



Long Island Consultation Center

CORPORATE COMPLIANCE MANUAL

DECEMBER 2023

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Long Island Consultation Center

Policy and Procedure: Corporate Compliance

Topic: Antikickback – Business Courtesies, Gifts, and Entertainment

Purpose:

Long Island Consultation Center recognizes that there are legitimate and lawful reasons to accept or provide reasonable business courtesies. However, in healthcare, business courtesies pose a risk for conflict of interest or fraud and/or abuse related to anti-kickback laws and regulations. The Federal Anti-Kickback law prohibits the offer of payment, solicitation, or receipt of anything of value to induce or reward the referral of Federal health care program recipients, such as Medicare and Medicaid recipients. The Federal Anti-Kickback statute also prohibits the payment or receipt of any remuneration that is intended to induce the purchasing, leasing, or ordering of any item or service that may be reimbursed, in whole or in part, under a Federal health care program. It also prohibits the payment or receipt of any remuneration that is intended to induce the recommendation of the purchasing, leasing, or ordering of any such item or service.

The purpose of this policy is to assure that the Organization complies with Federal Anti-Kickback laws. The policy provides guidance for providing business courtesies.

For the purpose of this policy, the following definitions apply:

- Affected Individuals:
 - Employees
 - Chief Executive
 - Senior Administrator(s)
 - Manager(s)
 - Contractor(s)
 - Agent(s)
 - Subcontractor(s)
 - Independent Contractor(s)
 - Governing Body Member(s)
 - Corporate Officer(s)

- Business Courtesies: A business courtesy is anything of value, a favor, or a benefit provided free of charge or at a charge less than fair market value in the context of a business relationship. The Policy applies to gifts, entertainment, and hospitality involving the Organization's employees or Board members and its referral sources and business partners intended to enhance business relationships and/or further their mutual business interests. Examples include gifts, entertainment, or hospitality for the purposes of inducing:

- o Referrals for the Organization's services or treatment;
 - o The purchasing, leasing, or ordering of any item or service; or
 - o The recommendation of the purchasing, leasing, or ordering of any such item or service.
- **Immediate Family Member:** For the purpose of this policy, an immediate family member is any person who is related by blood or marriage, or whose relationship with the employee or Board member is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:
 - o The person's spouse;
 - o Natural or adoptive parent, child, or sibling;
 - o Stepparent, stepchild, stepbrother, or stepsister;
 - o Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
 - o Grandparent or grandchild; and
 - o Spouse of a grandparent or grandchild.
 - **Nominal Value:** **Long Island Consultation Center** has determined that items with a value of \$100.00 or less to be of nominal value.
 - **Potential Referral Source:** A potential referral source includes a physician, other healthcare provider, or party who could reasonably be a source of referral of individuals or patients to the Organization for services or treatment.
 - **Remuneration:** Any type of direct or indirect payment, bribe, rebate, or other type of inducement.

Policy:

1. Any business courtesy intended to induce or reward referrals or result in the purchase of goods or services is strictly prohibited.
2. It is the policy of **Long Island Consultation Center** that gifts, entertainment, and other benefits will not be provided to a potential referral source, except as permitted by this policy.
3. Any business courtesies involving physicians or other individuals or entities in a position to refer individuals or patients to **Long Island Consultation Center** for services must strictly follow **Long Island Consultation Center's** policies and be in conformance with all Federal and State laws, regulations, and rules regarding these practices.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. **Long Island Consultation Center's** employees and Board members may not offer a potential referral source business courtesies unless the following criteria are met:
 - o The business courtesy is not based, directly or indirectly, on the volume or value of referrals or other business generated by the potential referral source;
 - o The business courtesy is not solicited by the potential referral source or the referral source's employees;
 - o The business courtesy does not consist of cash or the equivalent of cash; and
 - o The business courtesy does not violate the Federal Anti-Kickback statute or any state or Federal law governing claims submission.
2. All employees and Board members must receive prior approval from the Compliance Officer before extending business courtesies to potential referral sources and business partners. The Compliance Officer will record any business courtesy extended to potential referral sources and business partners on the Gifts and Entertainment Recording Log attached to this Policy. The Compliance Officer will ensure that business courtesies are of nominal value.
3. Employees, Board members, and their Immediate Family Members are prohibited from receiving and/or accepting business courtesies from **Long Island Consultation Center's** business partners or potential business partners as an inducement to purchase or lease goods or services.
4. Employees, Board members, and their Immediate Family Members shall not accept or solicit excessive gifts, meals, expensive entertainment, or other offers of goods or services that have more than a nominal value from vendors, suppliers, contractors, or other persons.
5. Employees and Board members may only retain gifts from vendors that have a nominal value. Gifts from vendors must be reported to the Compliance Officer and recorded on the Gifts and Entertainment Recording Log. If an employee or Board member has any concern as to whether a gift should be accepted, the Compliance Officer should be consulted. To the extent possible, these gifts should be shared with other individuals/employees at the Organization.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

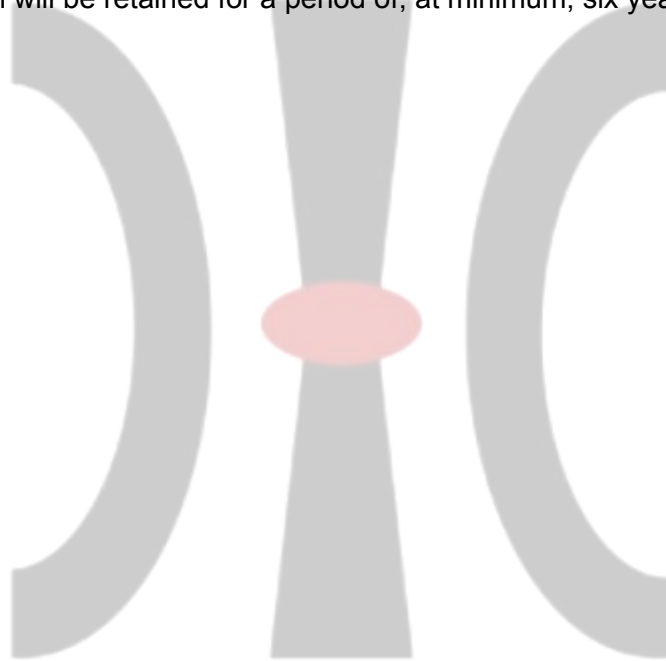
As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as

Long Island Consultation Center's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center

**Long Island Consultation Center
Gifts and Entertainment Recording Log**

For the period 01/01/24__ to 12/31/24__

Potential Referral Source, Business Partner or Vendor	Authorized By	Date of Gift/ Entertainment	Type of Gift/ Entertainment	Gift/Entertainment Amount	Reason for Gift/ Entertainment



Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Auditing and Monitoring

Purpose:

Long Island Consultation Center developed and implemented a Compliance Program in an effort to establish, in part, effective internal controls that promote adherence to applicable Federal and State laws and requirements. An important component of the Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified risk areas.

Long Island Consultation Center recognizes the need for internal controls, but also realizes that resources are limited. Therefore, this policy focuses on the Organization's resources to effectively and efficiently audit and monitor risk areas.

For purposes of this Policy, the term "Affected Individuals" includes Staff at All levels + Fee-for-Service

Policy:

It is the Policy of **Long Island Consultation Center** to conduct ongoing auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, clinical operations, and service provision. It is the responsibility of the entire Management Team to ensure that ongoing auditing and monitoring is properly executed, documented, and evidenced.

It is the Policy of **Long Island Consultation Center** to analyze and trend the results of all audits (both internal and external) on a regular basis to ensure that the Organization's Compliance Program is effective.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. On an annual basis, the Compliance Officer, in conjunction with the Executive Director, Senior Management, and Compliance Committee, will determine the scope and format of routine audits of **Long Island Consultation Center's** operations based on an organizational risk assessment. The Compliance Officer will include all scheduled audits on a work plan or audit plan that is shared with the Compliance Committee and the Board of Directors.

2. Each **Long Island Consultation Center** program or department will conduct a review of its compliance with applicable regulations and quality measures on an] **annual** basis. Senior Management staff shall be responsible for identifying needs for internal auditing of specific issues under their oversight. This should occur at least annually as a part of the Organization's risk assessment and for consideration into the annual work plan and audit plan.
3. The Compliance Officer will recommend and facilitate auditing and monitoring of the identified risk areas related to compliance with laws and regulations, as well as the Organization's policies, procedures, and Standards of Conduct. (Risk areas may be identified through the regular course of business, external alerts, external audits or reviews, or internal reporting channels.)
4. The Compliance Officer will be responsible for oversight of the Organization's internal auditing system and is authorized to delegate auditing duties to other Organization personnel, accountants, consultants, and attorneys, as necessary and appropriate.
5. The Compliance Officer will conduct and/or oversee compliance audits and reviews with assistance from Management staff and/or Quality Assurance/Internal Audit staff with the requisite skills to carry out the audit. Whenever feasible, the Compliance Officer will seek to have audits conducted by **Long Island Consultation Center** employees who are not involved in the delivery of services subject to the audit.
6. The Compliance Officer will facilitate all audits of financial processes or systems with the Executive Director or her designee. The audits will serve to ensure that internal controls are in place so that:
 - Generally Accepted Accounting Principles (GAAP) are followed; and
 - Federal, State, and local laws, regulations, and requirements are met.
7. The Compliance Officer will facilitate all audits of operational and programmatic issues with **Long Island Consultation Center's Compliance Officer.**
8. The ongoing auditing and monitoring will serve to evaluate, at minimum, the following risk areas:
 - Billings;
 - Payments;
 - Ordered services;
 - Medical necessity;
 - Quality of care;
 - Governance;
 - Mandatory reporting;
 - Credentialing;
 - Contractor, subcontractor, agent, or independent contract oversight;
 - Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions;

- Review of documentation and billing relating to claims made to Federal, State, and third party payers for reimbursement;
 - Compliance training and education;
 - Effectiveness of the Compliance Program; and
 - Other risk areas that are or should reasonably be identified by the Organization through its organizational experience.
9. The audits and reviews will examine the Organization's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), clinical record reviews to support claims for reimbursement, and documentation reviews.
 10. The Compliance Officer will review and approve the sample size and sample criteria prior to each audit unless the detail is included in the annual audit plan or work plan.
 11. All audit and review tools used will be standardized throughout the Organization and approved by the Compliance Officer.
 12. A written report of all internal audit and review results will be forwarded to the Compliance Officer and respective department or division director within seven (7) business days from the completion of the review or audit. Within 10 business days from the receipt of the written report of findings, the department or division director will submit a written Plan of Corrective Action to the Compliance Officer for review. The department head or director is responsible for ensuring that corrective measures are implemented and monitored for effectiveness.
 13. The Compliance Officer will determine the timeframe for a post-audit review. The objective of the post-audit review is to ensure that corrective actions were completed and effective in preventing any recurrences of the deficiencies.
 14. The results of all internal auditing and monitoring activities, including records reviewed, audit results, and corrective actions, will be recorded and maintained by the Compliance Officer.
 15. Should non-compliance be detected during routine internal monitoring and activities, the Compliance Officer will ensure a thorough investigation in accordance with the Reporting and Investigation of Compliance Concerns Policy.
 16. Any correspondence from any regulatory agency charged with administering a federally- or state-funded program received by any department of the Organization will be copied and promptly forwarded to the Compliance Officer for review and subsequent discussion by the Compliance Committee.
 17. Program management will immediately notify the Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority. Results (whether oral or written) of any visits, audits, investigations, or surveys will be forwarded to the Compliance Officer promptly upon receipt by Organization personnel.
 18. The Compliance Officer will be responsible for reporting to the Compliance Committee on the general status of all audits and reviews, the outcome of compliance auditing and

monitoring, and the corrective actions taken. The reporting will occur at the first regularly scheduled Compliance meeting after the conclusion of the audit or review.

19. The Compliance Officer will be responsible for reporting the results of auditing and monitoring activities and corrective actions at least annually to the Board of Directors. The report will also include monitoring of trends, an assessment of any compliance risks to the Organization, and an evaluation of the effectiveness of the Organization's Compliance Program.
20. At least annually, the Compliance Officer will benchmark audit results and compare results of similar audits to determine whether improvement is occurring.
21. On an annual basis, the Compliance Officer, in collaboration with the Compliance Committee, will conduct a review to monitor the effectiveness of the Compliance Program, Compliance Program Policies and Procedures, and the Standards of Conduct to determine:
 - a) Whether such written policies, procedures, and Standards of Conduct have been implemented;
 - b) Whether Affected Individuals are following the policies, procedures, and Standards of Conduct;
 - c) Whether such policies, procedures, and Standards of Conduct are effective; and
 - d) Whether any updates are required.

The Compliance Officer will provide a report of this review to the Compliance Committee and the Board of Directors.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Billing Errors, Overpayments, and Self-Disclosure

Purpose:

Long Island Consultation Center is committed to adopting and implementing an effective Compliance Program that includes ensuring the ability to detect, correct, and resolve payment and billing errors as quickly and as efficiently as possible.

For purposes of this Policy, the term “Affected Individuals” includes Staff at All levels + Fee-for-Service

Policy:

It is the policy of **Long Island Consultation Center** that any overpayments or inaccurate billing of claims be detected, reported, and returned in a timely manner following all rules, regulations, and laws.

Long Island Consultation Center is committed to ensuring that in the event that the Organization has received an overpayment under the Medicaid Assistance Program (Medicaid), Medicare, or another third-party payer, the Organization shall report and return the overpayment, notify the appropriate payer, and comply with all Federal and State laws, regulations, guidelines, and policies.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521
Affordable Care Act of 2010 §6402
42 USC §1302a-7k(d)

Long Island Consultation Center

Procedures:

I. Identification of Billing Errors and Overpayments

1. The Compliance Officer must be promptly notified of all potential or actual billing errors and suspected overpayments. Examples of billing errors or reasons for overpayment may include, but are not limited to, the following:
 - Coding errors;
 - Errors in rate or unit;
 - Keying or inputting errors;
 - Provision of unauthorized services;

- - Services are not medically necessary, or necessity is not documented in the record;
 - Absence of one or more required elements of documentation;
 - Service was not rendered;
 - Falsification of service or billing documents;
 - Duplicate payments;
 - Fraudulent behavior by employees or others;
 - Discovery of an employee or contractor on the Federal or State exclusion lists; and
 - Damaged, lost, or destroyed records.
2. The Compliance Officer will notify the Executive Director and the Chief Financial Officer of potential billing issues and overpayments. The preliminary circumstances will be reviewed to determine if a suspension of billing is to be initiated.
 3. The Compliance Officer or designee will investigate the issue; review any underlying facts; quantify and identify the amount of overpayment; ensure that any errors are corrected; and ensure that any refunds are made to the appropriate governmental agency or third-party payer. The investigation will be conducted in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure. The Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether an overpayment has occurred and/or to quantify the overpayment.
 4. An overpayment is deemed “identified” when it is determined or should have been determined through the exercise of reasonable diligence, that an overpayment was received, and the amount of the overpayment has been quantified.
 5. The Compliance Officer is responsible for ensuring that the Organization properly discloses all overpayments to the appropriate payer and makes any reports and refunds that are necessary within the required timeframe for the payer.
 6. Medicaid and Medicare overpayments must be reported and returned:
 - a. no later than 60 days after the date the overpayment was identified; or
 - b. by the date that any corresponding cost report is due, if applicable.
 7. Medicaid overpayments must be reported and returned in accordance with the Office of Medicaid Inspector General’s (OMIG) Self-Disclosure Protocol. The Protocol is available on OMIG’s website at <https://omig.ny.gov/>. (For further information, refer to the Medicaid Self-Disclosure section below.)
 8. Medicare overpayments are reported and refunded to the Medicare Administrative Contractor (MAC) or through the Office of Inspector General’s Voluntary Self Disclosure program.
 9. Overpayments to other third-party payers will be made in accordance with the contractual agreement.

10. Any overpayments retained by the Organization after the deadline for reporting and returning the overpayment may be subject to a monetary penalty.
11. The Compliance Officer must approve the overpayment and self-disclosure procedures and/or any revisions to procedures or forms before implementation.
12. Failure to report a potential reimbursement and billing issue or suspected overpayment will result in disciplinary action, up to and including termination of employment or contract.
13. The Compliance Officer will maintain a file for each overpayment and self-disclosure. All interview notes, evidence, claims data, and written communication to and from the government agency or third-party payer will be maintained in the file in a secure location.
14. The Compliance Officer will maintain a log of all overpayments that have been disclosed to governmental authorities and third-party payers. The following information will be recorded on the Overpayment and Disclosure Log (attached to this Policy):
 - The date that the overpayment was identified/quantified;
 - The date that the overpayment was disclosed;
 - The date that the overpayment was refunded;
 - The cause of the overpayment;
 - The department, program, or service;
 - The amount of the overpayment; and
 - The corrective action(s) to prevent the overpayment from recurring.
15. A report of overpayments, the results of investigations, and remedial actions will be reported to the Compliance Committee on a quarterly basis, and to the Board of Directors at least annually.

II. Medicaid Self-Disclosure

1. The Organization will participate in the OMIG's self-disclosure program under the following eligible conditions as required:
 - a. The Organization is not currently under audit, investigation, or review by the Medicaid Inspector General, unless the overpayment and the related conduct being disclosed does not relate to the OMIG audit, investigation, or review;
 - b. The Organization is disclosing an overpayment and related conduct that at the time is not being determined, calculated, researched, or identified by OMIG;
 - c. The overpayment and related conduct will be reported by the deadline previously specified, i.e., within 60 days of identification and the overpayment is quantified, or the date any corresponding cost report is due; and
 - d. The Organization is not a party to any criminal investigation being conducted by the deputy attorney general for the Medicaid Fraud Control Unit or any agency of the US government or any political subdivision thereof.
2. The Organization will pay the overpayment amount determined by OMIG within 15 days of OMIG notifying the Organization of the amount due, unless the OMIG permits the Organization to repay the overpayment and interest due in installments.

3. The Organization will enter into a self-disclosure compliance agreement with the Medicaid Inspector General that will be executed within 15 days of receiving said agreement from the Medicaid Inspector General or other time frame permitted by OMIG, but not less than 15 days.
4. Any false material information or omitted material information when submitting a self-disclosure, any attempts to evade an overpayment due, or any failure to comply with the terms of a self-disclosure and compliance agreement will not be tolerated and will be subject to disciplinary action up to and including termination.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

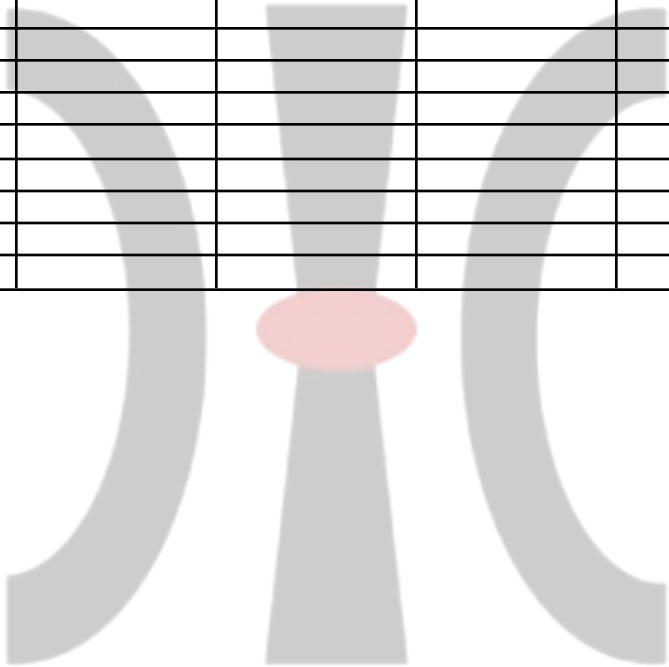
Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

Long Island Consultation Center



Long Island Consultation Center Overpayment and Disclosure Log

Date Overpayment Identified/ Quantified	Date Overpayment Disclosed	Date Overpayment Refunded	Cause of Overpayment	Amount of Overpayment	Department / Program/ Service	Corrective Action(s)



Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Compliance Education and Training

Purpose:

The development and implementation of regular, effective education and training seminars is an integral part of the Compliance Program. Compliance education is divided into two general components. First, all Affected Individuals must receive an introduction to the Compliance Program. Second, those parties whose work is linked to identified risk areas should receive specialized compliance education pertaining to their function and responsibilities.

For purposes of this Policy, the term “Affected Individuals” includes Staff at All levels + Fee-for-Service.

Policy:

It is the Policy of **Long Island Consultation Center** to ensure that all Affected Individuals receive formal training relating to the Organization’s Compliance Program. The Organization will ensure that all trainings are provided in a way that is accessible to all Affected Individuals and that they are in alignment with the required State and Federal laws, rules, and regulations.

It is the Policy of the Organization to ensure that Affected Individuals in identified risk areas, and members of the Board of Directors and Management, receive more detailed education related to their function and responsibilities.

This Policy applies to all Affected Individuals. Successful completion of the training sessions is mandatory and a condition of continued employment, contract, appointment, or assignment with the Organization.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. The Compliance Officer is responsible for developing the compliance education curriculum and monitoring and ensuring that compliance training and orientation meet the Policy standards on this subject.
2. Compliance education and training seminars must include an explanation of the structure and operation of the Compliance Program. They will introduce the Compliance Officer and the roles and responsibilities of the Compliance Committee to Affected Individuals.

3. Compliance education and training seminars will include, at a minimum, information on the following aspects of the Compliance Program:
- **Long Island Consultation Center's** Compliance Plan;
 - Standards of Conduct and other related written guidance;
 - Federal False Claims Act;
 - New York False Claims Act;
 - Whistleblower Protections;
 - Risk areas and organizational experience;
 - The role and responsibilities of the Compliance Officer and the Compliance Committee;
 - Communication channels (name of Compliance Officer, reporting mechanisms, anonymous reporting mechanism);
 - **Long Island Consultation Center's** expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **Long Island Consultation Center's** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy);
 - How the Organization responds to reports of compliance concerns, including the investigation process and corrective actions;
 - **Long Island Consultation Center's** disciplinary policy and standards;
 - Prevention of fraud, waste, and abuse; and
 - Non-retaliation and non-intimidation policy.

Specialized areas for education will include, but not be limited to, the following risk areas:

- Improper or fraudulent billing for services;
 - Preparation of inaccurate or incorrect cost reports;
 - Misuse of **Long Island Consultation Center** funds;
 - Payment or receipt of remuneration or gifts in return for referrals of service recipients or business contracts;
 - Medicaid requirements specific to **Long Island Consultation Center's** services and programs;
 - Coding and billing requirements and best practices, if applicable;
 - Claim development and the submission process, if applicable;
 - Government and private payor reimbursement principles; and
 - Government initiatives related to the services provided by the Organization, if applicable.
4. Comprehensive education materials will be developed to facilitate the compliance sessions and ensure that a consistent message is delivered to all Affected Individuals. Education protocols and materials must be standardized, so as to evidence that everyone attending a seminar receives the same instruction.

- 5 As part of their initial orientation, each employee, including the Executive Director and other senior administrators, and Board members shall receive a training session within the first 90 days of employment or association with the Organization. Each party will receive an introduction to **Long Island Consultation Center's** Compliance Program and objectives, and written copies of the Standards of Conduct and Compliance Plan, and be provided access to Compliance Program policies and procedures. Each party will sign an acknowledgement, that they are aware of and will abide by the Compliance Plan and Standards of Conduct.
- 6 All Affected Individuals will receive training and/or education at least once per year that includes a review of the existing Compliance Plan, the Standards of Conduct, and any applicable policies and procedures. The session will also focus on any changes in Federal or State laws and regulations.
- 7 All education and training relating to the Compliance Program will be verified by attendance and a signed acknowledgement of receipt of training. Training records will include the date, start and end time of the training, and the content of the material presented. The Compliance Officer will maintain records of attendance for all training sessions.
- 8 Only properly trained individuals will be used to provide compliance education and training seminars. Compliance Program trainers must be knowledgeable of the (a) Compliance Plan; (b) applicable Federal laws and regulations; (d) relevant **Long Island Consultation Center** policies/procedures; (e) operations of the Compliance Program; and (f) content of the Standards of Conduct.
- 9 The Compliance Officer is responsible for coordinating with Management to ensure that specialized compliance education occurs in identified risk areas.
- 10 The Compliance Officer will ensure that all contractors and vendors meeting the criteria below are provided with a copy of the Compliance Plan and the False Claims Act and Whistleblower Protections Policy upon entering into a contractual agreement with **Long Island Consultation Center**. For purposes of this Procedure, contractor and vendor are defined as:
 - Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Organization, furnishes or otherwise authorizes the furnishing of Medicare, Medicaid, or other federally-funded healthcare items or services, or performs billing or coding functions; or
 - Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are directly related to healthcare provision, and/or are included in or are a necessary component of providing items or services reimbursed by Medicare, Medicaid, or other federally funded healthcare program; or
 - Any independent, contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Organization.

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- 11 **Long Island Consultation Center** will ensure that the Compliance Officer has sufficient opportunities to receive training on compliance issues. Compliance training will be secured and made available to new Compliance Officers as part of the orientation to the role.
- 12 The Compliance Officer is responsible for submitting periodic reports to the Compliance Committee and Board of Directors on all education seminars related to the Compliance Program. This information will be trended and analyzed to evaluate and ensure that the Organization has an effective Compliance Program.
- 13 All education and/or training related to the Compliance Program will be incorporated into the Organization's training plan. The training plan shall, at a minimum, outline the subjects or topics for training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

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Long Island Consultation Center Acknowledgement Form – Compliance Training and Education

Date of Training: _____
Location: _____

Time of Training: _____
Instructor: _____

Contents

- Long Island Consultation Center’s Compliance Plan
- Standards of Conduct
- Prevention of Fraud, Waste, and Abuse
- Federal False Claims Act
- NY False Claims Act
- Whistleblower Protections
- Non-retaliation and Non-intimidation Policy
- The Role of the Compliance Officer and the Compliance Committee
- Reporting and Investigation of Compliance Concerns
- Disciplinary Standards
- Communication Channels (including name of Compliance Officer and methods to report)

- ✓ I acknowledge that I have attended Compliance training on this date. I have been provided with the opportunity to ask any questions that I may have.
- ✓ I acknowledge that I have received and read a copy of the Compliance Plan and the Standards of Conduct.
- ✓ I understand that I must comply with the Compliance Program, the Standards of Conduct, all laws, regulations, policies and procedures, and guidance provided.
- ✓ I understand that I must report any instances of known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **Long Island Consultation Center’s** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as “compliance concerns”) to a member of Management or the Compliance Officer.
- ✓ I understand that **Long Island Consultation Center** maintains a hotline for confidential or anonymous reporting of compliance concerns
- ✓ I understand that my failure to comply with the Compliance Program, the Standards of Conduct, laws, regulations, and **Long Island Consultation Center’s** policies and procedures or to report possible violations may result in disciplinary action, up to and including termination of employment, contract, assignment or association with the Organization.

Print Name _____

Title _____

Signature _____

Date _____

Long Island Consultation Center Compliance Training – Attendance

Date of Training: _____
Time of Training: Start: _____ End: _____
Location: _____
Instructor: _____

Contents

- Long Island Consultation Center’s Compliance Plan
- Standards of Conduct
- Prevention of Fraud, Waste, and Abuse
- False Claims Act
- NY False Claims Act
- Whistleblower Protections and Non-retaliation Policy
- The Role of the Compliance Officer and the Compliance Committee
- Reporting and Investigations of Compliance Concerns
- Disciplinary Standards
- Communication Channels (including name of Compliance Officer and methods to report)
- Questions and Answers

Attendance

Note: Each attendee/participant must also sign an acknowledgement of attendance.

Print Name

Title

Signature

Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Conflict of Interest

Purpose:

All employees and Board members of **Long Island Consultation Center** have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy is established to ensure that services and business activities are conducted in an objective manner and are not motivated by a desire for personal or financial gain. The Board of Directors is responsible for the implementation of the Conflict of Interest Policy.

Policy:

It is the Policy of **Long Island Consultation Center** to ensure that decisions about **Long Island Consultation Center's** operations are made to benefit the Organization when contemplating a transaction or arrangement that could benefit an officer, director, or employee.

1. Employees, officers, and Board members are required to disclose any actual or potential conflict of interest and seek guidance on how to handle the situation.
 - *Conflict of Interest:* Any situation in which financial or other personal considerations may compromise or appear to compromise (1) an employee's or Board member's business judgment; (2) delivery of services; or (3) ability for an employee to do his or her job. An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that employee, Board member, or for an immediate family member as a result of business dealings. For the purpose of this Policy, an immediate family member is any person who is related by blood or marriage, or whose relationship with the employee or Board member is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:
 - o The person's spouse;
 - o Natural or adoptive parent, child, or sibling;
 - o Stepparent, stepchild, stepbrother, or stepsister;
 - o Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
 - o Grandparent or grandchild; and
 - o Spouse of a grandparent or grandchild.
 - o

2. Business dealings with outside entities should not result in unusual gain for those entities, **Long Island Consultation Center**, a Board member, or an employee. Unusual gain refers to gifts, bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit the employer, the employee, or both or that would reasonably be determined to influence the employer, employee, or both.
3. The materials, products, designs, plans, ideas, and data are the property of the Organization and should never be given to an outside firm or individual without appropriate prior authorization from the Executive Director. Any improper transfer of material or disclosure of information, even though it is not apparent that an employee has personally gained by such action, is prohibited.
4. **Long Island Consultation Center** will not enter into a related party transaction unless the Board affirmatively determines that the transaction is fair, reasonable, and in the best interest of the Organization. A related party transaction means any transaction, agreement, or arrangement in which a related party has a financial interest. A related party is defined as: (i) any director, officer, or key employee (e.g., members of senior leadership) of **Long Island Consultation Center** or its related entities; (ii) any relative of any director, officer, or key employee of **Long Island Consultation Center** or its related entities; or (iii) an entity in which any individual described in (i) or (ii) has a 35% or greater ownership or beneficial interest, or in the case of a partnership or professional corporation, a direct ownership interest in excess of 5%.

Regulatory References:

Not-For-Profit Corporation Law § 715

Procedures:

1. Each employee will be provided with **Long Island Consultation Center's** Conflict of Interest Policy as part of the new hire orientation process. Each employee shall sign a statement that affirms that the employee:
 - Has received a copy of the Conflict of Interest Policy,
 - Has read and understands the Policy, and
 - Has agreed to comply with the Policy.
2. Each Board member, officer, key employee, and member of a committee with Governing Board-delegated powers will be provided with **Long Island Consultation Center's** Conflict of Interest Policy and shall sign a statement at the time of hire, assignment, and/or Board approval that affirms that such person:
 - Has received a copy of the Conflict of Interest Policy,
 - Has read and understands the Policy, and
 - Has agreed to comply with the Policy.

3. Employees must disclose any potential conflicts of interest upon hire and when a potential conflict arises. The Employee completes the Conflict of Interest Disclosure Statement form (attached to this Policy) to record an actual or potential conflict of interest upon hire and when a potential conflict arises. Completed forms are to be forwarded to and retained by the Compliance Officer.
4. Key employees (members of senior leadership), the Executive Director, officers, and Board members must complete a Conflict of Interest Disclosure Statement upon hire or prior to being seated (voted on for approval) and annually thereafter in order to report any actual or potential conflict of interest. Such annual statement shall not exempt any key employee, officer, or Board member from disclosing a potential conflict of interest pursuant to Procedure #11 below. The Compliance Officer shall provide copies of all completed Conflict of Interest Disclosure Statements by key employees, the Executive Director, officers, and Board members to the President of the Board.
5. An employee or Board member with questions or concerns about a potential conflict of interest will promptly address the issue with appropriate Management staff and/or the Compliance Officer. Management staff will consult with the Compliance Officer before responding to a concern or question about a potential conflict of interest.
6. Board Members, Officers, the Executive Director, and Management personnel are expected to avoid actions that could be perceived or interpreted as being in conflict with the best interest of the Organization.
7. Actual or potential conflicts of interest must be disclosed to appropriate management personnel and the Compliance Officer. Employees who may be involved in any **Long Island Consultation Center's** business transaction in which there is an actual or potential conflict of interest will promptly notify their immediate supervisor and Compliance Officer; the Compliance Officer will promptly notify the Executive Director and the President of the Board.
8. The completed Conflict of Interest Disclosure Statements are reviewed by the Compliance Officer and Executive Director and, if necessary, appropriate actions and adjustments are made to avoid possible conflicts of interest. The Compliance Officer will report significant concerns regarding the Conflict of Interest Disclosure Statements to the Compliance Committee and the President of the Board.
9. The Compliance Officer will maintain a written record of any report of potential conflict of interest and of any adjustments made to avoid potential conflicts of interest.
10. The President of the Board, after receiving information about a potential conflict of interest, will take such action as is necessary to ensure that the transaction is completed in the best interest of **Long Island Consultation Center** without the substantive involvement or influence of the person with the potential conflict of interest.
11. Key employees, officers, and Board members who have a direct or indirect interest in a related party transaction must disclose, in good faith, such interest to the Board or Committee considering the transaction and the material facts concerning such interest.

12. Key employees, officers, and Board members who have a direct or indirect interest in a related party transaction may not be present or otherwise participate in any Board or Committee deliberations or voting concerning the transaction; however, such individuals may present information concerning a related party transaction prior to the commencement of deliberations or voting.
13. Prior to entering into a related party transaction, the Board or Committee must consider alternatives, to the extent available, that would not be a related party transaction.
14. The Board or Committee must approve the related party transaction by not less than a majority vote of those present at the meeting.
15. The Board or Committee must contemporaneously document, in writing, the basis for its approval of the related party transaction, including its consideration of alternatives to the related party transaction.
16. Board members with conflicts will absent themselves from the discussion/deliberation and vote on the item/circumstance that the Board member has identified as a conflict. The meeting minutes shall indicate when the member left the room, that the discussion and vote, if any, occurred, and then that the member was invited to return to the meeting. If any member with a conflict does not excuse themselves from the meeting, the President of the Board shall ask the member to leave the room. The existence and resolution of the conflict, if any, must be documented.
17. Board members are strictly prohibited from any attempt to influence the discussion, deliberations, or vote on any subject that relates to the member's conflict.
18. Employees must seek guidance and approval from appropriate Management personnel prior to pursuing any business or personal activity that may constitute a conflict of interest.
19. Outside employment may not interfere with the employee's ability to perform their job with **Long Island Consultation Center**. In addition, **Long Island Consultation Center** employees may not compete against **Long Island Consultation Center**, work for its competitors, or have any ownership interest in a competitor.
20. The Compliance Officer shall document the existence and resolution of any conflict in the Organization's records, including putting in the minutes of any meeting at which a conflict was discussed and voted upon.
21. The Compliance Officer will investigate any violations of this Policy.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

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Long Island Consultation Center

Long Island Consultation Center Conflict of Interest Disclosure Statement

The Conflict of Interest Policy includes a provision that sets forth standards of conduct expected and requiring Board members, Management, and employees to disclose all interests that could result in an actual or potential conflict of interest.

In accordance with **Long Island Consultation Center's** Conflict of Interest Policy, a conflict of interest is defined as any situation in which financial or other personal considerations may compromise or appear to compromise (1) an employee's or Board member's business judgment; (2) delivery of services; or (3) ability for an employee to do their job. An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that employee, Board member, or for an immediate family member as a result of business dealings.

Please complete and return this Conflict of Interest Disclosure Statement. Please be assured that the disclosure requirements are intended to provide the Board and Management with a systematic and ongoing method of disclosing and ethically resolving potential conflicts of interest. Although it is impossible to list every circumstance giving rise to a possible conflict of interest, the following will serve as a guide to the types of activities that might cause conflicts and that should be fully reported:

A. Outside Interests

- a. To hold, directly or indirectly, a position or a financial interest in any outside concern from which the individual has reason to believe the Organization secures goods or services (including the services of buying or selling stocks, bonds, or other securities), or that provides services that compete with the Organization.
- b. To compete, directly or indirectly, with the Organization in the purchase or sale of property or property rights, interests, or services.

B. Outside Activities

To render directive, managerial, or consultative services to any outside concern that does business with the Organization, or competes with the services of the Organization, or to render other services in competition with the Organization.

C. Inside Information

To disclose or use information relating to the Organization's business for the personal profit or advantage of the individual or their immediate family.

D. Gifts, Gratuities, and Entertainment

To accept gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of, the Organization – under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of their duties.

- ✓ I have been provided with a copy of **Long Island Consultation Center’s** Conflict of Interest Policy.
- ✓ I hereby state that I, or members of my immediate family, have the following affiliations or interest and have taken part in the following transactions that, when considered in conjunction with the position with or relation to the Organization, might possibly constitute a conflict of interest. (Check “None” where applicable)

1. Outside Interests

Identify any interests, other than investments, of yourself or your immediate family, as described in paragraph A (Outside Interests) above.

() None

2. Investments

List and describe, with respect to yourself or your immediate family, all investments that might be within the category of “financial interest”, as described in paragraph A (Outside Interests) above.

() None

3. Outside Activities

Identify any outside activities, of yourself or your immediate family, as described in paragraph B (Outside Activities) above.

() None

4. Other

List any other activities in which you or your immediate family are engaged that may be regarded as constituting a conflict of interest, giving particular attention to paragraphs B (Outside Activities) and C (Inside Information) above.

() None

5. I hereby certify that neither I nor any member of my immediate family have accepted gifts, gratuities, or entertainment that might influence my judgment or actions concerning the business of the Organization, except as listed below:

() None

6. The following circumstances may possibly violate the Standards of Conduct:

() None

7. List any family members employed by **Long Island Consultation Center** or serving as a member of **Long Island Consultation Center's** Board of Directors.

Name	Relationship
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By signing below, I affirm that:

1. I have received and read a copy of **Long Island Consultation Center's** Conflict of Interest Policy;
2. I agree to comply with the Policy;
3. I have no actual or potential conflicts as defined by the Policy or if I do, I have previously disclosed them as required by the Policy or am disclosing them on this form; and
4. I hereby agree to report to Management or the Compliance Officer any future situation that may result in a conflict of interest.

Name (Printed or typed)	Title
Signature	Date

Reviewed by:

Long Island Consultation Center	
Name (Printed or typed)	Title
Signature	Date

Policy and Procedure: *Corporate Compliance*

Topic: Discipline and Enforcement of Compliance Standards

Purpose:

Long Island Consultation Center is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and the Organization's Standards of Conduct. To support this commitment, **Long Island Consultation Center** has developed procedures for disciplinary actions to be taken for illegal or unethical acts; violations of Federal or State laws and regulations; violations of the Standards of Conduct, the Compliance Program, and **Long Island Consultation Center** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance violations" for purposes of this Policy) by Affected Individuals.

For purposes of this Policy, the term "Affected Individuals" includes Staff at All levels + Fee-for-Service.

Policy:

It is the Policy of **Long Island Consultation Center** to ensure that:

1. Affected Individuals who, upon investigation, are found to have committed compliance violations will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with **Long Island Consultation Center**.
2. The following actions shall result in disciplinary action:
 - Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
 - Failure to comply with the Organization's policies governing the prevention, detection, or reporting of fraud and abuse;
 - Falsification of records;
 - Submitting, causing the submission of, or disregarding information that may indicate the submission of a false claim;
 - Failure to report a violation by a peer or subordinate;
 - Failure to cooperate in an investigation; and
 - Retribution, retaliation, or intimidation against a person for reporting a possible compliance violation or participating in an investigation.

3. The Organization will apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment, contract, assignment, or appointment. The Organization will consider intentional or reckless behavior as being subject to more significant disciplinary action.
4. The Compliance Officer will be responsible for assuring that disciplinary actions related to compliance violations are consistent with actions taken in similar instances of non-compliance and that the same disciplinary action applies to all levels of Affected Individuals.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. All reports of compliance violations are to be reported to the Compliance Officer in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.
2. To the extent possible, disciplinary action for employees will be taken in accordance with the Organization's **Employee Manual and/or Contract Manual**.
3. When the determination is made that a compliance violation by an Affected Individual has occurred, the Compliance Officer will notify the Executive Director, the appropriate department/program administrator, and the employee's supervisor.
4. When the determination is made that a compliance violation by a Board member or a corporate officer has occurred, the Compliance Officer will notify the Executive Director and the President of the Board. If the President of the Board is implicated in the violation, the Compliance Officer and Executive Director will work with the Compliance Committee of the Board to determine and execute appropriate disciplinary action.
5. When the determination is made that a compliance violation by the Executive Director has occurred, the Compliance Officer will notify the President of the Board in order to determine and execute appropriate disciplinary action. Legal counsel may be consulted, as appropriate.
6. When the determination is made that a compliance violation occurred involving a contractor or vendor, the Compliance Officer will notify the Executive Director and work collaboratively to determine and execute the appropriate corrective action.

7. If appropriate, the Compliance Officer may notify the Board or the Compliance Committee prior to the next regularly scheduled meeting when a full report of compliance-related disciplinary actions would normally be presented.
8. The Compliance Officer and Director of Human Resources will work in collaboration with the appropriate supervisor/manager in determining and executing the disciplinary action related to a compliance violation by an employee. The Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.
9. The Compliance Officer and/or Director of Human Resources shall consult with the Compliance Committee, the Executive Director, and legal counsel, as necessary to determine the appropriate disciplinary action to be taken.
10. Discipline will be appropriately documented in the disciplined employee's personnel file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during the employee's regular and promotional evaluations.
11. The Compliance Officer will maintain a written record of all disciplinary actions taken against Affected Individuals, including verbal warnings, and will reference these records when necessary to ensure consistency in the application of disciplinary measures.
12. The Compliance Officer shall maintain a record of all disciplinary actions, including verbal warnings, taken against Affected Individuals related to compliance violations and report regularly to the Compliance Committee and not less than annually to the Board of Directors, regarding such actions.
13. The Compliance Officer will reference the record of disciplinary actions as necessary to ensure consistency in the application of disciplinary measures related to compliance violations.
14. The Compliance Officer will ensure that the disciplinary procedures are disseminated to all Affected Individuals and that these individuals have received relevant training in accordance with the Organization's training plan.

Long Island Consultation Center

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

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Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Exclusion and Sanction Screening

Purpose:

Long Island Consultation Center is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, all necessary steps will be taken by **Long Island Consultation Center** to ensure that it does not employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.

For purposes of this Policy, a “contractor” is defined as:

- Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Organization, furnishes or otherwise authorizes the furnishing of Medicare, Medicaid, or other federally-funded healthcare items or services, or performs billing or coding functions;
- Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are related to healthcare provision, and/or are included in or are a necessary component of providing items or services of Medicare, Medicaid, or other federally-funded healthcare programs; or
- Any independent contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Organization.

Policy:

1. It is the policy of **Long Island Consultation Center** not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.
2. It is the policy of **Long Island Consultation Center** that Organization employees including the Executive Director and senior leadership, interns, and Board members have an affirmative responsibility to notify the Compliance Officer promptly if charged with a criminal offense related to healthcare or proposed or found to be subject to exclusion from federal healthcare programs.
3. It is the policy of **Long Island Consultation Center** to conduct exclusion (sanction) screening of all current and proposed employees including the Executive Director and senior leadership, interns, and Board members.
4. It is the policy of **Long Island Consultation Center** to verify that contractors, as defined by this Policy, who provide and/or perform services for the Organization have not been the subject of adverse governmental actions and/or excluded from the federal healthcare programs.

5. It is the policy of **Long Island Consultation Center** to verify that any physician or other healthcare practitioner ordering, authorizing, or prescribing goods or services under a federally-funded healthcare program, such as Medicare or Medicaid, has not been excluded from participation from federal healthcare programs.

Regulatory References:

Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977

Public Law 95-142

18 NYCRR Part 521

Department of Health and Human Services Office of Inspector General: Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs (5/8/2013)

Procedures:

Applicable to Employees, Interns, and Board Members:

1. **Long Island Consultation Center** will conduct exclusion checks to verify that all employees including the Executive Director and senior leadership, interns, and Board members have not been excluded from federal healthcare programs. An exclusion check is a search of the following sources to determine if the individual's name appears on any of the lists:
 - U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
 - ***For New York Agencies only:*** NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
 - ***For Medicaid Managed Care Organizations (MMCO) only:*** MMCOs will be responsible for utilizing any other list or database that is required within their contract(s).
2. An exclusion check will be performed on all applicants for employment as part of the pre-employment screening process. All names used by the applicant will be obtained and utilized as part of the exclusion screening process. If the exclusion check indicates that any individual has been excluded from federal healthcare programs, the applicant will not be offered employment.
3. An exclusion check will be performed for potential Board members and as part of the screening process. All names used by the potential Board member will be obtained and utilized when conducting the exclusion screening. If the exclusion check indicates that a

potential Board member has been excluded from federal healthcare programs, the individual will not be considered for Board affiliation.

4. An exclusion check will be performed on all interns as part of the screening process. All names used by the intern will be obtained and utilized when conducting the exclusion screening. If the exclusion check indicates that the intern has been excluded from federal healthcare programs, the intern will not be offered an internship.
5. The Human Resource Department will maintain an updated list of employees, interns, and Board members in an approved format and will make the list available to the personnel responsible for exclusion screening of such parties.
6. The Compliance Officer will ensure that exclusion screening is conducted on all employees, interns, and Board members at least every 30 days thereafter. All names used by the parties will be utilized when the exclusion screening is conducted.
7. Any potential matches identified in the ongoing exclusion screening process for employees, interns, and Board members will be reviewed and resolved by the Compliance Officer. The excluded party will be immediately relieved from duty and the Compliance Officer will consult with legal counsel in the event the Organization has been reimbursed for services from the excluded party.
8. The exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.
9. If any employee, intern, or Board member is charged with a criminal offense related to healthcare or is proposed or found to be subject to exclusion from federal healthcare programs, they must be removed from direct responsibility or involvement in any federally-funded healthcare program while the matter is pending. If the matter results in conviction or exclusion, **Long Island Consultation Center** will immediately terminate the Organization's relationship with the employee, intern, or Board member.
10. In addition to exclusion screening, the credentials of medical/healthcare and other professionals employed by **Long Island Consultation Center** will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individuals that might impair their performance of duties on behalf of the Organization. The process is applicable to all employees for which license/certification is required for their duties. The verification will be conducted as part of the hiring process and at least **annually** thereafter.

Applicable to Contractors:

1. The Organization personnel responsible for negotiating or securing contracts shall conduct exclusion checks prior to entering an agreement with a contractor, as defined by this Policy. An exclusion check is a search of the following sources to determine if the individual's or entity's name appears on any of the lists:
 - U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
 - **For New York Agencies only:** NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
 - **For MMCOs only:** MMCOs will be responsible for utilizing any other list or database that is required within their contract(s).
2. If the exclusion check indicates that a contractor has been excluded from federal healthcare programs, the contract will not be executed until a determination is made by the Compliance Officer as to whether the contract pertains to activities subject to the prohibition on participation by excluded entities.
3. The Director of Office Services will maintain an up-to-date list of contractors in an approved format and will make the list available to the personnel responsible for exclusion screening of such parties.
4. The Compliance Officer will ensure that an exclusion check of contractors is conducted prior to entering into a business contract with the contractor and at least every 30 days thereafter.
5. Any matches identified in the ongoing exclusion screening process for contractors will be reviewed and resolved by the Compliance Officer. If the exclusion check indicates that a contractor has been excluded from federal healthcare programs, the Compliance Officer will make a determination as to whether the contract pertains to activities subject to the prohibition on participation by excluded entities. The contract will be immediately terminated if the goods or services are subject to the prohibition on participation by excluded entities.
6. The Compliance Officer will consult with legal counsel if the Organization has been reimbursed for goods or services from the excluded individual or entity.
7. The indicated exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.

8. The Compliance Officer will ensure that all contracts entered into by the Organization will contain a certification that the federal or state government does not exclude the contractor, its employees, or subcontractors.

Applicable to Ordering/Prescribing Physicians and Other Healthcare Practitioners:

1. **Long Island Consultation Center** will ensure that an initial exclusion check is conducted on each physician and healthcare practitioner who authorizes, prescribes, or orders goods or services funded by Medicaid, Medicare, or other federally-funded healthcare programs. An exclusion check is a search of the following sources to determine if the party's name appears on any of the lists:
 - U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
 - **For New York Agencies only:** NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
2. Any **Long Island Consultation Center** department or program providing healthcare services that require an authorization, order, or prescription by a physician or other healthcare practitioner will ensure that an initial exclusion check is conducted on each physician or practitioner who authorizes, orders, or prescribes goods or services reimbursed by Medicaid, Medicare, or other federally-funded healthcare programs.
3. The department or program will maintain an up-to-date list of physicians and practitioners who authorize, order, or prescribe Medicaid, Medicare, or other federally-funded healthcare program services. The list will be maintained in an approved manner and be made available to the personnel responsible for the exclusion screening of such parties.
4. The Compliance Officer will ensure that an exclusion check of all physicians and practitioners who authorize, order, or prescribe healthcare goods or services provided by the Organization is conducted at least every 30 days.
5. Any matches identified in the ongoing exclusion screening process for physicians and practitioners will be reviewed and resolved by the Compliance Officer. If the exclusion check indicates that a physician or practitioner has been excluded from federal healthcare programs, the services or goods will not be billed to Medicaid, Medicare, or other federally-funded healthcare programs. The Compliance Officer will consult with legal counsel if the Organization has been reimbursed for goods or services authorized, ordered, or prescribed by an excluded physician or practitioner.

6. The indicated exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.

Monitoring for Compliance with Policy:

1. The Compliance Officer will ensure the results of all exclusion checks are maintained for a period of at least six years.
2. The Compliance Officer is responsible for monitoring this Policy for compliance and reporting results quarterly to the Compliance Committee and the Board, along with any recommendations for remedial actions or improvements to the program.
3. An annual audit of employment applications, Board appointments, and contractors (as defined by this Policy) with which **Long Island Consultation Center** enters into a contractual relationship will be conducted by the Compliance Officer to verify that this policy is enforced. A report of this audit will be made to the Compliance Committee and Board, along with any recommendations for remedial actions or improvement to the process as part of the annual compliance report.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

Policy and Procedure: *Corporate Compliance*

Topic: False Claims Act and Whistleblower Protections

Purpose:

Long Island Consultation Center is committed to prompt, complete, and accurate billing of all services provided to service recipients. **Long Island Consultation Center** and its employees and contractors and all affected individuals as defined in this policy shall not make or submit any false or misleading entries on any claim forms, neither shall they **knowingly** present, or cause to be presented, a false or fraudulent **claim** for payment or approval, nor **knowingly** make, use, or cause to be made or used, a false record or statement **material** to a false or fraudulent **claim**.

No employee or contractor shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager, that results in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

This policy applies to all Affected Individuals, which includes Board members, all employees, interns including Executive Director and senior leadership, and contractors.

For purpose of this Policy, a contractor is defined as:

- Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Organization, furnishes or otherwise authorizes the furnishing of Medicare and/or Medicaid healthcare items or services, or performs billing or coding functions;
- Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are directly related to healthcare provision, and/or are included in or are a necessary component of providing items or services reimbursed by Medicare, Medicaid, or another federally-funded healthcare program; or
- Any independent, contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Organization.

Policy:

It is the policy of **Long Island Consultation Center** to detect and prevent fraud, waste, and abuse in Federal and State healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Administrative Remedies For False Claims (31 USC Chapter 38 §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194), and other New York State laws concerning false statements or claims and employee protections against retaliation for reporting. This policy also sets forth the procedures that **ORGANIZATION** has put into place to prevent any violations of Federal or New York State laws regarding fraud, waste, or abuse in its healthcare programs. (Refer to the appendix entitled “Overview of Relevant Laws” for further information.)

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521
(Also refer to Overview of Relevant Laws, below)

Procedures:

1. **Long Island Consultation Center** will provide training and/or education in this policy and procedure to all Board members, all employees including Executive Director and senior leadership, and contractors, as defined by this Policy.
2. Training and/or education in this Policy will be provided to all employees as part of the new employee orientation.
3. Training and/or education in this Policy will be provided to all Board members and to new Board members as part of Board orientation.
4. The Compliance Officer will ensure that all Board members, all employees including Executive Director and senior leadership, and contractors receive training and/or education related to the contents of this Policy and the False Claims Act. The Compliance Officer will ensure that records are maintained to document the receipt of training.
5. The Compliance Officer will ensure that this Policy is attached to any contract with a contractor as defined by this Policy.
6. The prevention of fraud, waste and abuse, **Long Island Consultation Center** requires compliance with the following requirements related to the provision of service(s) and claims for reimbursement:
 - a. All service documentation, records, and reports are prepared timely, accurately, and honestly;
 - b. All documentation supporting claims for service is complete and maintained in accordance with regulatory requirements and the Organization's policies;
 - c. All claims submitted to any government or private healthcare program are accurate and comply with all Federal and State laws and regulations and payer requirements;
 - d. Claims are only submitted for medically necessary services provided by eligible providers;
 - e. All claims are properly documented and accurately coded; and
 - f. Billing errors are promptly identified, and any payments received in error are promptly returned to the payer.
7. Any employee or contractor who has any reason to believe that anyone is engaging in false billing practices, false documentation of services, and other non-compliance related to service provision and billing is expected to report the practice to the Compliance Officer in accordance with the Reporting and Investigation of Compliance Concerns Policy.

8. Any form of retribution, intimidation, and/or retaliation against any party who reports, in good faith, a perceived problem or concern regarding the provision or billing of services is strictly prohibited.
9. Any employee or contractor who commits or condones any form of retribution, intimidation, or retaliation will be subject to discipline up to, and including, termination of employment or contract.
10. **Long Island Consultation Center** will perform billing activities in a manner consistent with the regulations and requirements of third-party payers, including Medicaid, Medicare, and other Federal healthcare programs.
11. **Long Island Consultation Center** will conduct regular auditing and monitoring procedures as part of its efforts to ensure compliance with applicable regulations.
12. **Long Island Consultation Center** will report and refund all overpayments to Medicaid and Medicare within 60 days of identification of the overpayment in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Plan. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

Overview of Relevant Laws

The False Claims Act (31 USC Chapter 37, §§ 3729-3733)

The False Claims Act is a Federal law designed to prevent and detect fraud, waste, and abuse in Federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Federal Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of approximately \$12,000 to \$25,000¹ for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim.

Examples include, but are not limited to, the following:

- Knowingly making false statements;
- Falsifying records;
- Submitting claims for services never performed or items never furnished;
- Double-billing for items or services;
- Upcoding;
- Using false records or statements to avoid paying the Government;
- Falsifying time records used to bill Medicaid; or
- Otherwise causing a false claim to be submitted.

Whistleblower or “Qui Tam” Protections

In order to encourage individuals to come forward and report misconduct involving false re, the False Claims Act contains a “Qui Tam” or whistleblower protection.

The United States Government, or an individual citizen acting on behalf of the United States Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the United States Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

¹ The penalties are updated regularly; the provider should refer to the Federal False Claims Act for current amounts.

More information can be found at [31 USC 3730: Civil actions for false claims \(house.gov\)](#)

Employee Protections

The False Claims Act prohibits discrimination by **Long Island Consultation Center** against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorney fees.

More information can be found at [31 USC 3729: False claims \(house.gov\)](#)

Administrative Remedies for False Claims (31 USC Chapter 38, §§3801-3812)

The Federal False Claims Act allows for administrative recoveries by Federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information, or omits material information. The Federal agency receiving the claim may impose a monetary penalty of up to \$5,500 per claim and damages of twice the amount of the original claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid.

More information can be found at [31 USC Chapter 38 - Administrative Remedies for False Claims and Statements](#).

New York State Laws

A. Civil and Administrative Laws

New York State False Claims Act (State Finance Law §§187-194)

The New York State False Claims Act closely tracks the Federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any State or local government, including healthcare programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000² per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may be responsible for the government's legal fees.

The New York State Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit.

² The penalties are updated regularly; the provider should refer to the Federal False Claims Act for current amounts.

The New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under FIS/Financial Services Law.

Social Service Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment, or other fraudulent scheme or device. The State or the local Social Services district may recover up to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within five years, a penalty up to \$7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

The following is the text of the NY State Social Services regulation on False Statements that pertains to the work of LICC Staff. All staff are required to read it fully upon receipt of this manual.

SECTION 145-B

False statements; actions for treble damages

Social Services (SOS) CHAPTER 55, ARTICLE 5, TITLE 1

<https://www.nysenate.gov/legislation/laws/SOS/145-B>

§ 145-b. False statements; actions for treble damages.

1. (a) It shall be unlawful for any person, firm or corporation knowingly by means of a false statement or representation, or by deliberate concealment of any material fact, or other fraudulent scheme or device, on behalf of himself or others, to attempt to obtain or to obtain payment from public funds for services or supplies furnished or purportedly furnished pursuant to this chapter.

(b) For purposes of this section, "statement or representation" includes, but is not limited to: a claim for payment made to the state, a political subdivision of the state, or an entity performing services under contract to the state or a political subdivision of the state; an acknowledgment, certification, claim, ratification or report of data which serves as the basis for a claim or a rate of payment, financial information whether in a cost report or otherwise, health care services available or rendered, and the qualifications of a person that is or has rendered health care services.

Note: this refers to but is not necessarily limited to: Medicaid, Medicaid Managed Care, any State grants, any Federal grants, any grants or funding backed by city, State, or Federal Funds, consolidated fiscal reporting, and any other state or federal reporting.

(c) For purposes of this section, a person, firm or corporation has attempted to obtain or has obtained public funds when any portion of the funds from which payment was attempted or obtained are public funds, or any public funds are used to reimburse or make prospective payment to an entity from which payment was attempted or obtained.

2. For any violation of subdivision one, the local social services district or the state shall have a right to recover civil damages equal to three times the amount by which any figure is falsely overstated or in the case of non-monetary false statements or representations, three times the amount of damages which the state, political subdivision of the state, or entity performing services under contract to the state or political subdivision of the state sustain as a result of the violation or five thousand dollars, whichever is greater. Notwithstanding part C of chapter fifty-eight of the laws of two thousand five:

(a) For civil damages collected by a local social services district, relating to the medical assistance program, pursuant to a judgment under this subdivision, such amounts shall be apportioned between the local social services district and the state. If the violation occurred:

(i) prior to January first, two thousand six, the amount apportioned to the local social services district shall be the local share percentage in effect immediately prior to such date as certified by the division of budget, or

(ii) after January first, two thousand six, the amount apportioned to the local social services district shall be based on a reimbursement schedule, created by the office of Medicaid inspector general, in effect at the time the violation occurred; provided that, if there is no schedule in effect at the time the violation occurred, the schedule to be used shall be the first schedule adopted pursuant to this subdivision. Such schedule shall provide for reimbursement to a local social services district in an amount between ten and fifteen percent of the gross amount collected. Such schedule shall be set on a county-by-county basis and shall be periodically reviewed and updated as necessary; provided, however, that any such updated schedule shall not be less than ten percent nor greater than fifteen percent of the gross amount collected; and

(b) For civil damages collected by the state relating to the medical assistance program pursuant to a judgment under this subdivision, the local social services district shall also be entitled to compensation up to fifteen percent of the gross amount collected for such participation, including but not limited to identification, investigation or development of a case, commensurate with its level of effort or value added as determined by the Medicaid inspector general.

3. If any provider or supplier of services in the program of medical assistance is required to refund or repay all or part of any payment received by said provider or supplier under the provisions of this chapter and title XIX of the federal social security act, said refund or repayment shall bear interest from the date the payment was made to said provider or supplier to the date of said refund or repayment. Interest shall be at the maximum legal rate in effect on the date the payment was made to said provider or supplier.

4. (a) The Medicaid inspector general, in consultation with the department of health, may require the payment of a monetary penalty as restitution to the medical assistance program by any person who fails to comply with the standards of the medical assistance program or standards of generally accepted medical practice in a substantial number of cases or grossly and flagrantly violated such standards and:

(i) receives, or causes to be received by another person, payment from the medical assistance program when such person knew, or had reason to know, that:

(A) the payment involved the providing or ordering of care, services or supplies that were medically improper, unnecessary or in excess of the documented medical needs of the person to whom they were furnished;

(B) the care, services or supplies were not provided as claimed;

(C) the person who ordered, prescribed, or furnished the care, services or supplies which were medically improper, unnecessary or in excess of the documented medical need of the person to whom they were furnished was suspended or excluded from the medical assistance program at the time the care, services or supplies were furnished; or

(D) the services or supplies for which payment was received were not, in fact, provided; or

(ii) such person fails to grant timely access to facilities and records, upon reasonable notice, to the Medicaid inspector general, the Medicaid fraud control unit of the attorney general's office, or the department of health for the purpose of audits, investigations, reviews, or other statutory functions. For purposes of this subparagraph, "reasonable notice" means a written request made by a properly identified agent of the Medicaid inspector general, the Medicaid fraud control unit of the attorney general's office, or the department of health either, during hours that the individual or entity is open for business, or mailed to the individual or entity to an address on file with the department of health or last known address. The request shall include a statement of the authority for the request, the definition of "reasonable notice", and the penalties for failure to comply;

(iii) such person knew or should have known that an overpayment has been identified and does not report, return and explain the overpayment in accordance with subdivision six of section three hundred sixty-three-d of this article;

(iv) such person arranges or contracts, by employment, agreement, or otherwise, with an individual or entity that the person knows or should know is suspended or excluded from the medical assistance program at the time such arrangement or contract regarding activities related to the medical assistance program is made;

(v) such person had an obligation to identify, claim, and pay a bonus under subdivision three of section three hundred sixty-seven-w of this article and such person failed to identify, claim and pay such bonus.

(vi) For purposes of this paragraph, "person" as used in subparagraph (i) of this paragraph does not include recipients of the medical assistance program; and "person" as used in subparagraphs (ii), (iii) and (iv) of this paragraph, is as defined in paragraph (e) of subdivision six of section three hundred sixty-three-d of this article; and "person" as used in subparagraph (v) of this paragraph includes employers as defined in section three hundred sixty-seven-w of this article.

(b) In determining the amount of any monetary penalty to be imposed, the Medicaid inspector general, in consultation with the department of health, shall take into consideration the following:

- (i) the number and total value of the claims for payment from the medical assistance program which were the underlying basis of the determination to impose a monetary penalty;
 - (ii) the effect, if any, on the quality of medical care provided to recipients of medical assistance as a result of the acts of the person;
 - (iii) the degree of culpability of the person in committing the proscribed actions and any mitigating circumstances;
 - (iv) any prior violations committed by the person relating to the medical assistance program, Medicare or other social services programs which resulted in either a criminal or administrative sanction, penalty, or recoupment; and
 - (v) any other facts relating to the nature and seriousness of the violations including any exculpatory facts.
- (c) (i) For subparagraphs (i), (iii), and (iv) of paragraph (a) of this subdivision, in no event shall the monetary penalty imposed exceed ten thousand dollars for each item or service which was the subject of the determination herein, except that where a penalty under this section has been imposed on a person within the previous five years, such penalty shall not exceed thirty thousand dollars for each item or service which was the subject of the determination herein.
- (ii) For subparagraph (ii) of paragraph (a) of this subdivision, in no event shall the monetary penalty exceed fifteen thousand dollars for each day of the failure described in such subparagraph.
- (iii) For subparagraph (v) of paragraph (a) of this subdivision, a monetary penalty shall be imposed for conduct described in subparagraphs (i), (ii) and (iii) of paragraph (a) of subdivision five of section three hundred sixty-seven-w of this article and shall not exceed one thousand dollars per failure to identify, claim and pay a bonus for each employee.
- Note: The conduct described in subparagraphs (i), (ii), and (iii) of paragraph (s) of subdivision five of section three hundred sixty-seven w concerns unlawful bonuses, as follows:*
- an employer claims a bonus not due to an employee or a bonus amount in excess of the correct bonus amount due to an employee;
 - an employer claims, receives and fails to pay any part of the bonus due to a designated employee.
- (d) Amounts collected pursuant to this subdivision shall be apportioned between the local social services district and the state in accordance with the regulations of the department of health.
- (e) For the purposes of this subdivision, "gross and flagrant violation" shall mean conduct which has an adverse effect on the fiscal integrity of the medical assistance program and:
- (i) which substantially impairs the delivery of high quality medical care, services, or supplies; or
 - (ii) which substantially impairs the oversight and administration of the program.
- (f) A person against whom a monetary penalty is imposed pursuant to this subdivision shall be entitled to notice and an opportunity to be heard, including the right to request a hearing

pursuant to section twenty-two of this chapter 55 under SOS / Social Service.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

“Reverse” False Claims - NY State Finance Law Article VIII, 187-194

All affected individuals will also be liable in instances in which they, on behalf of LICC, obtain money from a state or local government to which the organization or program is not entitled, yet the individual uses false statements or records in order to keep the money. In these instances there shall be penalties of at least \$6,000 but not more than \$12,000 per claim and damages of not more than two times the loss the government sustains because of the false claim. In addition, the false claim filer may have to pay the government’s legal fees.

Social Service Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person’s and the person’s family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

B. Criminal Laws

Social Service Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Social Service Law § 366-b, Penalties for Fraudulent Practices

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which they are legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Penal Law Article 155, Larceny

The crime of larceny involves a person who, with intent to deprive another individual, group or business of their property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This statute has been applied to Medicaid fraud cases. LICC staff shall be aware of the following definitions of Grand Larceny in the First through Fourth Degrees according to NY State Penal Law:

- Grand Larceny in the Fourth Degree: PL 155.30(1) criminalizes the wrongful taking of something worth in excess of \$1,000 but not more than \$3,000.
- Grand Larceny in the Third Degree: PL 155.35 codifies stealing property valued north of \$3,000 but not greater than \$50,000.
- Grand Larceny in the Second Degree: PL 155.40(1) is a felony whereby the pilfering exceeds \$50,000 but is not more than \$1 million in value.
- Grand Larceny in the First Degree: PL 155.42, the most severe offense, occurs when you steal more than \$1 million worth of property in any form.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

Penal Law Article 175, Written False Statements

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an organization's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class E felony.

Several sections in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions.

- a. § 175.05 Falsifying business records in the second degree involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. This is a Class A misdemeanor.
- b. § 175.10 Falsifying business records in the first degree includes the elements of § 175.05 plus the additional element of the intent to commit another crime or conceal its commission. This is a Class E felony.
- c. § 175.30 Offering a false instrument for filing in the second degree involves presenting a written instrument, including a claim for payment, to a public office knowing that it contains false information. This is a Class A misdemeanor.
- d. § 175.35 Offering a false instrument for filing in the first degree includes the elements of § 175.30 plus the additional element of the intent to defraud the state or one of its political subdivisions. This is a Class E felony.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

Penal Law Article 177, Health Care Fraud

This Article establishes the crime of Health Care Fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), they knowingly provide false information or omits material information for the purpose of requesting payment for a healthcare item or service and, as a result of the false information or omission, receives such a payment in an amount to which they are not entitled. Prosecution under Health Care Fraud is determined by the amount of payment inappropriately received.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

New York Labor Law §740

An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official.

This law offers protection to an employee who:

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

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged

violation, with certain exceptions. The law allows employees who are the subject of a retaliatory action to bring a suit in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under LAB/Labor.

New York Labor Law §741

Under this law, a healthcare employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care or improper quality of workplace safety.

This law offers protection to an employee who:

- Discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or
- Objects to, or refuses to participate in any activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The employee's disclosure is protected under this law 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. Certain exceptions apply. If the employer takes a retaliatory action against the employee, the employee may sue in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a healthcare provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under LAB/Labor.

Policy and Procedure: Corporate Compliance

Topic: Policy Development, Approval, and Maintenance

Purpose:

The Policy and Procedure provides clear direction for the process of developing and maintaining policies and establishes a process that promotes effective and timely policy development and review.

Policy:

It is the policy of **Long Island Consultation Center** (sometimes referred to as “Organization” or “the Organization”) to establish a standardized process for policy development, approval, revision, and implementation.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. Policies shall be developed and/or revised to meet legal and regulatory requirements and to comply with other **Long Island Consultation Center** policies.
2. All Organization policies will contain the required header information:
 - a) Title – Name of the policy.
 - b) Policy Number – Number of the corresponding policy prefaced with the Department abbreviation.
 - c) Classification – Defines specific area addressed and access control to the policy.
 - d) Type – Defines the workflow/department responsibilities for creation and monitoring.
 - e) Policy Owner – Administers, oversees, and amends policy.
 - f) Approved – Date on which the policy was approved by the Board of Directors and Executive Director.
3. All **Long Island Consultation Center** Policies will contain required sections to include:
 - a) Policy – Brief description of the policy.
 - b) Purpose – A brief description of why the Policy is being promulgated and/or what it seeks to accomplish.
 - c) Procedure – Detailed procedure to be followed to implement the policy appropriately.
 - d) Attachments – Additional forms associated with the policy.
 - e) References and Regulations – Regulatory reference numbers (external), other guidance documents and/or training modules.

4. The Policy Owner is the department/program administrator or individual responsible for the policy implementation and oversight. The Policy Owner shall be responsible for recommending the timely development, review, revision, and implementation of new and existing policies relating to their respective areas of accountability.
5. All newly created or revised policies will be approved by the appropriate Policy Owner and/or appropriate administrator and submitted to the Compliance Officer for presentation to the Compliance Committee. The Compliance Officer, in collaboration with the Compliance Committee, will review new or revised policies and offer feedback to the Policy Owner and/or appropriate administrator.
6. The Compliance Officer will be responsible for the overall coordination and implementation of any new or revised policy. The Executive Director and other Senior Management will be consulted as needed throughout the process of developing or revising any policy and must review all policies prior to approval to ensure compliance with legal and regulatory requirements and other **Long Island Consultation Center** policies.
7. After review and approval from the Compliance Committee, all newly created policies will be reviewed and approved by the Executive Director and Board of Directors. The Executive Director and Board of Directors shall approve all policies prior to implementation. The date of approval of each policy shall be included in the policy. The effective date of the policy shall be the date of distribution.
8. Approved Policies will be distributed to a standard distribution list, which shall include the Board of Directors, the Executive Director, and all employees, and, if applicable, independent contractors and agents within 10 business days of final approval.
9. The Compliance Officer, or designee, shall develop a plan for informing and educating employees, and independent contractors, if applicable, of the Organization's new and revised policies.
10. The Organization will maintain an official organizational policy structure with the most current approved versions, with references to applicable procedures or related documents. The Compliance Officer, or designee, shall maintain an ongoing file of revised policies, substitute policies and current policies. Policies, as they are revised or replaced, shall not be discarded.
11. All policies will be reviewed annually by the Policy Owner or designated party to determine if there are any revisions that are appropriate or required. If there are necessary revisions to the policy, the updated policy will follow the workflow for approval.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the

policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Reporting and Investigation of Compliance Concerns

Purpose:

Long Island Consultation Center (sometimes referred to as “Organization” or “the Organization”) recognizes that a critical aspect of its Compliance Program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State requirements, the Organization’s ethical and business policies, and fraud, waste, and abuse prevention.

To promote this culture, **Long Island Consultation Center** has established processes to encourage effective communication and the reporting of compliance questions, issues, concerns, or events that will result in a thorough investigation and appropriate remedial actions.

For purposes of this Policy, the term “Affected Individuals” includes Staff at All levels + Fee-for-Service.

Policy:

It is the Policy of **Long Island Consultation Center** to maintain a formal confidential and anonymous compliance reporting process to encourage the reporting of any known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and **Long Island Consultation Center’s** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as “compliance concerns” for purposes of this Policy).

It is the Policy of **Long Island Consultation Center** to fully and promptly investigate all reports of any compliance concerns and take appropriate remedial and/or disciplinary action upon completion of the investigation.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

Reporting Process:

1. All Affected Individuals have an affirmative duty and responsibility to promptly report any compliance concerns.
2. An “open-door policy” will be maintained at all levels of Management to encourage the reporting of problems and compliance concerns through normal business channels and appropriate levels of the Organization for timely and effective resolution. The Organization recognizes there may be situations where such reporting is impractical or inappropriate. In those instances, direct access to various levels of Management may be more appropriate.
3. **Long Island Consultation Center** encourages all Affected Individuals, service recipients, vendors, and any party conducting business with it to promptly communicate questions, issues, or compliance concerns through any one of the following means:
 - Direct written or oral communication by fax, mail, email, telephone, or personal contact to the immediate supervisor, a member of Management, the Executive Director, a member of the Compliance Committee, or the Compliance Officer.
 - Confidentially or anonymously to the Compliance Officer through the Compliance Hotline, or mailed letter. If the reporter elects to make the report anonymously to the Compliance Officer, no attempt will be made to trace the source of the report or identify the person making the report.
4. If the compliance concern is about the Compliance Officer, the Executive Director is to be notified.
5. If the Compliance Officer receives a concern related to the Executive Director, the Compliance Officer shall report such information to the President of the Board of Directors.
6. If a Board member has knowledge of a compliance concern as defined by this Policy, the Compliance Officer and the Executive Director are to be notified. If there is a concern about the Executive Director, the Compliance Officer and the President of the Board of Directors are to be notified.
7. Employees have the same obligations for reporting suspected compliance concerns committed by the Organization’s vendors or contractors.
8. Affected Individuals cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be considered in determining the appropriate course of action.
9. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to or under investigation by Federal, State, or local law enforcement, or should the disclosure be

required during a legal proceeding. Those staff assigned to complete any investigation of a compliance concern shall treat the investigation as entirely confidential and shall reveal no details or discuss the content or status of the investigation with Organization staff or any other party except as may be directed by the Compliance Officer or legal counsel. Failure of staff to respect the confidentiality of any investigation of a compliance concern may be grounds for disciplinary action up to and including termination of employment.

10. The Compliance Officer will ensure that all reports of compliance concerns as defined by this Policy are recorded on the Compliance Concern Report Form (attached to this Policy) and tracked on the Compliance Concern and Investigation Log (attached to this Policy).
11. Any member of Management who receives a report of a compliance concern will immediately notify the Compliance Officer and complete a Compliance Concern Report Form. The completed Form will be promptly forwarded to the Compliance Officer.
12. Knowledge of a violation or potential violation of this Policy must be reported directly to the Compliance Officer or the Compliance Hotline.
13. Affected Individuals who report issues or concerns that are unrelated to the Compliance Program shall be redirected to the appropriate department or party. In instances where the Affected Individual seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or party while maintaining the request for confidentiality/anonymity.
14. **Long Island Consultation Center** strictly prohibits its Management, employees, and Board members from engaging in any act, conduct, or behavior that results in, or is intended to result in, retribution, retaliation or intimidation (hereafter, collectively referred to as "retaliation") against any party for reporting compliance concerns as defined by this Policy.
15. If an Affected Individual believes in good faith that they have been retaliated against for reporting a compliance concern or for participating in any investigation of such a report, the retaliation should be immediately reported to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates, specific events, the names of any witnesses, and the location or name of any document that supports the alleged retaliation.
16. The Compliance Officer will ensure that the means for reporting actual or suspected compliance concerns to the Compliance Officer are communicated to all Affected Individuals and service recipients. The Compliance Officer's contact information and Compliance Hotline number will be published on the Organization's website and visibly posted in a manner consistent with employee notification in locations frequented by Organization employees.

17. The Compliance Officer's contact information and the Compliance Hotline number shall be provided to all Medicaid recipients of service.



Long Island Consultation Center

Investigation and Resolution:

1. It is the responsibility of the Compliance Officer to conduct or oversee the conduct of all internal investigations involving compliance concerns and shall have the authority to engage legal counsel or other consultants, as needed. The Compliance Officer, in conjunction with the Executive Director and legal counsel, will consider whether the investigation should be conducted under attorney privilege.
2. Before conducting an investigation of any compliance concern as defined by this Policy, the Compliance Officer shall ensure a full understanding of the relevant laws, regulations, and government issuances. If a reported violation is related to improper billing, the Compliance Officer will consider the need for an audit of billing practices and determine the scope of interviews.
3. If deemed appropriate, the Compliance Officer will recommend the cessation of internal activities that may be the cause of, or contribute to, the alleged non-compliance.
4. The Compliance Officer will determine the scope of the reported compliance concern and make a determination regarding the course of action, including the investigation process and notifications to be made.
5. Upon report notice or discovery of an alleged compliance concern, the Compliance Officer will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative techniques. The Compliance Officer should: (a) conduct a fair impartial review of all relevant facts; (b) restrict the inquiry to those necessary to resolve the issues; and (c) conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue.
6. If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible noncompliance with any criminal, civil, or administrative law to warrant further investigation, the issue should be turned over to legal counsel. A memorandum to this effect should be directed to legal counsel with a copy to the Executive Director. The Compliance Officer or Executive Director will immediately make arrangements to retain legal counsel and no further internal discussion or investigative activity shall take place regarding the report except as directed by legal counsel. Once legal counsel is retained, it will be determined whether legal counsel or the Compliance Officer will be leading the investigation.
7. All documents produced during the investigation by or under legal counsel to be possibly protected from disclosure should include the notation: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."
8. For investigations that do not involve legal counsel, the Compliance Officer will determine which personnel possess the requisite skills to examine the particular issue(s) and will assemble a team of investigators, as needed. The Compliance Officer shall work with the investigation team to develop a strategy for reviewing and examining the

facts surrounding the possible violation. The Compliance Officer will also decide whether the Organization has sufficient internal resources to conduct the investigation or whether external resources are necessary. If it is determined that additional resources are needed, the Compliance Officer will work with the Executive Director to secure such resources.

9. The Compliance Officer will be responsible for the investigation of and follow-up on any reported retaliation against a party for reporting a compliance concern or participating in the investigation of a compliance concern. The Compliance Officer will report the results of an investigation into suspected retaliation to the Executive Director, the Compliance Committee, and the Board of Directors.
10. If at any time, during an investigation, it is determined that the situation warrants the retention of legal counsel, the Compliance Officer will immediately suspend the investigation and follow the process in Procedure #6 (Investigations and Resolution) above.
11. The Compliance Officer, in consultation with the Compliance Committee and, where appropriate, the Board, may undertake measures during an investigation of a compliance concern to protect the integrity of the investigation, prevent the destruction of documents or other evidence relevant to the investigation, and respect the due process rights of involved parties. Measures may include, but are not limited to, reassignment or placement on administrative leave until the investigation is complete.
12. The Compliance Officer will track the investigation, responsible parties, and due dates. The resolution of the investigation will be recorded on the Compliance Concern and Investigation Log (attached to this Policy).
13. The Compliance Officer should ensure that the following objectives are accomplished for each investigation:
 - The complainant or reporter, if known, is fully debriefed;
 - Appropriate internal parties are notified;
 - The cause of problem, desired outcome, affected parties, applicable guidelines, and possible regulatory or financial impact are identified;
 - A complete list of findings and recommendations are provided;
 - The necessary corrective action measures (e.g., policy changes, operational changes, system changes, personnel changes, discipline, training/education) are identified; and
 - The investigation is documented.
14. Upon receipt of the results of the investigation, depending upon the scope and severity of the identified violations, the Compliance Officer may consult with legal counsel, the Executive Director, and/or the Compliance Committee to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions; (b) the completeness, objectivity, and adequacy of recommendations for corrective actions; and/or (c) further actions to be taken as necessary and appropriate.

15. Upon conclusion of the investigation, the Compliance Officer will organize the information in a manner that enables the Organization to determine if an infraction did, in fact, occur. The Compliance Officer will maintain all notes of the interviews, all evidence and documents as part of the investigation file. The investigation file will be securely maintained by the Compliance Officer.
16. If the Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The Compliance Officer will receive and maintain copies of any reports submitted to governmental entities.
17. The Compliance Officer, in consultation with legal counsel, the Executive Director, and the Compliance Committee, will evaluate any confirmed violation to determine if a voluntary self-disclosure of the violation is appropriate. In the event that voluntary disclosure is appropriate or required, the Compliance Officer will consult with legal counsel on the notification of appropriate government officials, private payors, or other entities. Notification shall be made within a reasonable time period from date of discovery and may include restitution of monies paid by the applicable Federal or State agency, payer, or other entity. The Compliance Officer will ensure that all overpayments are reported and refunded to the appropriate payer within 60 days of the identification of the overpayment and in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy and Procedure.
18. The Compliance Officer will be responsible for reporting the results of all investigations to the Executive Director, Compliance Committee, and the Board.
19. The Compliance Officer or appropriate member of Management will inform the reporter, if known, of the conclusion of the investigation and the outcome, if appropriate.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center



Long Island Consultation Center Compliance Concern Report Form

Today's date (date report filed): _____ / _____ / _____

Your name: _____ Title/Position: _____

Department/Program _____

Mode of Contact:

- Report to Supervisor
- Compliance Officer (Direct contact)
- Letter or Note
- Letter to Board or Executive Director
- Hotline
- Walk-In
- Staff Meeting
- Compliance Training
- Email
- Organization phoneline
- Other _____

Source of Report:

- Employee, Independent Contractor
- Service Recipient/Family Member
- Vendor/Subcontractor
- Other Provider
- Board Member
- Other _____

Contact Confidentiality Status:

- Anonymous
- Confidential (Identified self)
- Name _____
- Phone _____

Type of Report:

- Suspected Violation/Misconduct
- Regulatory Inquiry
- Organization P&P Inquiry
- Ethical Business Practice

Is this a question about the Compliance Program? Yes ___ No ___ If yes, indicate question here:

Is this a suspected violation of the Compliance Program? Yes ___ No ___

If yes, answer the questions below: **(Attach additional sheets if necessary.)**

Please describe in as much detail as possible, the violation: *(Please be specific where the violation may have occurred)*

When did this occur? _____ / _____ / _____ Were you directly involved? _____

If yes, describe what you did: _____

Who else was directly involved? *(Names and positions, if known):*

1. _____
2. _____
3. _____

Is there any documentation or other evidence of the alleged violation? *Please describe/list or attach:*

Has the reporter discussed this issue with anyone else within the Organization? *Please list by name and position:*

1. _____

2. _____

3. _____

Has the reporter discussed this with others outside the Organization? *Please identify by name and relationship:*

Completed by: _____ Title: _____

Signature: _____ Date: _____

Forward completed form to Compliance Officer

For Use by Compliance Officer:

Follow Up:

Reported to Compliance Officer: _____ By: _____ Date: _____ Time: _____

Reported to Executive Director: _____ Date: _____

Reported to Compliance Committee: _____ Date: _____

Reported to Board: _____ Date: _____

Actions Taken:

• Immediate Response Provided • Internal investigation initiated; assigned to: _____

• Researched regulations • External investigation; Entity _____ Date _____

• Researched Organization P&P • Referred to legal counsel _____ Date: _____

• Responded to reporter; date _____

Summary of Action Taken:

Final Disposition by Compliance Officer: _____

Classification: _____

Compliance Report and Investigation Log Number: _____

Completed by:

Compliance Officer Name Signature Date



Consultation Center Compliance Concern and Investigation Log

Number	Date Received	Source	Type	Program/Department	Summary	Date Investigation Completed	Disposition/Outcome	Date of Committee Review

Type of Report:

- Question
- Documentation Issue
- Billing Issue
- Violation of Standards of Conduct
- Missing Funds/Misuse of Funds
- Confidentiality/HIPAA
- Human Resource Issue
- Alleged Retaliation
- Violation of Policy & Procedure
- Other

Source:

- Employee, Contractor (Direct to Compliance Officer)
- Supervisor
- Contractor, Vendor
- Hotline
- Other Provider
- Service Recipient/Family
- Anonymous letter
- Other

Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Response to Governmental Investigations

Purpose:

Federal and State law enforcement and regulatory agencies routinely conduct interviews to gather information during audits, inquiries, and investigations. It is important that **Long Island Consultation Center** responds to any official requests for information consistently and appropriately. Therefore, this Policy is established to provide guidance on how to handle any unannounced visits by government representatives. This Policy does not address visits by regulatory agencies to perform program certification or quality assurance functions.

Policy:

It is the policy of **Long Island Consultation Center** to appropriately respond and not interfere with any lawful audit, inquiry, or investigation by a government agency.

Regulatory Reference:

N/A

Procedures:

1. Announcement of an impending visit by any government investigator or auditor should be immediately reported to the Executive Director, who is responsible for notifying the Compliance Officer and legal counsel.
2. Employees will remain courteous and professional when dealing with investigators or agents.
3. Procedures for handling the receipt of a search warrant or subpoena are covered by separate policies. Please refer to specific policies.

Visits to any of Long Island Consultation Center's facilities:

1. If an individual arrives at any Organization facility and identifies themselves as a government auditor, investigator, or other representative, the individual (agent) will be treated with respect and courtesy. Request the reason for the visit. (Do not attempt to photocopy credentials, as this is a violation of Federal law).
2. The agent will be asked to wait in an unused office or a location where business is not conducted.

3. Immediately contact the Executive Director, who will contact the Compliance Officer and legal counsel. The Executive Director will identify one employee to be responsible for responding to the agent's questions.
4. Await direction from legal counsel. Do not submit to questioning or an interview. Do not provide documents or other information at this point
5. Refer to policy on Search Warrants, if applicable.
6. Other than providing information to direct the agents to information requested in the search warrant, do not submit to any form of questioning or interviewing.

Visits to any location outside Long Island Consultation Center (e.g., personal residence):

Note: Employees and Board members are free to speak to government investigators or auditors; however, they are not required to submit to questioning. The following is provided as general information regarding off-site visits:

1. Individuals have the right to decline an interview or to postpone an interview until they have had an opportunity to seek legal counsel or other advice.
2. Employees and Board members who agree to be interviewed should always be truthful. If the party does not know the answer to a question, they should say so.
3. Employees and Board members should report any off-site visits by government agents, investigators, or auditors to the Executive Director. The Executive Director will notify the Compliance Officer and legal counsel.
4. Refer to policy on Search Warrants, if applicable.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Role and Responsibilities of the Compliance Committee

Purpose:

Long Island Consultation Center is committed to the operation of an effective Compliance Program. Therefore, **Long Island Consultation Center** established the Compliance Committee to monitor results of the compliance functions and determine the Organization's strategy for promoting compliance.

For purposes of this Policy, the term "Affected Individuals" includes Staff at All levels + Fee-for-Service.

Policy:

It is the Policy of **Long Island Consultation Center** to ensure that the Organization maintains an effective Compliance Program in compliance with regulatory standards. This Policy defines the roles and responsibilities of the Compliance Committee and their duty to help ensure that **Long Island Consultation Center** has an effective Compliance Program.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. The Compliance Committee is appointed by the President of the Board of Directors and Executive Director to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Compliance Committee will report directly to the Executive Director and Board of Directors.
2. The Compliance Committee will be comprised of Senior Leadership, at minimum.
3. The Compliance Committee will meet on a regular and routine basis, but at minimum quarterly. Meeting minutes will be recorded. The Compliance Officer will maintain the minutes of all meetings.
4. The Organization will develop and implement a Compliance Committee Charter. The Charter will outline the Compliance Committee's duties and responsibilities, membership, designation of a chairperson, and frequency of meetings.

5. The Compliance Committee will review and update the Compliance Committee Charter at least annually.
6. Affected Individuals will be introduced to the role and responsibilities of the Compliance Committee as part of the Compliance Program education and training.
7. The Compliance Committee is responsible for the following:
 - Analyzing the regulatory environment where **Long Island Consultation Center** does business, including legal requirements with which it must comply.
 - Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
 - Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner.
 - Ensuring that the Organization has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues and has effective policies and procedures for correcting and reporting such issues.
 - Working with departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements.
 - Coordinating with the Compliance Officer to ensure that the written policies and procedures and Standards of Conduct are current, accurate, and complete.
 - Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures.
 - Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
 - Developing a process to solicit, evaluate, and respond to complaints and problems.
 - Monitoring internal and external audits to identify issues related to non-compliance.
 - Implementing corrective and preventative action plans and follow-up to determine effectiveness.
 - Ensuring the development and implementation of an annual Compliance Work Plan.
 - Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program.

- Ensuring that the Organization has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste, and abuse.
- Monitoring and evaluating the Organization's Compliance Program for effectiveness at least annually and making recommendations for necessary modifications to the Compliance Program as applicable.
- Developing and implementing a Compliance Committee Charter. The Charter will outline the Compliance Committee's duties and responsibilities, membership, designation of a chairperson and frequency of meetings. The Charter will be reviewed and updated annually.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

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Record Retention Statement:

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Policy and Procedure: *Corporate Compliance*

Topic: Search Warrants

Purpose:

A search warrant permits agents to immediately seize documents and other types of information. The execution of a search warrant can be seriously disruptive and frightening for many employees. Furthermore, if not handled properly, an organization subject to a search warrant may compound its problems. Therefore, **Long Island Consultation Center** has established this policy to advise all employees how to appropriately respond to an official search warrant.

Policy:

It is the policy of **Long Island Consultation Center** to respond professionally and cooperate with the lawful execution of a search warrant.

Regulatory Reference:

N/A

Procedure:

1. Employees are expected to remain courteous and professional when dealing with agents executing a search warrant. Employees will not interfere with the lawful execution of a search warrant.
2. The senior staff member present is responsible for contacting the Executive Director/designee, who will contact the Compliance Officer and legal counsel and carry out the response procedures.
3. The responsible senior staff member will:
 - a) Obtain and record the name of the lead agent and the agency they represent. *Do not attempt to photocopy the credentials of an agent – it is a violation of Federal law.*
 - b) Request to view and photocopy the search warrant document. Agents are not required to provide a copy, but often will comply with a request for a copy. If a copy will not be provided, review the warrant and take notes on the scope and details of the search warrant.
 - c) Immediately contact the Executive Director/designee and provide them with details of the search warrant. The Executive Director/designee will contact the Compliance Officer and legal counsel and provide details of the search warrant. The Executive

Director/designee will identify one employee to be responsible for responding to the agent's questions.

4. The agent is limited by the scope of the warrant to where they can search and what they can seize. If the agent requests access to areas or documents that are not within the scope of the search warrant, do not consent to an expanded search.
5. Request an "inventory list" of the documents and items seized by the agents. Ensure that it is detailed enough to properly identify the documents and items taken by the agents. Maintain a separate record for each of the areas searched, listing the documents/items seized from the area.
6. Other than providing information to direct the agents to information requested, do not submit to any form of questioning or interviewing.
7. Always remain present while the agents are conducting the search.

Senior Management Responsibilities

The Executive Director/designee will carefully examine the search warrant (with legal counsel, if possible) to:

- Determine the specific areas or locations that it covers.
- Ensure that it is being executed during the hours indicated on the document (most warrants should limit the hours they can be executed, e.g., "daylight hours").
- Ensure that it has not expired (all warrants should have an expiration date).
- Ensure that it is signed by a Judge (all warrants should be signed by a Judge).
- Speak to employees and advise them to cooperate in the search by facilitating the search team's ability to locate records or items that they are entitled to seize or by opening containers that they are entitled to search.
- Relieve all non-essential personnel from duty until the search is complete.
- Avoid any substantive conversation with the agent. If legal counsel is available by phone or at the scene, refer all questions to counsel.
- Advise employees that they have the right to speak to law enforcement, or to refuse to speak to law enforcement (a search warrant does not compel speech), or to consult with an attorney before speaking to law enforcement. If you yourself decide that you want to speak to law enforcement, it is best to defer that conversation until you have had a chance to consult with legal counsel and legal counsel has had an opportunity to arrange the terms of the interview. If employees decide to speak to law enforcement, you should advise them to answer questions completely, accurately, and truthfully.

- Politely object if there is any overt flaw in the search warrant (as described above) or if the agents are searching anything deemed to be outside the scope of the warrant. Do not interfere should agents proceed and search. Note the fact for legal counsel to support a future protest.

Sanction Statement:

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Compliance Statement:

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Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Standards of Conduct

Purpose:

Long Island Consultation Center is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and its Standards of Conduct. To support this commitment, **Long Island Consultation Center** will maintain and update as appropriate written Standards of Conduct to provide guidance on employee and organizational responsibilities related to compliance. The Standards of Conduct document serves as a foundational document that describes the Organization's fundamental principles, values, and commitment to conduct its business in an ethical manner.

For purposes of this Policy, the term "Affected Individuals" includes Staff at All levels + Fee-for-Service.

Policy:

It is the Policy of **Long Island Consultation Center** to develop, maintain, and update as appropriate written Standards of Conduct to provide Affected Individuals with guidance on requirements for conduct related to employment, contract, association, or appointment by **Long Island Consultation Center**.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. The Compliance Officer is responsible for the development and periodic update of **Long Island Consultation Center's** Standards of Conduct.
2. The Standards of Conduct will be reviewed at least annually as part of the review of the Compliance Plan and Compliance Program Policies and Procedures.
3. The Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Standards of Conduct.
4. The Standards of Conduct will be written at a basic reading level, avoiding complex language and legal terminology.

5. The Standards of Conduct will communicate the expectation that all Affected Individuals will act in accordance with the Standards of Conduct, that they must refuse to participate in unethical or illegal conduct, and that they must report any unethical or illegal conduct to the Compliance Officer.
6. The Standards of Conduct will address specific areas of potential fraud or similar wrongdoing (e.g., claims development, submission processes, and coding).
7. The Standards of Conduct will address critical areas such as compliance with laws and regulations, key human resource practices, conflicts of interest, proprietary rights, confidentiality, recordkeeping, service provision, reimbursement practices, fair dealing, gifts and kickbacks, the Organization's risk areas, and its measures to prevent fraud, waste, and abuse.
8. The Standards of Conduct will communicate the responsibility of Affected Individuals to report suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program and **Long Island Consultation Center's** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy) directly to the Compliance Officer or other management personnel.
9. The Organization's confidential reporting and non-retaliation/non-intimidation policies will be referenced and included as part of the Standards of Conduct for the purpose of encouraging communication and the reporting of potential non-compliance.
10. The Standards of Conduct will provide written guidance on how Affected Individuals may report actual or suspected compliance concerns without fear of retribution, retaliation, or intimidation to the Compliance Officer through a confidential and/or anonymous mechanism that bypasses Management.
11. The Standards of Conduct will include a description of disciplinary mechanisms utilized by the Organization and the procedures for addressing disciplinary actions.
12. **Long Island Consultation Center's** Standards of Conduct and Compliance Plan will be provided to all Affected Individuals as defined by this Policy.
13. **Long Island Consultation Center's** Standards of Conduct and Compliance Plan will be posted on its website.
14. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, are provided with a copy of the Compliance Plan and Standards of Conduct as part of their orientation to the Organization.
15. The Compliance Officer will ensure that each Board member is provided with a copy of the Compliance Plan and Standards of Conduct at the time of Board orientation.

16. All Affected Individuals will sign and date an Acknowledgement Form (attached to this Policy) that acknowledges: (a) receiving a copy of the Compliance Plan and Standards of Conduct, (b) reading and understanding the contents, and (c) agreeing to abide by the provisions of the documents.
17. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, receive training annually related to the contents of the Standards of Conduct to help them understand how it applies to everyday situations. The Compliance Officer will ensure that records are maintained to document the receipt of training.
18. The Compliance Officer will include in their report to the Compliance Committee and Board of Directors the status of training, along with any recommendations for updating or improving the contents of the Standards of Conduct and/or training.
19. The Compliance Officer is responsible for investigations of possible violations of the Standards of Conduct and Compliance Program and ensuring that appropriate disciplinary action has been taken when necessary.

CODE OF CONDUCT: STANDARDS

General Standards:

- You must be honest and lawful in all of your business dealings and avoid doing anything that could create even the appearance of impropriety.
- You must: comply with the Code of Conduct; refuse to participate in any action you think may be possibly unethical, illegal or in violation of the Code of Conduct, a Compliance Policy and Procedure or the Compliance Program; report compliance issues and any unethical or illegal conduct to the Compliance Officer; cooperate with compliance inquiries and investigations; and work to correct any improper practices that are identified. XXXX expects and requires your good faith participation in the Compliance Program.
- Acts of retaliation or intimidation for good faith reporting of any suspected violation of, or for other good faith participation in, the Compliance Program will not be tolerated and are themselves a violation of the Compliance Program. For **more information**, see the [Non-Retaliation, Non-Intimidation Policy](#).

Standards Related to Quality of Care/Credentialing/Medical Necessity

- Staff are required to protect and promote the rights of all patients, including but not limited to, the right to participate in all decisions about their own care and treatment.

- All staff must ensure that patient care conforms to acceptable clinical and safety standards.
- All professional staff associated with LICC will be properly licensed, certified and/or registered as required by applicable laws, rules and regulations. LICC will take steps on a regular basis to monitor and ensure such compliance.
- In addition to the general credentialing process, LICC will confirm the identity and determine the exclusion status of all Affected Individuals. In doing so, we will review the following State and Federal databases at least every thirty (30) days: (a) the OMIG Exclusion List; (b) the U.S Department of Health and Human Services Office of Inspector General's (the "OIG") List of Excluded Individuals and Entities (c) the General Services Administration's System for Award Management. Our Contractors are also required to comply with these requirements. The results of such checks will be promptly shared with the Compliance Officer and other appropriate compliance personnel.
- The Directors will be responsible for overseeing quality of care issues. In consultation with quality improvement personnel, the Compliance Officer (or his or her designee(s)) will ensure that quality assurance reviews are conducted, issues are addressed, and corrective actions are implemented.
- LICC will only submit claims for payment to payers for services that are medically necessary or that otherwise constitute a covered service and are consistent with the payer's applicable policies and requirements.

Standards Related to Coding, Billing and Documenting Services

- LICC will comply with the coding, billing, documentation and submission rules and requirements of all of its payers, including government payers such as Medicare and Medicaid, and commercial payers, as well as all applicable Federal and State laws, rules and regulations governing the coding, billing, documentation and submission of claims. **For more information**, see the Billing Policies.
- LICC is committed to preparing accurate claims, consistent with such requirements. All coding, billing and documentation of services must be accurate and truthful.
- Specifically, among other rules, we follow 18 NYCRR § 521-1.3(d):
- **Risk areas.** The compliance program shall apply to the required provider's risk areas, which are those areas of operation affected by the compliance program and shall apply to: (1) billings; (2) payments; (3) ordered services; (4) medical necessity; (5) quality of care; (6) governance; (7) mandatory reporting; (8) credentialing; (9) contractor, subcontractor, agent or independent contract oversight; (10) other risk areas that are or should reasonably be identified by the provider through its organizational experience.
- Staff may never misrepresent charges or services to or on behalf of the government, a patient or a payer. False statements, intentional omissions or deliberate and reckless misstatements to government agencies, payers or others will expose those involved to

disciplinary action. One example is that no Affected Individual will knowingly engage in any form of upcoding of any service in violation of any law, rule, regulation or requirement. Among other things, any Affected Individual involved in such activities is subject to potential termination of employment or contract, and potential criminal and civil liability.

- Billing codes - including CPT, HCPCS and ICD diagnostic codes - should never be selected on the basis of whether the given code guarantees or enhances payment. Rather, only those codes that correspond to the actual service rendered and documented should be selected.
- Only those services that are consistent with accepted standards of care may be billed. In this regard, billing and coding must always be based on adequate documentation of the justification for the service provided and for the bill submitted, and this documentation must comply with all applicable requirements.
- We also comply with all associated and applicable Federal and State laws, rules and regulations that relate to the coding, billing and documentation of services including, but not limited to those concerning: the ordering of services; waiving coinsurance or other patient financial responsibility amounts; providing professional courtesy to physicians or their families; obtaining Advance Beneficiary Notices from Medicare patients for non-covered services; and gathering insurance information from patients.
- In accordance with **Federal and New York State** law,¹ the Agency provides to all Affected Individuals a detailed description of: (i) the Federal False Claims Act (see False Claims Act section of the LICC Compliance Policy); (ii) the Federal Program Fraud Civil Remedies Act (see <https://www.ecfr.gov/current/title-41/subtitle-C/chapter-105/part-105-70>); (iii) State civil and criminal laws pertaining to false claims (see False Claims Act Section of the LICC Compliance Policy); and (iv) the whistleblower protections afforded under such laws. LICC also provides Affected Individuals with detailed provisions regarding our policies and procedures for detecting and preventing fraud, waste, and abuse.

Standards Relating to Business Practices

- All business records must be accurate, truthful and complete, with no material omissions.
- LICC will forego any business transaction or opportunity that can only be obtained by improper or illegal means, and will not make any unethical or illegal payments to induce or reward the use of our services.
- No Affected Individuals will engage, either directly or indirectly, in any corrupt business practices intended to influence the manner in which the Agency performs services, or otherwise engages in business practices.

Patient Referrals/Marketing Activities

- In general, Federal and State anti-kickback laws prohibit offering, paying, soliciting or receiving any remuneration to induce or reward referrals of items or services that are reimbursed by a Federal health care program (including, but not limited to, Medicare and Medicaid). This includes the giving of any form of remuneration, including virtually anything of value, in return for a referral. The decision to refer patients is a separate and independent clinical decision made by physicians or other appropriate licensed practitioners. In certain situations, there may be exceptions and/or “safe harbors” to the anti-kickback laws. LICC does not offer, pay, solicit or receive remuneration to or from physicians, or anyone else, either directly or indirectly, for patient referrals, in violation of applicable laws, rules and/or regulations. **Please see the Anti-Kickback Policy within the LICC Compliance Manual.**
- All marketing activities and advertising by Affected Individuals must be truthful and not misleading, must be supported by evidence to substantiate any claims made and must otherwise be in accordance with applicable laws, rules and regulations. In this regard, our best “advertisement” is the quality of the services we provide. You should never disparage the service or business of a competitor through the use of false or misleading representations.
- You may not offer, pay, solicit or receive any gifts or benefits to or from any person or entity that would compromise the Agency’s integrity (or even create an appearance that the Agency’s integrity is compromised), or under circumstances where the gift or benefit is offered, paid, solicited or received with a purpose of inducing or rewarding referrals or other business between the parties, in violation of applicable laws, rules, regulations or requirements. The guiding principle is simple: Affected Individuals may not be involved with gifts or benefits that are undertaken to influence any business decision in a manner that violates the law. Cash or cash equivalents may not be given or accepted under any circumstances.

Mandatory and Other Reporting

- As part of its commitment to providing high quality care and services, the Agency complies with all applicable Federal and State mandatory reporting laws, rules and regulations. To this end, the Agency will ensure that all incidents and events that are required to be reported are reported in a timely manner, and will monitor compliance with such requirements. This includes required reporting to appropriate government agencies or parties.

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- LICC will also ensure its compliance with the requirement that, upon enrollment and annually thereafter, it certifies that it has met the requirements of New York Social Services Law (*i.e.*, N.Y. Social Services Law § 363-d and 18 NYCRR Subpart 521-1). Further, the Agency will provide a copy of the certification required by 18 NYCRR § 521-1.3 to each Medicaid Managed Care Organization (including managed care providers and managed long term care plans) (collectively, “MMCO”) for which it is a participating provider upon signing the participating provider agreement with the MMCO, and annually thereafter. As applicable, the Agency will also comply with other State and Federal certification requirements that are or may become applicable to it.
- LICC will ensure that all identified overpayments are timely reported, returned and explained in accordance with applicable laws, rules, regulations and requirements. For example, it is our policy to exercise reasonable diligence in identifying overpayments, not to knowingly retain any funds which are received as a result of overpayments and to report, return and explain any overpayments received from Federal health care programs (including, for example, but not limited to, Medicare and Medicaid) within 60 days from the date the overpayment is identified (or within such time as is otherwise required by law or contract). Any such monies that are improperly collected will be refunded, in accordance with applicable laws, rules, regulations and requirements, to the appropriate party at the correct address.
- Moreover, in appropriate circumstances (*e.g.*, after an internal investigation confirms possible fraud, waste, abuse or inappropriate claims), the Agency will utilize the appropriate self-disclosure process and report, as necessary and appropriate, to the OMIG, OIG, the Centers for Medicare and Medicaid Services, or other appropriate payer/agency. In such circumstances, the Agency may consult with legal counsel or other experts, as needed.

Standards Relating to Confidentiality and Security

- In compliance with Federal and State privacy laws, all Affected Individuals will keep patient information confidential and secure.
- LICC has also implemented and maintains a HIPAA Compliance Program that addresses privacy and security. All Affected Individuals must adhere to the standards of the HIPAA Compliance Program.
- Confidential information acquired by Affected Individuals about the business of the Agency must also be held in confidence and not used for personal gain, either directly or indirectly, or in any manner that violates applicable laws, rules, regulations or requirements.

Government Inquiries

- It is LICC's policy to comply with applicable laws, rules, regulations and requirements, and to cooperate with legitimate government investigations or inquiries. All responses to requests for information must be accurate and complete, and must not omit any material information. Any action by Affected Individuals to destroy, alter, or change any of the Agency's records in response to a request for such records is strictly prohibited and will subject them to immediate termination of employment or contract and possible criminal prosecution, among other things.
- LICC staff may speak voluntarily with government agents, and the Agency will not attempt to obstruct such communication. It is recommended, however, that you contact the Compliance Officer before speaking with any government agents.
- LICC staff must receive authorization from the Compliance Officer before responding to any request to disclose the Agency's documents to any outside party.
- It is LICC's policy to comply with applicable laws, rules, regulations and requirements, and to cooperate with legitimate government investigations or inquiries. All responses to requests for information must be accurate and complete, and must not omit any material information. Any action by Affected Individuals to destroy, alter, or change any of the Agency's records in response to a request for such records is strictly prohibited and will subject them to immediate termination of employment or contract and possible criminal prosecution, among other things.
- It is LICC's policy to comply with all lawful directives of the DOH, OMIG or other appropriate government agencies with respect to the adoption, implementation and maintenance of our Compliance Programs pursuant to applicable laws, rules and regulations, including, but not necessarily limited to, 18 NYCRR Subpart 521-1.

Standards Relating to Record Retention and Access to Records

- XXXX will comply with all applicable laws, rules, regulations and requirements relating to the retention of billing and medical records including but not limited to HIPAA HITEC and Sarbanes Oxley.
- LICC will make available to the New York State Department of Health ("DOH"), the OMIG and the MFCU, upon request, all records demonstrating that we have adopted, implemented and operate an effective compliance program and have satisfied the requirements of 18 NYCRR Subpart 521. Such records will be retained by the Agency for a period not less than six (6) years from the date the program was implemented, or any amendments thereto were made, in accordance with 18 NYCRR § 521-1.3(b), or for such longer period of time as may be required by applicable laws, rules, regulations or contractual requirement.
- In order to help ensure the effectiveness of the Compliance Program, the Compliance Officer and appropriate compliance personnel will have access to all

- records, documents, information, facilities and Affected Individuals that are relevant to carrying out their Compliance Program responsibilities.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center

Long Island Consultation Center Acknowledgement Form – Compliance Plan and Standards of Conduct

- I acknowledge that I have received and read, and that I understand, **Long Island Consultation Center's** Compliance Plan and Standards of Conduct.
- I understand that I must comply with **Long Island Consultation Center's** Compliance Plan, the Standards of Conduct, and all laws, regulations, policies, procedures, and other guidance applicable to the responsibilities of my position.
- I understand that my failure to report any suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program and **Long Island Consultation Center's** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") may result in disciplinary action, up to and including termination of employment, contract, assignment or engagement with **Long Island Consultation Center**.

By placing a checkmark in the boxes above, I acknowledge that I have read and understand each statement.

Signature _____

Print Name _____

Title _____

Date _____

Policy and Procedure: *Corporate Compliance*

Topic: Subpoenas

Purpose:

A subpoena is an official demand for testimony or the disclosure of documents or other information. They may originate from law enforcement or administrative agencies. Every subpoena requires a careful legal review prior to response. In view of this and the serious legal implications of the receipt of a subpoena, **Long Island Consultation Center** has established standing policies and procedures to ensure that legal counsel reviews any subpoena immediately and coordinates the Organization's response.

Policy:

It is the policy of **Long Island Consultation Center** to comply with any lawful subpoena. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.

This Policy refers only to subpoenas related to **Long Island Consultation Center** business matters.

Procedures:

1. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.
2. If a subpoena related to Organization business is received, either in person or via the mail, it must be delivered immediately to the Executive Director.
3. If delivered in person, the senior staff on duty must be provided with any information obtained during the service of the subpoena (e.g., the name, title, and telephone number of the serving agent/investigator, information provided by the agent/investigator).
4. Employees will only provide the agent/investigator with direction or information so they may deliver the subpoena to the appropriate or requested individual. Do not volunteer information to an agent/investigator or submit to any form of questioning or interviewing.
5. The Executive Director shall be immediately notified of the receipt or delivery of a subpoena. The Executive Director will promptly notify the Compliance Officer and determine who is most qualified and available to assist legal counsel in responding to the subpoena.

6. The Executive Director and Compliance Officer will await direction from legal counsel and then proceed under such direction.



Long Island Consultation Center

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

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Long Island Consultation Center

Policy and Procedure: *Corporate Compliance*

Topic: Travel and Other Expense Reimbursement

Purpose:

The Board of Directors of **Long Island Consultation Center** recognizes that Board members, officers, and employees (“Personnel”) of the Organization may be required to travel or incur other expenses from time to time to conduct Organization business. The purpose of this Policy is to (a) ensure that adequate cost controls are in place, (b) ensure that travel and other expenditures are appropriate, and (c) provide a uniform and consistent approach for the timely reimbursement of authorized expenses incurred by Personnel. It is the policy of the Organization to reimburse only reasonable and necessary expenses actually incurred by Personnel.

When incurring business expenses, the Organization expects Personnel to:

- Exercise discretion and good business judgment with respect to those expenses.
- Be cost conscious and spend the Organization’s money as carefully and judiciously as the individual would spend their own funds.
- Report expenses, supported by required documentation, as they were actually spent.

Policy:

1. Expenses will not be reimbursed unless the individual requesting reimbursement submits a written expense report. The expense report, which shall be submitted at least monthly or within two weeks of the completion of travel, if travel expense reimbursement is requested, must include:
 - The individual’s name.
 - If reimbursement for travel is requested, the date, origin, destination, and purpose of the trip, including a description of each Organization-related activity during the trip.
 - The name and affiliation of all people for whom expenses are claimed (i.e., people on whom money was spent in order to conduct the Organization’s business).
 - An itemized list of all expenses for which reimbursement is requested.
 - Expense reports must be submitted and approved by the employee’s supervisor. The Executive Director’s review and authorization are required for expense requests submitted by Management personnel.
 - Expense reports of the Executive Director must be approved by the President of the Board or Treasurer of the Board.

Falsification of expenses: Submission of fraudulent receipts or falsifying expense reports will result in disciplinary action, up to and including termination.

2. Receipts are required for all expenditures billed directly to the Organization, such as airfare and hotel charges. No expense in excess of \$50.00 will be reimbursed to Personnel unless the individual requesting reimbursement submits, with the expense report, written receipts from each vendor (not a credit card receipt or statement) showing the vendor's name, a description of the services provided (if not otherwise obvious), the date, and the total expenses including tips, if applicable.
3. Employees authorized to do business for the Organization and attend meetings in other places are expected to use Organization vehicles. If there is no Organization vehicle available, and the employee has prior approval of the appropriate supervisor, personal vehicles shall be reimbursed at a rate established by the Board of Directors. Reimbursable mileage does not include an employee's normal commute between home and work. Trips made between sites during work times or unscheduled work-related trips made between home and work may be claimed for reimbursement. Mileage reports should be submitted to the Business Office every month and should include odometer readings for trips made on Organization business.
4. When claiming mileage for business related trips that exceed an employee's usual commute, reimbursable mileage should not include an employee's mileage between home and work. For example, if driving 20 miles and an employee's normal commute is 10 miles, then 10 miles should be subtracted from the mileage claimed for reimbursement. If a business-related trip is less than the employee's normal commute, no mileage should be claimed for reimbursement.
5. General Travel Requirements

- A. Advance Approval

All trips involving air travel or at least one overnight stay must be approved in advance by the individual's supervisor; **however**, any out-of-state travel must be approved by the Executive Director or their designee.

- B. Necessity of Travel

In determining the reasonableness and necessity of travel expenses, Personnel and the person authorizing the travel shall consider the ways in which the Organization will benefit from the travel and weigh those benefits against the anticipated costs of the travel. The same considerations shall be taken into account in deciding whether a particular individual's presence on a trip is necessary. In determining whether the benefits to the Organization outweigh the costs, less expensive alternatives, such as participation by telephone or video conferencing, or the availability of local programs or training opportunities, shall be considered.

C. Personal and Spousal Travel Expenses

Individuals traveling on behalf of the Organization may incorporate personal travel or business with their Organization-related trips; **however**, Personnel shall not arrange Organization travel at a time that is less advantageous to the Organization or involving greater expense to the Organization in order to accommodate personal travel plans. Any additional expenses incurred as a result of personal travel, including but not limited to extra hotel nights, additional stopovers, meals, or transportation, are the sole responsibility of the individual and will not be reimbursed by the Organization. Expenses associated with travel of an individual's spouse, family, or friends will not be reimbursed by the Organization.

6. Air Travel

A. General

Air travel reservations should be made as far in advance as possible in order to take advantage of reduced fares. The Organization will reimburse or pay only the cost of the lowest coach class fare actually available for direct, non-stop flights from the airport nearest the individual's home or office to the airport nearest the destination.

B. Saturday Stays

Personnel traveling on behalf of the Organization are not required to stay over Saturday nights in order to reduce the price of an airline ticket. An individual who chooses to stay over a Saturday night shall be reimbursed for reasonable lodging and meal expenses incurred over the weekend to the extent the expenses incurred do not exceed the difference between the price of the Saturday night stay ticket and the price of the lowest price available ticket that would not include a Saturday night stay. To receive reimbursement for such lodging and meal expenses, the individual must supply, along with the expense report, documentation of the amount of the difference between the price of the Saturday stay and non-Saturday stay airline tickets.

C. Frequent Flyer Miles and Compensation for Denied Boarding

Personnel traveling on behalf of the Organization may accept and retain frequent flyer miles and compensation for denied boarding for their personal use. Individuals may not deliberately patronize a single airline to accumulate frequent flyer miles if less expensive comparable tickets are available on another airline.

7. Lodging

Personnel traveling on behalf of the Organization may be reimbursed at the single room rate for the reasonable cost of hotel accommodations. Convenience, the cost of staying in the city in which the hotel is located, and proximity to other venues on the individual's itinerary

shall be considered in determining reasonableness. Personnel shall make use of available corporate and discount rates for hotels. “Deluxe” or “luxury” hotel rates will not be reimbursed.

8. Out-Of-Town Meals

Personnel traveling on behalf of the Organization are reimbursed for the reasonable and actual cost of meals (including tips) subject to a maximum per diem meal allowance of \$100.00 per day and the terms and conditions established by the Organization relating to the per diem meal allowance.

9. Ground Transportation

Personnel are expected to use the most economical ground transportation appropriate under the circumstances and should generally use the following, in this order of desirability:

- **Courtesy Cars** – Many hotels have courtesy cars, which will take you to and from the airport at no charge. The hotel will generally have a well-marked courtesy phone at the airport if this service is available. Employees should take advantage of this free service whenever possible.
- **Airport Shuttle or Bus** – Airport shuttles or buses generally travel to and from all major hotels for a small fee. At major airports, such services are as quick as a taxi and considerably less expensive. Airport shuttle or bus services are generally located near the airport’s baggage claim area.
- **Taxi Service** – When courtesy cars and airport shuttles are not available, a taxi is often the next most economical and convenient form of transportation when the trip is for a limited time and minimal mileage is involved. A taxi may also be the most economical mode of transportation between an individual’s home and the airport.
- **Rental Car** – Car rentals are expensive so other forms of transportation should be considered when practical. Employees will be allowed to rent a car while out of town, if the individual’s supervisor has given advance approval and that the cost is less than alternative methods of transportation.

10. Personal Car

Personnel are compensated for use of their personal cars when used for Organization business. When individuals use their personal car for such travel, including travel to and from the airport, mileage will be allowed at the currently approved IRS rate per mile.

In the case of individuals using their personal cars to take a trip that normally would be made by air, mileage will be allowed at the currently approved rate; however, the total mileage reimbursement will not exceed the sum of the lowest available round-trip coach airfare.

11. Parking/Tolls

Parking and toll expenses, including charges for hotel parking, incurred by Personnel traveling on Organization business will be reimbursed. The costs of parking tickets, fines, car washes, valet service, etc. are the responsibility of the employee, and will not be reimbursed.

On-airport parking is permitted for short business trips. For extended trips, Personnel should use off-airport facilities.

12. Entertainment and Business Meetings

Reasonable expenses incurred for business meetings or other types of business-related entertainment will be reimbursed only if the expenditures are approved by the employee's supervisor and qualify as tax-deductible expenses. Detailed documentation for any such expense must be provided, including:

- Date and place of entertainment.
- Nature of expense.
- Names, titles, and business affiliation of those entertained.
- A complete description of the business purpose for the activity including the specific business matter discussed.
- Vendor receipts (not credit card receipts or statements) showing the vendor's name, a description of the services provided, the date, and the total expenses, including tips, if applicable.

13. Other Expenses

Reasonable Organization-related telephone and fax charges due to absence of Personnel from the individual's place of business are reimbursable. In addition, reasonable and necessary gratuities that are not covered under meals may be reimbursed. Finally, emergency secretarial work and/or postal charges incurred are reimbursable for the purpose of work on behalf of the Organization.

14. Cell Phones

Cell Phones are assigned, owned, no individual expense.

15. Non-Reimbursable Expenditures

The Organization maintains a strict policy that expenses in any category that could be perceived as lavish or excessive will not be reimbursed, as such expenses are inappropriate for reimbursement by a non-profit, charitable organization. Expenses that are not reimbursable include but are not limited to:

- Travel insurance.
- First class tickets or upgrades.

- When lodging accommodations have been arranged by the Organization and the individual elects to stay elsewhere, reimbursement is made at the amount no higher than the rate negotiated by the Organization. Reimbursement shall not be made for transportation between the alternate lodging and the meeting site.
- Limousine travel.
- Movies, liquor, or bar costs.
- Membership dues at any country club, private club, athletic club, golf club, tennis club, or similar recreational organization.
- Participation in or attendance at golf, tennis, or sporting events, without the advance approval of the Executive Director (or the President of the Board for Executive Director expense approval).
- Purchase of golf clubs or any other sporting equipment.
- Traffic citations.
- Credit card interest charges.
- Laundry or dry-cleaning.
- Spa, massage, or exercise charges.
- Clothing purchases.
- Business conferences and entertainment that are not approved by a designated officer of the Organization.
- Valet service.
- Car washes.
- Toiletry articles.
- Expenses for spouses, friends, or relatives. If a spouse, friend, or relative accompanies Personnel on a trip, it is the responsibility of the Personnel to determine any added cost for double occupancy and related expenses and to make the appropriate adjustment in the reimbursement request.
- Overnight retreats without the prior approval of the Executive Director or their designee.
- Political or charitable contributions.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

Long Island Consultation Center will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.



Long Island Consultation Center