversight - The Compliance Committee's quarterly agenda and meeting minutes will be forwarded to an appointed Board designee for input and recommendations. The Board of Directors designee will be provided with all committee meeting schedules to allow for their active participation. The Board of Directors Compliance Committee will be devised to monitor organizational risk, ensure regulatory compliance protocols are established and are being followed and will ensure the monitoring, safety and well-being of the people supported. This committee will meet quarterly.

Compliance Certification

The agency's attestation of an effective compliance program is filed at the time of certification/recertification on or before the anniversary date of Medicaid Enrollment on the Certification Statement for Provider Billing Medicaid. The Deficit Reduction Act (DRA) requirements have been incorporated into SOS §363-d. As a result, there is no longer a separate DRA certification requirement. By submitting the annual "Certification Statement for Provider Billing Medicaid," signed by the Chief Executive Officer, we attest to satisfactorily meeting the requirements of SOS §363-d, which includes the DRA.

Compliance Policy

It has been and continues to be the policy of Life's WORC to comply with all applicable Federal, State, and local laws and regulations, and payer requirements. It is also Life's WORC policy to facilitate the prevention of improper or illegal activities, to provide mechanisms to detect any violations of laws and regulations and work to prevent, detect, and investigate issues related to fraud, waste, and abuse. To ensure this, Life's WORC has established this Compliance Plan and commits to maintaining an effective Compliance Program.

III. SEVEN ELEMENTS OF THE COMPLIANCE PROGRAM

The agency compliance program includes measures to prevent, detect and correct non-compliance with Medicaid requirements and fraud.

Life's WORC maintains and promotes an effective Compliance Program through the following 7 elements:

1. Written Policies and Procedures and Standards of Contact
2. Designation of a Compliance Officer and Compliance Committee
3. Training and Education
4. Communication Lines to the Compliance Department
5. Responding to Compliance Issues
6. Enforcement and of Compliance Policies
7. Auditing and Monitoring

1. **Written Policies and Procedure**

Life's WORC expects that all aspects of care and business conduct will be performed in compliance with this Compliance Plan, professional standards and applicable governmental laws, rules and regulations. The Compliance Plan includes our Standards 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 and provide direction to Affected Individuals and address the following components of the Compliance Plan:

- Conflict of Interest
- Reporting and investigation of noncompliance
- Non-retaliation and non-intimidation
- False Claims Act and Whistleblower protections
- Compliance Program education and training
- Auditing and monitoring
- Billing errors and overpayments
- Kickbacks and business courtesies
- Discipline for noncompliance or failure to report
- Responding to governmental investigations

All Affected Individuals are expected to be familiar with and knowledgeable about the Compliance Program Policies and Procedures. The Policies can be accessed on Life's WORC desktop in the folder labeled Life's WORC Policies & Procedures as well as on Life's WORC Employee Engagement App.

The Standard of Conduct serves as a foundational document that describes Life's WORC fundamental principles and values, and commitment to conduct its business in an ethical manner. The Standard of Conduct provides Affected Individuals with guidance on requirements for conduct related to their employment, contract, assignment or association with Life's WORC.

When any person knows or reasonably suspects that the expectations in the Standard of Conduct and the Compliance Program have not been met, this must be reported to the immediate supervisor, a member of Management, the Compliance Officer, member of the Compliance Committee, or the Chief Executive Officer so that each situation may be appropriately dealt with. The Compliance Officer may be reached at (516) 741-9000 ext. 4220. The Chief Executive Officer can be reached at (516) 741-9000 ext. 5000. Reports may be made in person; by phone, fax, mail, or email; or anonymously through Life's WORC Compliance and Ethics Hotline (516) 302-1853.

2. **Compliance Program Structure & Oversight Responsibilities**

The agency is committed to the operation of an effective compliance program and has assigned compliance oversight responsibilities to individuals at the management level.

A. <u>Compliance Officer</u>

To ensure compliance with all applicable laws and regulations, the Compliance Officer is designated to oversee Life's WORC Corporate Compliance Plan. The Corporate Compliance Plan is developed in accordance with Life's WORC mission to provide services that facilitate an independent and productive life experience for people with intellectual, developmental disabilities and autism.

The Compliance Officer has been designated by the agency as having overall responsibility for overseeing and monitoring the adoption, implementation and maintenance of the Compliance Program and evaluating its effectiveness. The Compliance Officer will ensure agency procedures are up to date with OPWDD and Medicaid regulations at all times.

The agency will ensure the following:

- The Compliance Officer shall have access to the Chief Executive Officer and the Board of Directors. The Compliance Officer will report directly and be accountable to the Chief Executive Officer or another executive leader who has been designated by the Chief Executive Officer.
- The Compliance Officer shall be allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day to day operation of the compliance program based on the agency risk areas and organizational experience.
- The Compliance Officer and compliance personnel shall have access to all records, documents, information facilities, and affected individuals that are relevant to carrying out the compliance program responsibilities.

The following is a list of the Compliance Officer's responsibilities:

- Develops, initiates, maintains and revises policies and procedures for the general operation of the Corporate Compliance Program and its related activities at least annually to prevent illegal, unethical, or improper conduct.
- Updates and reviews the Standard of Conduct and the Compliance Work Plan at least annually to ensure continuing relevance and guidance to management and employees
- Collaborates with other departments to resolve compliance issues through appropriate channels and investigations. Ensures legal advice is sought when warranted.
- Investigates and independently acts on matters related to the compliance program, including designing, and coordinating internal investigations and plan of corrective actions with all departments, contractors and the State
- Assists in establishing methods to improve efficiency and quality of services and helps identify vulnerability to fraud, waste and abuse.
- Assists in developing and implementing corrective action plans and providing general guidance.
- Ensures proper reporting of violations and potential violations to duly authorized enforcement agencies as appropriate.
- Provides reports on a regular basis, and at least quarterly to the governing body, Chief Executive Officer, and Compliance Committee on the progress of adopting, implementing and maintaining the compliance program.
- Works with Human Resources and other department leaders to develop an effective compliance program, including appropriate introductory and ongoing training for new employees and all affected individuals.

B. Compliance Committee

The Compliance Committee responsibilities shall include oversight by:

1. Coordinating with the Compliance Officer to ensure that the written policies and procedures and code of conduct are accurate and complete and that training topics required are completed in a timely fashion.
2. Coordinating with the Compliance Officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, investigations, or other functions and activity required.
3. Reviewing all external and internal audit findings, corrective actions, and trends.
4. Reviewing regulatory changes and Medicaid standards to the Compliance Program.
5. Reviewing and updating the Compliance Committee Charter annually.

The Compliance Committee membership shall, at a minimum, be comprised of

members of leadership, the Compliance Officer and the Chief Officer of Residential Services, Community Services and Residential Quality Improvement/Designee who will chair the committee. The Compliance Committee shall meet no less than on a Quarterly basis. The Compliance Committee shall report directly and be accountable to the Chief Executive Officer and the Board of Directors.

Quarterly minutes of meetings will be forwarded to the Board of Directors, Chief Executive Officer, and Executive Team.

3. Training and Education

Life's WORC takes an active role in ensuring its Compliance Officer (CO) and Affected Individuals have a clear understanding of the organization's commitment to ethical conduct, teamwork and compliance with all regulatory processes.

During agency orientation a new Compliance Officer and all Affected Individuals will receive compliance training in a form and format that is accessible and understandable to all. The Compliance Officer and Affected Individuals will complete this training at least annually. The Board of Directors will also complete an annual review on the Compliance Program and Standard of Conduct.

The training will include the following topics along with the Standard of Conduct:

1. Written Policies and Procedures and Standard of Contact
2. Designation of a Compliance Officer and Compliance Committee
3. Training and Education
4. Communication Lines to the Compliance Department
5. Responding to Compliance Issues & Corrective Action Plans
6. Enforcement of Compliance Policies
7. Auditing and Monitoring
8. Risk Areas & Organizational Experience
9. Federal False Claims Act
10. New York State False Claims Act
11. Life's WORC Policy for Detecting Fraud, Waste and Abuse
12. Whistleblower Protection

A training plan is developed by the Training Department to ensure the Affected Individuals receives training in the above compliance topics. The training plan will outline the topics for training, the timing and frequency of the training, and which Affected Individuals must attend and how attendance will be tracked. The effectiveness of the training will be evaluated periodically.

During the first three months of direct service, "hands-on" training, is provided by senior support staff under the supervision of the Program Manager/Supervisor.

The following areas, if applicable to their job, will be reviewed: Habilitation and other Medicaid billable services program specific plans of service and service delivery documentation, coding, billing, claim development and submission requirements.

4. Internal Reporting System

Effective lines of communication- Effective lines of communication exist to ensure confidentiality between the compliance officer, members of the compliance committee, the organization's employees, managers and governing body, and the organizations first tier, downstream, and related entities.

1. Any Affected Individual who reasonably suspects a violation of Life's WORC policies,

any law or regulatory standard, is required to report the suspected activity immediately.

2. In such circumstances the Affected Individual is to call the Agency Corporate Compliance Reporting number “Hotline” at (516) 302-1853 which allows for questions regarding compliance issues to be asked and reported. They may also choose to submit an anonymous or signed written report to the Compliance Officer at the Garden City Office. There will be open lines of communication between the Compliance Officer and all Affected Individuals. The Corporate Compliance Reporting number and Standard of Conduct will be available to all staff at all agency locations. Agency policy, state and federal laws pertaining to fraud, waste and abuse are available to all staff via the agency’s electronic employee portal, UKG. Information regarding Life’s WORC Compliance Program, Standards of Conduct and Hotline are posted on Life’s WORC’s website.

3. While the Agency will make every effort to maintain the anonymity of the individual making the allegation it may be difficult to do so, especially in instances where an investigation is evident. Therefore, we cannot guarantee anonymity. Similarly, the identity of the subjects of an investigation will be maintained in confidence with the same limitations.

4. The individual making the allegation should expect to be interviewed and should be willing to provide detailed information in writing. Those individuals making an anonymous allegation should provide as much detail as possible.

5. Responding to Compliance Issues

The Compliance Officer is responsible for promptly responding to compliance issues as they are raised and ensuring ongoing compliance with Medicaid program requirements. The Compliance Officer will conduct or assign to a Compliance designee internal investigation involving the compliance related issues and will have the authority to engage outside counsel or other consultants as needed. The Compliance Officer will determine what if any corrective action is needed and discuss with the appropriate staff the corrective actions to be implemented. The Compliance Officer or designee will keep all documents of the investigation including interviews notes essential documentation and the final report.

Life’s WORC will document any disciplinary action taken and the corrective action taken.

In the event of a discovery of an improper payment, each situation will be considered on a case-by-case basis. Overpayments may be handled through self-disclosure to the OMIG or through the internal billing process. The repayment of simple, more routine occurrences will be done through typical methods of resolution, which may include voiding or adjusting the amounts of the claim. Factors to be considered include what the specific issue is, the amount involved, whether the issue is systematic and the period of non-compliance.

The Compliance Committee will review the findings and recommend corrective actions.

6. Enforcement of Compliance Policies

A. Any Affected Individual who violates or knowingly fails to report any violation of the Standard of Conduct, any applicable law or regulation, Agency policy, procedure or practice is subject to appropriate disciplinary action as per the code of conduct and/or employee handbook, up to and including termination. Disciplinary action may range from a warning to suspension or discharge, depending upon the nature of the incident and the relevant surrounding circumstances.

B. Based on the findings of an investigation, the investigator, Compliance Officer and/or Compliance Committee will make recommendations for disciplinary actions.

C. Based on the severity of a found breach, recommendations up to and including termination of employment may be warranted.

7. Non-Intimidation and Non-Retaliation /Whistleblower Protections

The employee making a call/report of suspected non-compliance will be protected under Federal law which protects Whistleblower from retaliation when a report of suspected non-compliance is made in good faith. A whistleblower's right to protection from retaliation, however, does not extend to immunity for any complicity in the matters that are the subject of the allegations or an ensuing investigation.

8. Auditing and Monitoring

A. Internal Audits

The Assistant Director of Compliance and/or Compliance Specialists conduct internal audits in residential and day service locations at least annually under the supervision of the Vice President of Quality and Compliance in collaboration with the Program Directors.

Through these activities, areas of regulatory non-compliance, quality of life concerns and/or procedural irregularities that impact the quality of services are identified. It will provide systemic review of services, billing and expenditure of Medicaid funds; ensure the agency is abiding by the most current regulations; ensure any error in billing or the use of Medicaid funds is corrected in a timely manner and corrective actions are implemented to decrease the likelihood of future error:

1. Life's WORC monitors overall service provisions throughout its programs. The Assistant Director of Compliance and Compliance Specialists have the primary responsibility for auditing and monitoring programs at least annually with primary emphasis on Medicaid funded programs. The audit tools include guidance from the most recent Administrative Memorandums from OPWDD and the OMIG.
2. The Compliance Department is responsible for providing program staff with training, guidance and technical support in developing corrective actions to issues and maintaining compliance with regulations and Agency policy and philosophy.
3. Compliance reports are prepared and reviewed with Department Directors/Administrators as required or directed. The results of audits will be shared with the Compliance Committee and the governing body.

B. Employee/Vendor Integrity

1. Educational Credentials - Upon hire, the Human Resources Administrative Assistant verifies new employees reported academic degrees and licensures via www.nationalstudentclearinghouse.org/.

2. The Human Resources Recruitment process the following clearance checks on all new hires and receive notifications of any criminal charges thereafter through**:** SEL- Staff Exclusion List, CBC, Criminal Background check (Fingerprinting**),** MHL (Mental Hygiene Law 16.34), and SCR (Statewide central Registry), OMIG (Office of the Medicaid Inspector General) & OIG (Office of Inspector General) .

3. The Human Resources Recruitment Associate will run all prospective applicants seeking employment through the EVerify system to check eligibility for hiring and notify the Director Recruitment if there is a confirmed match (Birthday/SS# matches).

4. Life's WORC will ensure that exclusion checks are conducted on a monthly basis to verify that these employees/contractors have not been excluded from federal healthcare programs. An exclusion check is a search of the following sources to determine if the

individual or entity's name appears on any of the databases
Databases may Include:

- NY Medicaid - NEW YORK I Medicaid I Exclusion (https://apps.omig.ny.gov/exclusions/ex_search.aspx)
- OIG - FEDERAL I Office of Inspector General I Exclusion (https://exclusions.oig.hhs.gov/)
- OIG_Most_Wanted - FEDERAL I Office of Inspector General - Most Wanted IExclusion (https://oig.hhs.gov/fraud/fugitives)
- SAM - FEDERAL I System for Award Management Excluded Parties IExclusion (https://sam.gov/content/exclusions)
- SDN - FEDERAL I Office of Foreign Assets Control - Specially Designated Nationals I Exclusion (https://sanctionssearch.ofac.treas.gov)

5. Once a month the Chief of Compliance, Senior Vice President of Quality & Compliance or designee will run an exclusion screening on new vendors. Accounts Payable will forward a listing of all new and terminated vendors monthly to the Senior Vice President of Quality & Compliance or Compliance designee to be added/deleted to the list to verify through Valenz Company.

C. Exit Conference survey
Upon separation from the agency, all staff are asked to complete an exit conference survey. This survey rates the agency in different areas of performance and standards. Included in the questions is whether the supervisor followed policies and procedures and if the employee has experienced any fraudulent/non-compliant behavior while employed with Life's WORC.

9. Governance

A. Training - All Life's WORC Board of Director members will be trained on the Agency Corporate Compliance Plan, as well as, Regulatory and Medicaid Requirements. The Board of Directors will review the Agency Compliance Plan annually.

B. Reporting to the Board of Directors - A quarterly report will be provided to the Board of Directors, including trends noted in external and internal audits, any reports of non-compliance, investigatory outcomes, and any regulatory changes.

C. Board of Directors Oversight **-** The Compliance Committee's quarterly agenda and meeting minutes will be forwarded to an appointed Board designee for input and recommendations. The Board of Directors designee will be provided with all committee meeting schedules to allow for their active participation. The Board of Directors Compliance Committee will be devised to monitor organizational risk, ensure regulatory compliance protocols are established and are being followed and will ensure the monitoring, safety and well-being of the people supported. This committee will meet quarterly.