

WOMEN'S LEAGUE COMMUNITY RESIDENCES, INC.  
CORPORATE COMPLIANCE PLAN

**INTRODUCTION**

Women's League Community Residences, Inc. (WLCR) is a professional organization committed to the philosophy that every person, regardless of his/her personal handicaps or developmental level must be treated with the utmost dignity and respect for privacy accorded to all human beings. It is our belief that every person with developmental disabilities should be afforded the opportunity to maximize his/her functional, social and intellectual potential through appropriate individualized programming, by living in as normal a home environment as possible, and by living in an atmosphere of acceptance, warmth, understanding, and security which upholds the rights of each individual and provides developmental opportunities on both individual and group bases.

WLCR provides the following services to the members of our community:

- Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCCS)
- Individualized Residential Alternative (IRA) Residential Habilitation
- Community Habilitation
- Intermediate Care Facilities
- Individualized Support Services (ISS)
- Group Day Habilitation
- Supportive Employment Program
- Jumpstart Early Intervention Program

WLCR is committed to adhering to all federal, state and city laws, regulations and directives which address detecting and preventing fraud, waste and abuse in federal, New York State and New York City healthcare programs. Every effort must be extended to assure that all billings for services are prompt, complete and accurate. The purpose of this policy is to detect and correct billing errors both from accidental mistakes and from fraud. Systems will be put into place to ensure that all billings are made timely and accurately.

The policies enumerated in this plan apply to billings, payments, determinations of medical necessity and quality of care, governance, mandatory reporting, credential and license verification, and any other risk areas that are identified by WLCR.

All employees are expected to live up to WLCR's code of conduct as enumerated in this Plan. This plan applies to all employees of WLCR including management and supervisory staff, as well as the Board of Directors, volunteers, contractors and agents. It applies to all programs operated by WLCR.

The policies enumerated in this Plan will be enforced by the Agency's Corporate Compliance Officer. He/she will also be responsible for reviewing these policies periodically and revising them as necessary.

This plan also enumerates policies which protect an employee's right to disclose improper practices of the Agency without fear of retaliation.

**STATUTORY BASIS**

There are various federal laws, ranging from the law originally passed during the Civil War and updated by various laws ending with the Deficit Reduction Act of 2007. These laws are designed to prevent and detect fraud, waste and abuse in federal healthcare programs. Anyone who knowingly submits false claims to the Government is liable for damages and penalties. In addition, there are protections for employees who come forward and report misconduct involving false claims; however, these protections apply only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action.

There are also several New York State Civil, Administrative and Criminal laws which parallel the federal laws and, in some instances, expand upon them.

Fraud is an intentional act to deceive, meaning that someone intended to misrepresent, omit or hide information which results in an incorrect payment of funds. It is a crime to knowingly cause a false claim to be submitted.

### **CODE OF ETHICS**

Everyone employed by the Agency shall maintain the highest level of honesty and integrity in all his/her actions performed on behalf of the Agency. The following list (which is not all inclusive) lists the expected behavior of the Agency's staff or representatives:

1. Maintaining the confidentiality of all Agency records. These include individual records of the service participants, WLCR reports, financial records and personnel records.
2. Avoid unauthorized use of WLCR assets including property, supplies and equipment.
3. Maintain the public image of WLCR. All staff members should conduct themselves in a manner which reflects positively on the Agency's image both internally and externally. Everyone should deal fairly and appropriately with WLCR's service participants, other employees, consultants and vendors.
4. Each staff member is expected to perform his/her job responsibly. He/she is expected to know what is required of his/her position and that these requirements are performed at the highest level possible.
5. Each employee has a primary responsibility to WLCR and is expected to avoid any activity that may interfere or have the appearance of interfering with the performance of his/her job responsibilities.
6. WLCR staff shall not engage in any activities that constitute abuse of persons receiving services as defined in the regulations of the Commissioner of OPWDD. Failure to exercise one's duty to intercede or report any activity which may be considered abuse will constitute abuse.
7. All staff must maintain a professional relationship with the service participants he/she

serves. There should be no financial transactions between staff and service participants. All staff are expected to maintain a professional demeanor with the service participants. All staff are expected to model appropriate and acceptable behavior while in the presence of the service participants.

8. As a tax-exempt, non-profit agency, there are several guidelines which must be adhered to. Some of them are:
  - A. WLCR's sales tax exemption may be used only for legitimate Agency business and service transactions
  - B. Personal items cannot be purchased through the Agency even if reimbursement is offered.
  - C. All appropriate withholding taxes must be applied to staff wages.
9. All time and attendance records must be accurately entered and recorded. Staff should not be conducting personal business while on the clock. All activities done to justify billing must be accomplished accurately, on a timely basis. Staff should never certify performing services that have not been performed. In addition, he/she should not misrepresent the services which were performed.
10. Each employee has a primary business responsibility to WLCR and is expected to avoid any activity that may interfere or have the appearance of interfering with his/her performance. A conflict of interest exists if an employee's outside business or other interests may affect adversely, or have the potential to affect adversely, his or her motivation, objectivity, loyalty or performance. In addition, a potential conflict of interest occurs when an individual's personal or private interests might lead an independent observer to reasonably question whether the individual's professional actions or decisions are influenced by significant personal interest, financial or otherwise.

If a relative of a member of the Board of Directors or a key employee such as the Executive Director wants to be hired by WLCR, this could be a conflict of interest. Precautions have to be taken to ensure that this person is the most qualified person for the position and his/her salary is commensurate with what others in the same position are receiving. In addition, the member of the Board of Directors or the key employee must recuse himself/herself from any decision to hire or any decision in the future to promote the relative.

### **CORPORATE COMPLIANCE PROGRAM OVERVIEW**

All programs are required to adhere to Medicaid and WLCR rules prior to billing for services provided. The Accounting and Bookkeeping Department has an Accounting Manual which prescribes how to bill for the various programs. Bookkeeping must make sure to keep this manual current so that it covers all programs. In addition, there are Administrative Memoranda and the New York State Regulations issued by OPWDD for all of the various programs which prescribe the documentation needed to bill for each program.

Women's League's internal compliance controls, to ensure that there are no erroneous or inappropriate billings, include routine reviews of documentation in support of billing by Waiver program managers and the Agency's Quality Assurance Department. OPWDD memoranda and regulations delineate which documentation supports billing.

Waiver program managers / supervisors review, on a monthly basis, Waiver Habilitation documentation to ensure that staff have recorded service provision accurately.

The Bookkeeping Department reviews all billing rosters received from managers to check for irregularities and other potential issues.

For ICFs, the managers will notify the Bookkeeping Department, in writing, of any hospitalization of any of their service participants.

A person designated by the Bookkeeping Department reviews, on a monthly basis, IRA Res Hab service checklists to ensure that staff have recorded service provision accurately.

QA conducts centralized, in-office reviews of waiver and MSC billing documentation, as it is produced. In addition, QA will conduct on-site, programmatic reviews of the MSC program and each Waiver program annually.

In the course of any of the reviews described in this plan, the scope of the review could be expanded to make sure that all potential issues are identified and that corrective procedures are put in place to prevent any recurrence.

Upon notification of a potential billing documentation error or concern, the Corporate Compliance Officer will determine the appropriate course of action.

In the Early Intervention (EI) Program, all service coordinator notes are reviewed by management prior to billing. All evaluations are reviewed by an evaluation coordinator prior to billing. All therapists' documentation of their service provision is reviewed for content quality and accuracy by two staff members. Women's League EI billing system is programmed to reject all duplicate billings. Prior to any billing being transmitted to the City, i.e., service coordinator notes, evaluations or therapists billings, a cross check is done by someone other than the person doing the data input.

Additionally, the EI Program QA staff randomly reviews files during the year for billing and quality accuracy.

All candidates for employment who have regular and substantial contact with the service participants are required to undergo a Criminal Background Check (CBC) prior to working unsupervised, one on one with the service participants. Each month, a list of new hires is sent to QA along with the CBC approval notice. These are reviewed for completeness. If there are any questions, they are clarified with the Personnel Department prior to approval of the monthly list.

If a position requires a certain educational background or license, the Personnel Department will verify with the school and/or state the validity of the diploma and/or license.

If a position requires contact with children, the Personnel Department will make the required check with the State Central Registry prior to allowing the potential employee to work with the children.

The personnel department will also verify that any candidate for employment is not on the state or federal 'excluded provider' lists. In addition, all employees and contractors of the Agency will be screened against both 'excluded provider' lists once a month.

#### Use of Agency Funds and Resources:

Controls must be established to ensure that Agency funds are not spent for items or services unrelated to Agency business. All agency vehicles have mileage logs which are regularly reviewed to ensure that they are not used for personal business. The personal allowance funds are audited quarterly by the QA department to make sure they are used for the benefit of the service participants and are used for permissible purposes. Staff in bookkeeping review all requests for reimbursement of travel expenses to make sure they were used for Agency business.

#### Purchasing/Competitive Bidding:

All purchases must be prudent, reasonable and related to the care of the service participants and/or to the operations of the Agency. Purchase orders are required for all major purchases. The Agency has procedures in place for managerial approval of all vouchers which are used to make purchases from Agency-approved vendors. For all purchases over \$5,000.00, competitive bids must be obtained from, at least, three vendors. No bid may be opened until after the deadline for submitting bids has passed. Written records of the competitive bidding process must be maintained. Note: for purchases between \$5,000.00 and \$15,000.00, bids may be obtained orally but a written record of each oral solicitation must be kept.

All individuals receiving services must have a medical necessity for them. The QA Department, as part of the Agency's self-survey process, assures that all requirements for entitlement to services have been met and continue to be met. They also assess the quality of services provided to assure that they meet all federal, state and Agency requirements.

All individuals hired by the Agency will be given the necessary training in order to properly perform his/her duties. He/she will be given follow up training periodically both as refresher training and to train them on new policies and procedures.

### **GOVERNANCE**

1. The Board of Directors will receive training and orientation and understand its role thereby.
2. The Board of Directors must review and approve WLCR's finances. This includes revenue and expenditures, assets and liabilities and annual budgets. A Finance and Audit Committee has been established.
3. The Board of Directors is responsible, through the senior staff of WLCR, for seeing that all programmatic and administrative policies and procedures are developed, reviewed, approved, implemented and updated, as needed. An Executive Committee has been established.

### **DUTIES OF THE BOARD OF DIRECTORS**

1. The Board of Directors must undertake reasonable efforts to ensure that compliance programs are in place and are effective.
2. The Board of Directors must follow up on system failures. This should be accomplished through proper interaction with the senior staff member responsible for the particular area in question.

### **EXECUTIVE COMPENSATION: BOARD OF DIRECTOR'S RESPONSIBILITY**

1. The Board of Directors must ensure the reasonableness of the compensation packages of the Executives of WLCR as determined by a market value survey from comparable organizations or its equivalence.
2. The above data should be reviewed and recommended by the Board of Director's Audit Committee and discussed at a Board meeting and documented in the Board minutes.
3. The full compensation package should be included in the evaluation and in discussions with the Executive (e.g., deferred compensation, expense allowances, etc.). This should be, preferably, reduced to writing.
4. The Board of Directors must vote on the above compensation package. At least 2/3's of the Board must be present for the vote.

### **MANDATORY REPORTING**

WLCR is responsible for certain mandatory reports.

These reports must be accurate and submitted on time.

Mandatory reports include: CFRs, financial statements, Form 990, other tax forms, e.g., payroll, unemployment, etc.. Responsibility for ensuring that these reports are accurate and filed timely rests primarily with the CFO, and in turn, with the CEO/Executive Director to whom he reports.

### **CORPORATE COMPLIANCE OFFICER**

The Corporate Compliance Officer is responsible for the oversight of the Agency's corporate compliance program. If any allegations of impropriety are made, he/she will investigate the allegation, institute any corrective actions as appropriate, and insure that any improperly received monies are refunded. The Corporate Compliance officer will be responsible for ensuring that all staff are periodically trained on corporate compliance. This includes volunteers and the Board of Directors. He/she will be responsible for reporting any issues or concerns to the CEO/Executive Director and the Board of Directors. Staff will be made available to him/her to assist with any reviews and/or investigations which are needed.

### **TRAINING AND EDUCATION**

All employees, both paid and volunteers, and including the Board of Directors will be trained on his/her rights and responsibilities under corporate compliance.

All new employees will receive initial training on corporate compliance as part of his/her initial orientation during the hiring process. During the following six months he/she will attend a mandatory training session on Corporate Compliance. Subsequent to that, there will be periodic training sessions to refresh the staff's knowledge of the Agency's Corporate Compliance Policies and to train them on any changes which occur as a result of federal or state policy changes or which occur because of self-monitoring audits or audits by regulatory agencies. All training will be documented by sign-in sheets.

Independent contractors will be given the latest copy of the Agency's Corporate Compliance Plan as part of his/her contract.

### **OPEN LINES OF COMMUNICATION**

All employees have the responsibility to report if something improper is happening. The success of the Corporate Compliance Plan is contingent on employees being able to report what they see as a violation of the plan without fear of retaliation as long he/she is reporting in good faith. It is an expected good practice, when one is comfortable with it and thinks it is appropriate under the circumstances, for concerns to be raised first with a supervisor. If this is not comfortable or not a viable option, employees are encouraged to contact the Corporate Compliance Officer directly at 347-390-1330. There is also a confidential hotline at 718-670-3258. This latter number only takes messages. Although such reports may be made anonymously, callers are urged to leave detailed information so that a full investigation can be made.

The Corporate Compliance Officer can also be contacted to ask questions regarding any compliance issue. If the caller leaves his/her name and telephone number, he/she will receive a response within no more than ten business days.

If an employee has a concern about the CEO/Executive Director, this should be reported directly to the Corporate Compliance Officer. If the concern is about the Corporate Compliance Officer, this should be reported to the CEO/Executive Director.

Questions or concerns about any ethical or legal issue may be raised without concern for disciplinary action as long as they are made in good faith. Employees will not be subject to reprisals for reporting or supplying information about potential violations, except in cases where those employees are responsible for the violation or when deliberate false reporting has occurred. All staff is expected to cooperate with any investigation of a potential violation.

### **DISCIPLINARY POLICIES AND PROCEDURES**

WLCR will make every effort to ensure that its billings for medicaid services are as accurate as humanly possible. Erroneous billings can be classed into two broad categories: fraudulent billings and erroneous billings.

### **INCORRECT BILLINGS DUE TO FRAUDULENT ACTIONS**

A decision as to the appropriate discipline for fraudulent actions will be made after consultation between the Corporate Compliance Officer, the CEO/Executive Director, the Program Director and the Program Manager/Supervisor. Depending upon the egregiousness of a first offense, the discipline may be either a two week suspension without pay or termination of employment. All

second offenses will result in termination of employment. Some examples of fraudulent actions include: certifying performance of actions which were not done; certifying actions done by someone other than the certifier; falsifying dates of certification of services; falsifying dates monthly notes prepared; duplicate billings for the same services; unqualified personnel performing services; persons performing services who are on the 'excluded provider' lists; upcoding - billing for a higher payment than the service warrants; always billing for IRA Residential Habilitation for a full month for all individuals without verification and documentation; billing for a full month of IRA Residential Habilitation when there are less than 22 billable days; and billing for MSC, billing at the transition level for longer than warranted.

Regardless of the punishment, all erroneous billings will be voided or adjusted.

### **ERRONEOUS BILLINGS**

Billing errors resulting from oversight, carelessness or lack of knowledge will be addressed depending on the circumstances of the errors. Corrective action may consist of remedial training, internal reviews, or any type of discipline ranging from counseling, verbal warnings, written warnings, removal from a position or termination of employment. All decisions will be made by management in consultation with the Corporate Compliance Officer in order to maintain consistency.

In all cases, all erroneous billings will be voided or adjusted.

### **SYSTEMIC AND ROUTINE IDENTIFICATION OF COMPLIANCE RISK AREAS**

The Corporate Compliance Officer will be responsible for ascertaining any risk areas which need oversight, internal reviews or periodic spot checks. He/she will keep abreast of potential issues through use of the following:

State and Federal Audits

Internal/external audits and reviews such as the semi-annual fiscal inventories done by the QA Dept., the programmatic self-surveys done by the QA Dept., the Limited Fiscal Reviews, the triennial Social Security Onsite Review

Areas of risk uncovered in prior reviews and/or audits

Areas brought up at OPWDD meetings as well as at provider association (IAC, NYSACRA) meetings and releases from these groups

### **SYSTEM FOR RESPONDING TO COMPLIANCE ISSUES AS THEY ARE RAISED**

As any compliance issues are raised, the Corporate Compliance Officer, together with any assigned staff, will take any or all of the following steps:

1. If the health and/or safety of anyone is affected, they will take all necessary steps to protect them.
2. A thorough investigation of the issues raised will be undertaken. All evidence will be secured and all appropriate parties will be interviewed.
3. All investigations will be handled as expeditiously as possible.

4. All employees are required to cooperate with any staff assisting the Corporate Compliance Officer in an investigation.
5. A final report will be issued to the CEO/Executive Director and the Board of Directors summing up the process and the results. If corrective action is appropriate, the Corporate Compliance Officer will follow up to ensure that it takes place.
6. The Corporate Compliance Officer will ensure that any erroneous billings are voided or adjusted.
7. The Corporate Compliance Officer, together with the administrative, management and supervisory staff, will ensure that there is no retaliation against any employee who, in good faith, reports fraudulent or incorrect activities on the part of any of the staff.

### **NON-INTIMIDATION AND NON-RETALIATION POLICIES FOR REPORTING**

**Any** form of retaliation against **any** employee who reports a perceived problem or concern in good faith is strictly prohibited. **Any** employee who commits or condones **any** form of retaliation will be subject to discipline up to, and including, termination.

### **SELF-DISCLOSURE**

The Office of the Medicaid Inspector General (OMIG) has set up a protocol for self-disclosure of improper or fraudulent billings. Self-disclosure is proper in the following situations:

- Substantial routine errors
- Systematic errors
- Patterns of errors
- Potential violation of fraud and abuse laws

If such a situation occurs, the Corporate Compliance Officer will conduct a full investigation covering all areas outlined in the OMIG's Self-Disclosure Guidance. The officer will then contact the director of OPWDD's Division of Quality Management and proceed further as per his instructions.

### **OTHER IMPORTANT POLICIES AND PROCEDURES**

1. The Agency's independent audit firm should not provide non-auditing services on a regular basis (e.g., bookkeeping, legal services, etc.) to avoid a conflict of interest.
2. Form 990, which is publicly available, should be understood by the CEO/Executive Director, the CFO and the members of the Board of Directors. The Corporate Compliance Officer of WLCR, who serves as the Agency's Internal Auditor as well, will provide the necessary assistance to accomplish this practice.
3. Clear policies and procedures will be established concerning any loans made to employees of the Agency. Loans may not be made to members of the Board of Directors or to executives of the organization.

4. It is a clear policy that Corporate Compliance is a mainstay of WLCR, and as such this message will be disseminated from the top, i.e., the CEO/Executive Director and the Board of Directors.

To report a Compliance Concern, contact:

**MR. DAVID SINGER, CORPORATE COMPLIANCE OFFICER:  
718-853-0900 ext. 330 or 347-390-1330**

or

**CONFIDENTIAL HOTLINE: 718-670-3258**