



Corporate Compliance Policies and Procedures Manual

A Message from the Chief Executive Officer

This manual offers guidance to Search for Change, Inc. employees, vendors, and other key stakeholders on the agency's Corporate Compliance Program. This program was developed to ensure our compliance with all applicable laws and regulations to which our agency's programs and services are subject. It was also developed to promote our adherence to the highest ethical standards in the performance of our professional duties.

The Board of Directors and Executive leadership team are committed to complying with this program. Employees of Search for Change and other affected individuals, including vendors and various entities with which the agency conducts business, are also expected to comply with this program and applicable laws, guidelines, and regulations. To this end, we will educate and train agency personnel on the Compliance Program and offer ongoing assistance as needed to ensure universal compliance with its elements.

It is imperative for all employees and other interested stakeholders to adhere to this program and to report actual or suspected violations of this program without fear of retaliation. We provide several methods for individuals to report actual or suspected violations that include a dedicated confidential Compliance Hotline.

We are committed to conducting ourselves with integrity as we deliver services and claim reimbursement for them. We cannot achieve these objectives without a similar commitment from all employees and other parties on whom our success depends.

We thank you for your dedication and are prepared to assist you in this critical endeavor.

Agency Mission

Search for Change is dedicated to improving the quality of life and increasing the self-sufficiency of individuals with emotional, social and economic barriers throughout Westchester, Putnam, and Fairfield counties. This is accomplished by providing the direct support and assistance needed to enable individuals to reach their full potential.

Search for Change is committed to assisting people with mental illnesses in their quest for dignity and independence. Clients direct every aspect of their rehabilitation, including planning for change, choosing goals, acquiring skills, and accomplishing objectives. Consideration is given to each individual's strengths, talents, opinions, values, dreams, and ability to make choices. We recognize and use these qualities to assist individuals in overcoming and managing the symptoms of mental illness.

We teach the skills needed to choose, obtain and maintain desirable housing, meaningful employment, higher education and productive relationships with family and friends. Our programs and services are focused on individual choices, needs, interests and abilities. Dedicated staffs are available twenty-four hours a day, three hundred sixty-five days a year to provide support and care to the individuals we serve and their families.

Table of Contents

Policy 1 – Policy and Procedure Development	4
Policy 2 – Corporate Compliance Committee Charter.....	5
Policy 3 – Compliance Officer Duties and Responsibilities.....	7
Policy 4 – Conflict of Interest.....	8
Policy 5 – Training and Education.....	9
Policy 6 – Duty to Report and Compliance Hotline.....	10
Policy 7 – Good Faith Compliance Program Participation.....	12
Policy 8 – Whistleblower Protection.....	13
Policy 9 – Disciplinary Action.....	15
Policy 10 – Internal Compliance Investigations.....	16
Policy 11 – Preventing and Detecting Medicaid Fraud, Waste, and Abuse.....	17
Policy 12 – Digital Signatures.....	21
Policy 13 – Auditing and Monitoring, and Effectiveness Reviews.....	23
Policy 14 – Screening, Credentialing, and Excluded Individuals.....	24
Policy 15 – Compliance Risk Assessments.....	25
Policy 16 – Government Investigations, Subpoenas, and Court Orders.....	26
Policy 17 – Overpayments, Self-Disclosure, and Corrective Action.....	27
Policy 18 – Records Management and Document Retention.....	28
Appendix A – Corporate Compliance Manual Acknowledgment Form.....	29

Policy and Procedure Development

Purpose

This policy serves to identify the process for the development, review, approval, and revision of Compliance Policies and Procedures.

Definitions

Policy: Statement of guidelines that establish the parameters for operations and decision making intended to ensure compliance with all governing laws and regulations.

Procedure: Statement of instructions or steps that describe how to complete tasks related to the stated policy.

Policy

Search for Change is committed to ensuring the agency develops policies and procedures consistent with governing laws and regulations. These policies are written based on identified requirements, areas of need and risk, processes needed to perform essential functions, and shall be created and updated as needed to maintain compliance. Policies and Procedures shall be clear and concise to provide guidance to staff on expected behavior.

Procedure

- Policies and Procedures will be created based on legal and regulatory guidance, areas of risk, and/or when there is an identified need for a formal process.
- The Compliance Officer and Committee will draft Compliance Policies as needed.
- The CEO will approve all Compliance Policies and Procedures.
- The Compliance Committee will review all Compliance Policies and Procedures annually at minimum based on a review schedule that will be determined during the first Committee meeting of each calendar year.
- Compliance Policies and Procedures will be revised as needed by the Compliance Officer and Committee. Updated Policies and Procedures will be approved by the CEO.
- Policies and Procedures shall include the date established, date last reviewed, and date last revised to serve as a means of version tracking.
- Outdated versions of Compliance Policies and Procedures shall be stored by the Compliance Officer on the agency server in a location accessible to all Committee members.
- All employees will be provided the Corporate Compliance Policy and Procedure Manual during new hire orientation and shall sign an acknowledgment of receipt that will be stored by HR.
- The current and active version of all Compliance Policies shall be in the Agency Corporate Compliance Policy and Procedure Manual that is accessible to all staff.

Department: Corporate Compliance

Date Established: 01/2023

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Corporate Compliance Committee Charter

Purpose

The Corporate Compliance Committee (the “Committee”) is responsible to work with the Compliance Officer to implement Search for Change’s corporate compliance plan, policies, and program.

The Committee is responsible for assuring that the agency conducts all operations and business activities ethically, with integrity, and in compliance with all legal and regulatory requirements. The Committee evaluates the Agency’s adherence to the fundamental components and requirements of an effective compliance program.

Scope

This Charter sets forth the duties, responsibilities, and governs the operations of the Search for Change Corporate Compliance Committee. The oversight activities of the Committee support the Agency’s compliance program, management, and Board of Directors.

Membership

Members of the Search for Change Corporate Compliance Committee shall be determined by the Compliance Officer, who serves as the Committee Chair, and approved by the Chief Executive Officer. Members shall include the Chief Executive Officer, the Chief Financial Officer, the Director of Human Resources, the Clinical Director, and the Director of Residential Services. All members must sign a confidentiality agreement upon entry to and departure from the Committee.

Meetings

The Committee shall meet no less than quarterly, with increased frequency as needed. Attendance by at least four members shall constitute a quorum for each meeting, and this must include the Compliance Officer or their designee. Meetings may be conducted in person, telephonically, or by video conference using the Agency’s approved platforms. The Committee Chair or their designee shall maintain written minutes of all Committee meetings and actions, which shall be confidentially saved by the Compliance Officer. Committee meeting minutes will also be available to all members via the agency’s electronic server.

Responsibilities

The Committee shall monitor, assess, review, and evaluate Search for Change’s Corporate Compliance Program based on applicable regulations and risk management assessment. The Committee shall make a regular assessment of Search for Change’s adherence to the 7 elements of an effective compliance program as set forth in Article 5, Title 11, Section 363-d, of the New York State Social Services Law as follows:

1. The establishment and enforcement of written compliance policies, procedures, and standards of conduct.
2. The designation of a compliance officer and committee who report directly and are accountable to the organization’s chief executive and/or senior management.
3. The establishment and implementation of effective annual training and education for compliance officers, agency employees, senior management, Board members, and other affected individuals.

4. The establishment and implementation of effective lines of communication with the compliance officer, ensuring confidentiality.
5. Well-publicized disciplinary standards which encourage good faith participation in the compliance program by all affected individuals.
6. The establishment and implementation of an effective system for routine monitoring and identification of compliance risks.
7. The establishment and implementation of procedures for promptly investigating and responding to compliance issues as they are raised which ensures ongoing compliance with Medicaid requirements.

Other responsibilities of the Committee include but are not limited to:

- Promoting the appropriate tone from the top that fully supports a culture of compliance and ethical behavior
- Staying abreast of significant developments relating to the compliance expectations and requirements from federal and state legislators
- Coordinating and ensuring agency and staff accountability for compliance
- Assisting in the development, implementation, and monitoring of the Search for Change Compliance Program and Code of Conduct
- Reviewing all Compliance Policies, the Code of Conduct, and this Charter annually
- Ensuring that the Search for Change Compliance Program is designed to identify and mitigate compliance related risks
- Ensuring that Human Resources conducts employee checks against OIG/OMIG exclusion lists and the Statewide Central Registry (SCR) for the NYS Justice Center
- Participating in compliance effectiveness reviews
- Developing an annual workplan based on compliance risk assessments
- Enforcing disciplinary standards uniformly across all staff and affected individuals
- Ensuring annual compliance training is developed, conducted, and attended by all affected individuals
- Ensuring there is effective, open communication and means of reporting non-compliant or suspicious behavior
- Enforcing adherence to the good faith participation and nonretaliation policies
- Assisting collaboratively with the Compliance Officer to address any compliance related issues or matters

The Compliance Officer and Committee shall report to the Board of Directors no less than quarterly. Serious and/or significant compliance matters shall be reported the Board immediately by the Compliance Officer and/or the Chief Executive Officer.

Department: Corporate Compliance
Date Established: 09/2022
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Compliance Officer Duties and Responsibilities

Purpose

This policy serves to define the roll of the Search for Change Compliance Officer along with associated job duties and responsibilities within the Compliance Program.

Policy

Search for Change has a designated Compliance Officer position that is tasked with compliance related duties and responsibilities. Currently the Compliance Officer is Crystal Meyer. The Clinical Director will serve as the Interim Compliance Officer during any prolonged absence of the Compliance Officer. The Compliance Officer is responsible for:

- Overseeing and chairing the Corporate Compliance Committee.
- Monitoring and/or implementing corporate legal compliance measures.
- Reviewing, constructing, and/or updating agency policies and procedures related to Corporate Compliance in conjunction with the Compliance Committee.
- Investigating and resolving matters related to Corporate Compliance issues, including anonymous hotline messages or written reports.
- Ensuring there is an effective and well-publicized communication system which encourages all affected individuals to report potential corporate compliance problems without fear of retaliation.
- Conducting pre-audits of Medicaid related documentation.
- Overseeing the Utilization Review Committee.
- Working with the Compliance Committee to identify areas of risk to develop and implement internal audit procedures to decrease and manage said identified risks.
- Performing Annual Compliance Effectiveness Reviews with the Compliance Committee.
- Implementation of the Corporate Compliance training program, including conducting training sessions for staff and the Board of Directors.
- Monitoring applicable Federal, State and City agencies for compliance guides, fraud alerts, and other relevant publications, regulations, and updates. This includes the New York State Office of Medicaid Inspector General (OMIG) and the federal Office of the Inspector General (OIG) websites, workplans, and guidance.

The Compliance Officer reports to the Compliance Committee, the Clinical Director, and the CEO. The Compliance Officer also reports to the Board as necessary, and no less than quarterly. The Compliance Officer will have at least one executive session with the Board annually. The Board of Directors will receive information about the activities of the Corporate Compliance Program, updates regarding any changes to the program, audit findings, investigation reports, corrective action plans, and required annual training directly from the Compliance Officer.

Department: Corporate Compliance

Date Established: 12/2009

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Conflict of Interest

Purpose

To ensure all employees, managers, and board members conduct themselves in a manner that does not put their own interests in conflict with the ethical operations, business functions, and integrity of Search for Change, Inc.

Policy

All Search for Change employees, managers, administrators, and board members (“the Search for Change Community”) are required to act in the best interests of Search for Change when carrying out their job duties and must disclose activities that may create the appearance of a conflict of interest. Member of the Search for Change community are prohibited from using their position at the agency for personal benefit or for the benefit of their family, partner, or business interests.

Procedure

- All Search for Change employees are to communicate a potential conflict of interest to their supervisor, Compliance Officer, or a member of the Management Team.
- All employees are prohibited from lending or borrowing money, favors, or services to or from clients served.
- Refrain from giving or accepting any form of gift of gratuity that might influence/appear to influence your or another person’s judgment in the performance of job duties.
- Avoid putting yourself in a position where your own personal interests and the interests of Search for Change are in conflict or may interfere with the ethical performance of your job and responsibilities.
- It is prohibited to facilitate a contract between Search for Change and a specific company for one’s own personal financial interest or gain.
- The Board of Directors must abide by the Directors and Officers Conflict of Interest Policy and complete an annual disclosure in accordance with the policy.
- This is not an exhaustive list of examples and if an employee is unsure about the presence of a conflict of interest the Compliance Officer should be contacted for assistance.

Department: Corporate Compliance

Date Established: 12/2009

Last Reviewed: 12/2022

Last Revised: 12/2022

Training and Education

Purpose

This policy serves to detail the process by which employees will be trained in the Search for Change Corporate Compliance Program upon hire and ongoing during employment with the agency.

Policy

All agency employees, managers, board members, vendors, and subcontractors are required to be trained annually about the Corporate Compliance Program. The Compliance Officer, HR Department and Compliance Committee are responsible for facilitating and ensuring these trainings are provided and completed. All new hires will be trained at orientation or within 45 days of hire and annually thereafter. Compliance Training will include a review of Compliance policies and topics such as preventing Medicaid fraud, waste, and abuse, the code of conduct, duty to report, communication lines, and disciplinary actions. All agency staff are required to complete HIPAA training within 30 days of their date of hire and annually thereafter.

Procedure

- HR staff will provide all new hires with the Corporate Compliance Policy and Procedure Manual and review the Compliance Code of Conduct during orientation.
- All newly hired staff will sign off on acknowledgments of the Compliance Manual and Code of Conduct.
- The Compliance Code of Conduct will be distributed annually to all employees who must attest to it in writing every year.
- All Manual and Code of Conduct attestations and training completion forms shall be tracked by the HR Department and stored in employee personnel files.
- The Compliance Officer will conduct agency wide Compliance Program training no less than twice a year for all employees to attend. Other modes of completing the annual training requirement may include virtual webinars, video trainings, or pre-recorded presentations that will require prior approval by the Compliance Officer.
- All employees will complete mandatory HIPAA training within 30 days from hire and on an annual basis.
- The Compliance Officer will train the Board of Directors on the Compliance Program annually.
- The HR Department will track employee training due dates and remind them about training requirements.
- The Compliance Officer will attend and complete relevant compliance related trainings to stay up to date with current and changing regulations that may affect the agency's Compliance Program and Policies.
- Supervisors will continue to educate staff about the importance of the Search for Change Compliance Program during on site trainings and staff meetings.
- Vendors and identified subcontractors shall be educated on the agency Compliance Program via vendor letters and code of conduct factsheets upon execution of a new contract and annually via mailings.
- Employees are not to complete billing and service related documentation until all required Compliance trainings are completed.
- Any employee who fails to complete mandatory trainings as required will be subject to the disciplinary action policy.

Department: Corporate Compliance

Date Established: 01/2023

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Duty to Report and Compliance Hotline

Purpose

Search for Change, Inc. is committed to the timely identification and resolution of all issues that may adversely affect employees, clients, or the organization. Therefore, Search for Change has established communication channels to report problems and concerns, including a Corporate Compliance Hotline at (914) 428-5600 ext. 9239. The Hotline is available 24 hours, seven days a week. Individuals are encouraged to report any problem or concern either anonymously or in confidence via the Helpline as they deem appropriate. Individuals also have the option of contacting the Compliance Officer, Crystal Meyer, directly via telephone at 914-428-5600 ext. 4857, via email at CMeyer@searchforchange.com, or via written letter marked “Confidential” attention to Compliance Officer and mailed to the main office at 400 Columbus Avenue, Suite 201E, Valhalla, NY 10595.

The Corporate Compliance Hotline is an avenue by which individuals or interested parties may report any issue or question associated with any of the Agency’s Compliance policies, conduct, practices, or procedures believed by the individual to be a potential violation of criminal, civil, or administrative law, or any unethical conduct.

All individuals are protected from intimidation and retaliation for good faith participation in Search for Change’s Compliance Program. Failure to report a compliance issue may be grounds for disciplinary action.

Examples of potential compliance issues include, but are not limited to:

- Inappropriate documentation of billing services
- Inappropriate billing claims submission
- Overpayments
- False or fraudulent documentation issues
- HIPAA or patient privacy issues
- Failure to follow Compliance policies and procedures
- Failure to follow the agency Compliance Code of Conduct
- Potential violations of the Anti-Kickback Statute related to vendors (e.g., inappropriate gifts)
- Provider or employee excluded from the federal or state healthcare programs
- Inappropriate conflict of interest
- Retaliation or intimidation

Policy

Search for Change, Inc. is committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the agency. Every employee has an individual responsibility and duty to report activity by any employee, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, or the Code of Conduct and/or Corporate Compliance Program Policies.

Search for Change, Inc. will maintain a Corporate Compliance Hotline that individuals may use to report problems and concerns, which may be done anonymously. Individuals can also report suspicions or concerns via email, in writing, or directly to any member of the Compliance Committee.

Individuals who report problems and concerns in good faith are protected from any form of retaliation, intimidation, and/or retribution as detailed in the Whistleblower Protections Policy. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee, and/or abuses the system of anonymous reporting will be subject to discipline.

Information concerning the Corporate Compliance Hotline and various ways to make reports will be posted in prominent common areas of Search for Change's facilities, units, and office locations.

All individuals who receive compliance inquiries are expected to act with the utmost discretion and integrity in assuring that information received is acted upon in a reasonable and proper manner. Everyone who receives or is assigned responsibilities for assisting with compliance inquiries shall keep the inquiries confidential to the extent possible.

Procedure

- The Compliance Officer will ensure that all compliance inquiries are addressed in an appropriate and timely manner, as well as in accordance with this and all related policies and procedures. No attempt will be made to identify a caller to the Corporate Compliance Hotline who requests anonymity. Whenever callers disclose their identity, it will be held in confidence to the fullest extent practical.
- Upon receipt of the disclosure, the Compliance Officer or their designee shall gather all relevant information from the disclosing individual where practicable. The Compliance Officer or their designee shall make a preliminary inquiry into the allegations to ensure all the necessary information has been obtained to determine whether a further review should be conducted.
- In accordance with Search for Change's Corporate Compliance Internal Investigation Policy, the Compliance Department shall conduct an internal review of the allegations and ensure that sufficient follow-up is conducted for any disclosure. Compliance staff shall decide about the validity of the alleged improper practice or behavior and identify a corrective action if needed.
- Calls and reports will be logged, tracked, and documented in Compliance Department records.
- The investigation and response process may involve other departments, as appropriate, for advice and/or further investigation.
- The Compliance Officer will communicate any matter that results in an OMIG self-disclosure to the Compliance Committee consistent with the agency policy on overpayments and self-disclosures.
- The Compliance Officer will communicate any potentially unlawful or illegal conduct to the Compliance Committee, CEO, and agency legal counsel.
- The Compliance Officer will periodically report on Corporate Compliance Hotline activity to the Compliance Committee and Search for Change Board of Directors.

Department: Corporate Compliance

Date Established: 12/2009

Last Reviewed: 12/2022

Last Revised: 12/2022

Good Faith Compliance Program Participation

Purpose

To ensure all employees understand the definition and expectations of good faith participation in the Search for Change, Inc. Corporate Compliance Program.

Policy

All employees and board members are expected to participate in the Corporate Compliance Program in good faith.

“Good faith” is based on the individual’s motivation and generally describes an honesty of purpose, freedom from intent to defraud, and being faithful to one’s duty or professional obligation. Employees should bear in mind that all reports made in good faith will be protected from retaliation or intimidation as outlined in the Policy on Whistleblowing.

Disciplinary sanctions or actions may be taken if an employee:

- Fails to report suspected or potential compliance issues
- Participates in fraud or behavior in violation of agency policy or procedure
- Encourages, directs, or facilitates fraudulent or non-compliant behaviors either actively (directly) or passively (indirectly)
- Deliberately makes a false accusation with the purpose of harming or retaliating against another employee, and/or abuses the system of anonymous reporting.

Procedure

Employees are expected to report compliance issues which are fully outlined in the Compliance Manual and assist in investigations, internal or external, and resolutions as needed. Methods to report compliance issues are outlined in the “Duty to Report and Compliance Hotline Policy” and include:

- The Confidential Compliance Hotline at (914) 428-5600 ext. 9239 which is maintained by the Compliance Officer (or his/her designees during vacations and other prolonged absences).
- Directly to the Compliance Officer in writing by mailing reports to: Search for Change, Inc., 400 Columbus Avenue, Suite 201E, Valhalla, NY 10595 to the attention of the Compliance Officer. Envelopes should be marked “confidential”.
- Voice mail or face-to-face reports to the Compliance Officer or any manager or supervisor may be made at any time. In all cases, supervisors who received employee reports will be encouraged to discuss the report with the Compliance Officer and they will maintain confidentiality and discretion.
- By mail or email to report problems or concerns. Mail and email can be directed to the Compliance Officer or to another member of the Compliance Committee.

Department: Corporate Compliance

Date Established: 03/2017

Last Reviewed: 12/2022

Last Revised: 12/2022

Whistleblower Protection

Purpose

To define whistleblower and advise employees of the protections afforded to them when making a good faith report about any compliance related concerns, issues, or violations. This policy reinforces the Agency's commitment to ensuring a speak-up culture where all employees feel safe raising issues and concerns without fear of being retaliated against for doing so.

Any employee who, in good faith, reports a suspected violation, assists in the investigation of a potential issue, or requests information or clarification about the proper interpretation or application of any law, our Code of Conduct, or any Compliance policy or procedure should be able to do so freely and without worrying they will be retaliated against as a result.

Policy

Search for Change, Inc. defines a whistleblower as an employee who reports or participates in the investigation of an activity that he/she considers to be illegal, dishonest, a violation of Compliance policies, or fraudulent behavior as described in the "Duty to Report" policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate compliance staff is charged with these responsibilities.

Search for Change, Inc. and Covered Individuals will not retaliate or in any manner discriminate against any employee based upon any lawful action of such employee with respect to:

- Good faith reporting of possible violations of applicable law, the Code of Conduct, or any Company policy or procedure;
- Good faith participation in any investigation, audit, or other action related to such a report; or
- Objecting to conduct that reasonably appears to be a potential compliance violation.

Search for Change, Inc. prohibits retaliation against employees even if their concerns are ultimately found to be unsubstantiated after investigation, unless the employee knowingly made a false allegation, provided false or misleading information in the course of an investigation, or otherwise acted in bad faith.

Retaliation can take many different forms, but all forms are designed to "punish" or penalize a person for speaking up. Some examples of retaliation include, but are not limited to, the following occurring after an employee raises a compliance concern or matter:

- Their employment is terminated.
- They are transferred to a less desirable shift, location, or job.
- Their job responsibilities are reduced (demotion).
- They are threatened or otherwise harassed.
- They are given a negative performance evaluation only as a result of reporting a concern in good faith.
- No longer having input into projects they were once involved in; or
- Being ignored or "iced out" by their coworkers.

No matter what form it takes, retaliation creates a hostile, threatening, and uncomfortable environment; negatively affects employment conditions for everyone; and is not consistent with Search for Change, Inc's values.

Not all adverse actions are necessarily examples of retaliation. For example, if a negative performance review is the result of poor performance by the employee and unrelated to speaking up, this would not be an example of retaliation.

Procedure

- Employees must exercise sound judgment to avoid baseless allegations.
- An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.
- Confidentiality of the whistleblower will be maintained by the agency whenever possible. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense.
- Search for Change, Inc. will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as discipline or termination, compensation decreases, poor work assignments, and threats of physical or other harm.
- Any whistleblower who believes he/she is being retaliated against must contact the Director of HR immediately.
- The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and substantiated.

Department: Corporate Compliance
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Disciplinary Action

Purpose

To identify the disciplinary action steps that may be taken by the agency should an employee violate the Compliance Program policies, procedures, and/or Code of Conduct.

Policy

Search for Change, Inc. has established Compliance Policies and Procedures and a Code of Conduct to ensure the legal and ethical behavior of all employees, board members, vendors, and subcontractors. All affected individuals covered by the Compliance Program are expected to conduct themselves in accordance with these established policies, procedures, and requirements. Any violation of the Compliance Code of Conduct or Compliance Policies may result in disciplinary action. Disciplinary action shall be enforced consistently, fairly and equally for all individuals regardless of tenure, status, or job classification.

Examples of Compliance violations include but are not limited to:

- Failure to report a known or suspected compliance violation or issue
- Falsification of service documentation and backdating
- Inappropriate use or disclosure of client confidential information
- Billing for services not provided or engaging in other fraudulent billing practices
- Making false reports to the Compliance Hotline
- Directing other staff to violate any Compliance Policy or Procedure
- Violating the Conflict of Interest Policy
- Retaliation against an individual who make a report in good faith
- Failure to complete required trainings
- Non-cooperation with a Compliance Investigation

Procedure

Disciplinary action may include the issuance of verbal, written, or final warnings, suspension, and/or termination depending upon the nature of the conduct. The Compliance Committee shall decide on the level of disciplinary action warranted based on the severity of the conduct with more severe or reckless behaviors (such as intentionally committing Medicaid fraud) resulting in immediate termination.

The HR Director and Compliance Officer will be present during the presentation of any warnings issued related to a violation of the Compliance Program's policies, procedures, or code.

Violations of the Agency's Compliance Policies and/or Code of Conduct by an affected vendor or subcontractor may result in the termination of their contract with Search for Change, Inc.

Department: Corporate Compliance
Date Established: 12/2009
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Internal Compliance Investigations

Purpose

This policy serves to identify and describe how Search for Change, Inc. will complete investigations into all reports about non-compliant behavior or other compliance issues and concerns.

Policy

Search for Change, Inc. is committed to investigating all reported compliance concerns promptly and confidentially to the extent possible. It is required that all employees cooperate with the investigation process which may include providing written statements, furnishing documentation, and/or participating in interviews. It is expected that all employees participate in good faith and truthfully.

Procedure

- The Compliance Officer will consult with senior management and the Compliance Committee in conducting investigations within 24 hours of receiving a report.
- Compliance reports will be documented using a report tracking form.
- The Compliance Officer will coordinate and conduct the investigations to determine validity of reports.
- Staff will have the option of having the Director of HR present during investigative interviews.
- The Compliance Officer will recommend any needed corrective action which may include implementing procedures, policies, and systems to reduce the potential for recurrence.
- Any disciplinary action taken or corrective action plan implemented will be documented.
- The Compliance Officer will complete a summary of the investigation using a written report.
- The Compliance Officer will report all investigative actions and findings to the Compliance Committee.
- The Board of Directors will be notified of any reports found to be substantiated and of the corresponding corrective action plan that is implemented.
- If it is determined that a Medicaid self-disclosure is needed the agency Self-Disclosure policy shall be followed to return any overpayments.
- All documents, notes, and written reports related to a Compliance Investigation will be retained in accordance with the agency's policy on document retention.
- Investigations will be completed on a timely basis in order to allow Search for Change to meet the requirements of the OIG, OMIG, SCR, and the DOJ for reporting violations.

Department: Corporate Compliance
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Preventing and Detecting Medicaid Fraud, Waste, and Abuse

Purpose

This policy details Search for Change, Inc.'s commitment and procedures related to preventing and detecting any fraud, waste, or abuse related to Medicaid claims and payments. To comply with New York State False Claims Act (State Finance Law 187-194), Search for Change provides the following information about the law and the agency's policies and procedures to prevent and detect fraud, waste and abuse in its programs.

Policy

Search for Change is committed to preventing and detecting any fraud, waste, or abuse related to Federal and State health care programs. Search for Change maintains a Compliance Program which includes educating its work force on fraud and abuse laws, including the importance of submitting accurate claims and reports to Federal and State government agencies.

Search for Change, Inc. prohibits the knowing submission of a false claim for payment from a Federal or State funded health care program. Such a submission is a violation of the Federal and New York State False Claims Acts and can result in civil and criminal penalties under the New York State False Claims Act, portions of the New York State Social Services Law and Penal Law, among other State statutes. To assist in the prevention and detection of Medicaid fraud, waste, and abuse, Search for Change has an established Corporate Compliance Program that includes auditing and monitoring of Medicaid billable services, claims, and related documentation by the Compliance Officer and a Utilization Review committee.

Any employee who reasonably suspects or is aware of the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a Federal or State funded health care program is required to report such information as detailed in the "Duty to Report" policy. Any employee of Search for Change, Inc. who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for coming forward with such information both under Search for Change, Inc.'s "Whistleblower Protections" policy and Federal and State law. However, Search for Change, Inc. retains the right to take appropriate action against an employee who has participated in a violation of Federal or State law or agency policy.

As an organization, Search for Change, Inc. commits itself to investigate any suspicion of fraud, waste, or abuse swiftly and thoroughly and requires all employees to assist in such investigations. Failure to report and disclose or assist in an investigation of fraud and abuse is a breach of the employee's obligations and may result in disciplinary action.

Some examples of Medicaid fraud, waste, and abuse include, but are not limited to, the following:

- Billing for services not provided
- Billing for services that are not identified in the active service plan
- Billing for the wrong service code
- Billing without a completed service plan and service plan review
- Accidentally billing for the incorrect date or time the service was provided
- Billing without a valid Physician's Authorization
- Backdating documentation in order to provide a service
- Submitting services for billing that were completed by an unauthorized or untrained staff

- Billing for a client while they were admitted to another facility (ie. hospitalized)
- Billing twice for the same client in the same day

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

The New York State False Claims Act provides that any person who knowingly presents, or causes to be presented, to any employee, officer, or agent of the State or a local government a false or fraudulent claim for payment or approval; knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the State or a local government; conspires to defraud the State or a local government by getting a false or fraudulent claim allowed or paid; or knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State or a local government is liable to the State of New York for a civil penalty of not less than \$6,000 and not more than \$12,000, plus three times the amount of damages that the State sustains because of the act of that person; and to any local government for three times the amount of damages sustained by such local government because of the act of that person.

The Act also provides that private parties may bring an action on behalf of the State or a local government. These private parties, known as "qui tam relators," may share in a percentage of the proceeds from a NYS FCA action or settlement. The Act provides protection to an employee of any private or public employer who is discharged, demoted, suspended, threatened, harassed, or otherwise discriminated against in the terms and conditions of employment by his or her employer because of lawful acts taken by the employee in furtherance of an action under the NYS FCA. Remedies for such discrimination include reinstatement, two times back pay, and compensation for any special damages sustained as a result of the discrimination.

Under **New York Social Services Law §145**, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. Under **New York Social Services Law §145-b**, it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. For a violation of this law, the local Social Services district or the State has a right to recover civil damages equal to three times the amount by which any figure is falsely overstated. In the case of non-monetary false statements, the local Social Services district or State may recover three times the damages (or \$5,000, whichever is greater) sustained by the government due to the violation.

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, under **Social Services Law §145-c** the person's or family's needs are not considered for between six months and five years, depending on the number of offenses.

The law also empowers the New York State Department of Health to impose a monetary penalty on any person who, among other actions, causes Medicaid payments to be made if the person knew or had reason to know that:

- the payment involved care, services, or supplies that were medically improper, unnecessary, or excessive;
- the care, services or supplies were not provided as claimed;
- the services or supplies were not in fact provided; or

- the person who ordered or prescribed the improper, unnecessary, or excessive care, services, or supplies was suspended or excluded from the Medicaid program at the time the care, services, or supplies were furnished.

The monetary penalty shall not exceed \$2,000 for each item or service in question, unless a penalty under the section has been imposed within the previous five years, in which case the penalty shall not exceed \$7,500 per item or service.

Under **New York Social Services Law §366-b (2)**, any person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim for furnishing services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which s/he is legally entitled for furnishing services or merchandise shall be guilty of a class A misdemeanor. If such an act constitutes a violation of a provision of the penal law of the state of New York, the person committing the act shall be punished in accordance with the penalties fixed by such law.

New York Penal Law Article §155, defines the crime of larceny. It applies to a person who, with intent to deprive another of his 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. It has been applied to Medicaid fraud cases.

New York Penal Law §175 relates to filing false information or claims and has been applied in Medicaid fraud prosecutions. **New York Penal Law §176** applies to claims for insurance payment, including Medicaid or other health insurance, and contains six crimes: Insurance Fraud in the first to fifth degrees and aggravated insurance fraud, ranging from a Class A misdemeanor to a Class D felony.

In addition, **New York Penal Law §177** 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), s/he knowingly and willfully provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which s/he is not entitled. Health Care Fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime; the higher the payments in a one-year period, the more severe the punishments, which currently range up to 25 years if more than \$1 million in improper payments are involved.

New York law also affords protections to employees who may notice and report inappropriate activities. Under **New York Labor Law §740 and §741**, an employer (and specifically a health care employer) shall not take any retaliatory personnel action against an employee because the employee:

- 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 which violation creates and presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;
- 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 such employer; or
- Objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

To bring an action under this provision, the employee must first bring the alleged violation to the attention of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. The law also provides that employees who bring an action without basis in law or fact may be held liable to the employer for its attorney fees and costs.

Procedure

- All Search for Change, Inc. residential staff, managers, and governing body members are educated about the False Claims Act and these policies and procedures.
- The Compliance Officer provides one on one training regarding Medicaid billing documentation to new licensed program residential staff within 45 days of their hire and additionally when deemed necessary.
- Program supervisors provide ongoing training on Medicaid billing documentation and service plans.
- The Compliance Officer oversees the Medicaid billing documentation for the licensed programs.
- The Program Director's for licensed programs review Medicaid billable progress notes monthly and certify their validity and accuracy via electronic signatures before submitting billing reports.
- Program supervisors are responsible for ensuring service plan documentation is fully completed, reviewed, and certified prior to documenting billing service progress notes.
- The Compliance Officer routinely conducts random audits and reviews of service plans for completion and to ensure documentation meets Medicaid billing standards and requirements.
- The Compliance Officer tracks due dates of Physician Authorizations for all clients receiving services in licensed housing and reminds unit supervisors to obtain renewals as required.
- The Compliance Officer checks the credentials of all providers who sign a Physician Authorization to ensure validity and that the provider is not placed on any exclusion lists and is enrolled with OPRA.
- The Compliance Officer verifies the billable diagnosis code listed on Physician Authorizations.
- The Compliance Officer reviews monthly billing reports for accuracy and to ensure the agency only bills for services that are covered by a valid authorization and service plan.
- Residential staff may not submit a billing claim for any service that did not have an active and valid authorization and/or completed service plan or service plan review.
- All staff are prohibited from backdating documentation, billable progress notes, service plans, and service plan reviews.
- Digital signatures (e-signatures) will be used in the EHR for all billing related documentation to increase the security and controls over service documentation which will aide in preventing unintentional Medicaid fraud, waste, or abuse.
- The Compliance Officer oversees the Utilization Review process and committee. All charts from licensed programs are reviewed twice a year and this review includes ensuring all billing documentation meets the required standards. Committee members may not review their own units' charts and the Compliance Officer is responsible for assigning charts and tracking when they are due for review. Committee members are to bring any documentation or billing issues identified during the UR process to the Compliance Officer.

Department: Corporate Compliance
Date Established: 12/2009
Last Reviewed: 12/2022
Last Revised: 12/2022

Digital Signatures

Purpose

This policy identifies the approved use and procedure for using digital signatures when documenting billable services in the agency electronic health record (EHR).

Policy

It is the intent of Search for Change, Inc. to ensure all agency service documentation remains in compliance with applicable state and federal statutes. Search for Change, Inc. approves the use of “digital” signatures wherever staff signatures are required for service documentation purposes.

Digital signatures will be used in the documentation of provided services for Medicaid billing. The primary use of the digital signature shall be in the Precision Care electronic health record.

No electronic document of services shall be considered executed until it has been digitally validated, signed, and subsequently “stamped” within the system. Upon the staff using their strong password to digitally sign the document, the document will then contain an inalterable electronic fingerprint and timestamp.

All staff members are expressly prohibited from sharing any electronic passwords. Supervisors are prohibited from knowing, or requesting a staff member’s password. In the event an employee forgets their password they are required to report this to the Corporate Compliance Officer and/or designated Administrative Supervisors who will ensure the system is re-set allowing the employee to create a new password.

Staff members who knowingly share their passwords shall be considered in violation of the agency’s Corporate Compliance Program and Policies. They will be subject to the same disciplinary measures described in the policy including the possibility of termination. Any staff member who uses another employee’s password for the purposes of logging into, or digitally signing service documentation shall be considered guilty of committing forgery.

Procedure

- Each staff member shall develop a “strong” password consisting of no less than 6 letters (1 upper case), one numeral, and at least one symbol. The total minimum number of characters shall be no less than 8. This must be a different password from your network and Precision Care log in passwords.
- The electronic system will require passwords be changed every six months.
- Staff members will be required to digitally sign the completed document creating an electronic fingerprint on the document. The system will cue the user to enter their strong password and to indicate the validation that they understand the intent of the electronic document they are signing. The system will then record the date, time, and employee name making an inalterable “stamp” on the record electronically.
- Search for Change, Inc. defines the contemporaneous time period between service delivery and service documentation as a maximum of 10 calendar days. Once the 10 calendar days’ time period has passed it is too late to document the service and the service will not be billed. This is only applicable to billing notes in Medicaid Billing Programs which must be certified within the 10-day period to be eligible for claims submission.

- Non-Medicaid Billing programs and notes that are not utilized for billing, the contemporaneous period is a maximum of 30 calendar days.
- Service Plans and Service Plan Reviews must be digitally signed, certified, and “stamped” prior to or on the exact date the document is due.
- Service Plans and Reviews can never be digitally signed and “stamped” after established due dates.
- In the event that the electronic system is not available employees are to document the service using the agency paper record system and sign and date the note. This is time limited and requires approval from the CEO and/or Compliance Officer.
- All digital records shall be retained for the legally required time period. For Medicaid documentation related to service delivery that is no less than 3 years on site and 7 years with our document storage company, totaling 10 years of record retention.
- All digitally signed documents must still be printed and filed according to agency expectations.
- Any questions regarding the policy may be directed to the Corporate Compliance Officer who shall be accountable for receiving any reports of abuse of the system as well as responding to questions.
- The Corporate Compliance Officer, or their designee, shall be the liaison with Precision Care engineers in the event of issues with the system, or an audit situation requiring information from the engineers specifically.

Auditing, Monitoring, and Effectiveness Reviews

Purpose

This policy serves to define and describe Search for Change's internal monitoring, auditing, and effectiveness reviews of compliance policies and billing practices.

Policy

Search for Change is committed to the monitoring of compliance with its policies and procedures. This monitoring effort is provided by the Compliance Officer in conjunction with the Compliance Committee. The Compliance Officer routinely conducts internal audits of billing documentation to prevent Medicaid fraud, waste, or abuse. Much of these documentation audits are completed via the utilization chart review process. The Compliance Officer and Committee monitor employee adherence to compliance policies to measure and determine the effectiveness of the agency's Compliance Program via an annual compliance program effectiveness review.

Procedure

- The Compliance Officer and Committee will review and analyze trends of hotline calls.
- The Director of HR will include compliance program related questions during exit interviews and provide this information to the Compliance Officer for analysis.
- Compliance questionnaires or surveys may be used to assess the program and elicit staff feedback.
- Agency staff may be asked to participate in compliance interviews as part of the effectiveness review process.
- Audits will be tailored as needed to identified areas of concern and risk as identified by the Compliance Risk Assessment.
- Compliance trainings will be updated as needed based on findings of internal audits to improve the effectiveness of the Compliance Program.
- Compliance quizzes will be used as a way to measure the effectiveness of trainings.
- Conflict of Interest disclosure statements from board members will be audited and monitored.
- The Compliance Officer will conduct targeted and random audits of billing documentation to prevent erroneous Medicaid billing submission.
- The Compliance Officer will monitor compliance laws and regulations to ensure any changing guidance results in updates to the agency Compliance Program.
- Results of Compliance Effectiveness Reviews will be shared with the Board of Directors at minimum annually.

Department: Corporate Compliance

Date Established: 12/2009

Last Reviewed: 12/2022

Last Revised: 12/2022

Screening, Credentialing, and Excluded Individuals

Purpose

Search for Change, Inc. is committed to maintaining the integrity of our services and business operations. This policy describes how the agency ensures we only hire and do business with individuals, subcontractors, and entities that have the same respect for the law, regulations, and standards.

Policy

Search for Change will conduct appropriate screening activities to make sure members of the Search for Change community have not been sanctioned or excluded by a federal or state law enforcement agency, regulator, or licensing agency. This screening will include checking the Office of the Inspector General (OIG) Exclusion list, the Office of the Medicaid Inspector General (OMIG) Exclusion list, and the Statewide Central Registry (SCR) for the NYS Justice Center.

Search for Change shall also conduct criminal record searches of an applicant being considered for employment in a position with regular and substantial unsupervised or unrestricted contact with clients. Driving records will be verified where applicable as employees who will be driving as part of their employment must be insurable under the agency's insurance policy.

Procedure

- Screenings and background checks of potential employees prior to hire will be conducted by the HR Department.
- Applicants for employment will be screened prior to receiving a job offer.
- Employment applications will include a question that potential employees must complete attesting to whether or not he/she has ever been convicted of a crime or sanctioned by federal or state law enforcement, regulator, or licensing agency and whether such actions are pending.
- Search for Change employees will be screened monthly against the SAM database, the OIG exclusion list, and the OMIG exclusion list.
- Employees who have been sanctioned by a federal or state law enforcement, regulatory body, or licensing agency may be subject to disciplinary action up to and including termination.
- All providers who have signed an active Authorization for Restorative Services that is being used for Medicaid billing will be screened monthly using both the OMIG and OIG Exclusion lists.
- Affected subcontractors and vendors will be screened against exclusion lists on a monthly basis. The agency may terminate the business relationship with any vendor or contractor that has been sanctioned.
- The agency may utilize a 3rd party service to conduct these monthly exclusion list screenings.

Department: Corporate Compliance

Date Established: 12/2009

Last Reviewed: 12/2022

Last Revised: 12/2022

Compliance Risk Assessments

Purpose

Compliance risk assessments are designed to assess, review, and prioritize the risks within the agency. The risk assessment will help identify areas to target when developing and updating the Compliance Program's education, auditing, and monitoring plans.

Policy

Search for Change's Compliance Committee and Compliance Officer will complete an internal baseline risk assessment and determine the risk profile of the agency. Risk assessment is a dynamic and ongoing process that will be reviewed during Committee meetings. The Compliance Risk Assessment will be updated at least annually to include changes to the agency's risk culture, tolerance, and mitigation plans.

Procedure

The Compliance Officer and Committee will complete and update the risk assessment on an annual basis. The risk assessment process will include the review of policies and procedures to assess risk areas. Compliance reports received during the year will be analyzed to identify risk areas and trends from internal audits will be used. The risk assessment will include evaluating the training and education of staff on the compliance program and this may include results from compliance quizzes, employee interviews, and/or surveys. The assessment will identify obstacles to reducing agency risk and weaknesses in the compliance program will be remediated as soon as possible by the Committee.

Results of the Compliance Risk Assessment will be shared with the Board of Directors at least annually. An external risk assessment may be completed if deemed necessary and appropriate by the Compliance Committee and/or Board of Directors.

Department: Corporate Compliance
Date Established: 01/2023
Last Reviewed: 12/2022
Last Revised: 12/2022

Government Investigations, Subpoenas, and Court Orders

Purpose

Subpoenas and other requests for information from attorneys, courts, governmental agencies and investigators are very serious matters that must be handled properly with the advice of counsel, as needed.

Policy

Subpoenas need to be addressed differently depending upon the party that issued the order. Where a subpoena is issued by the Deputy Attorney General for Medicaid Fraud, the United States Department of Health and Human Services Office of the Inspector General, the Federal Bureau of Investigations, District Attorneys, or another investigative agency or prosecutor, the Chief Executive Officer and the Compliance Officer should be notified immediately and counsel should be consulted. Counsel will then discuss options for response with the agency.

Procedure

When a staff member receives a subpoena or other requests for information, he or she should contact his or her supervisor immediately. The Chief Executive Officer, Clinical Director, Director of Human Resources, and Compliance Officer should also be immediately notified. Management staff will enlist the guidance and advice of legal counsel if deemed necessary.

If an investigator appears at the agency, staff should request identification and obtain the name, agency and telephone number of the investigator. Staff should notify the Chief Executive Officer, Clinical Director, Director of Human Resources, and the Compliance Officer immediately. Staff should provide no records without the express consent of senior management.

In all cases, no subpoenaed document should ever be altered or destroyed. No documents should ever be created to comply. Any document to be given to an investigative agency should be date stamped and copied and an inventory of all materials produced should be kept.

Department: Corporate Compliance
Date Established: 12/2009
Last Reviewed: 12/2022
Last Revised: 12/2022

Overpayments, Self-Disclosure, and Corrective Action

Purpose

One of the purposes of the Compliance Program is to identify issues related to billing and payment and take actions to address them. It is important for the Compliance Program to detect and report issues timely and by doing so we help maintain the integrity of our programs and quality of services. Early detection and timely disclosure can reduce the actions taking by government agencies and preserves the status of the agency as a trustworthy, reliable, and honest healthcare provider.

Policy

If a compliance problem is reported or detected internally, Search for Change Compliance staff will investigate to determine if credible evidence exists that a violation of law, regulation, or policy has occurred. If it is determined that credible evidence exists of a violation the Compliance Program will implement a corrective action plan to correct the problem and prevent its recurrence. The actions taken to address compliance problems can include additional training, modifying of procedures, disciplinary action, and self-disclosure to payers. This can include returning any overpayments that may have been received as a result of non-compliance. Search for Change will consult with legal counsel if needed to determine if a report needs to be made to law enforcement.

Procedure

- Anyone who receives a report of a violation of law or regulation or observes what they feel is a violation must promptly notify their supervisor, any member of the Compliance Committee, or the Compliance Officer either directly or through the Compliance Hotline.
- Reports made to supervisors must be brought to the attention of the Compliance Officer immediately.
- Once a problem is confirmed, the Compliance Officer will consult with the Compliance Committee and CEO to immediately implement correction action to stop the violation from occurring again.
- The results and corrective action plans will be reviewed by the Compliance Committee and with the Board of Directors.
- The Board of Directors will be immediately notified of any intentional violation of law that requires further action or legal involvement.
- Legal counsel will be consulted as needed to determine if other actions need to be taken such as reporting violations of civil, criminal, or administrative law to third-part law enforcement or regulatory agencies.
- If it is found that an overpayment occurred the Compliance Officer and CFO will complete a self-disclosure statement within 60 days of the date the overpayment was identified and follow all recommendations from the OMIG to resolve the matter.

Department: Corporate Compliance

Date Established: 12/2009

Last Reviewed: 12/2022

Last Revised: 12/2022

Records Management and Document Retention

Purpose

This policy describes how compliance documentation will be kept, stored, and retained.

Policy

All client information and documentation is confidential and Search for Change is required by the privacy regulation issued under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) to protect the privacy of health information. In accordance with HIPPA all protected information must be secure and in accordance with OMH all client records must be kept for a period of at least 10 years. In accordance with the OMIG all compliance related policies, documents, and reports must be retained for at least 6 years.

Procedure

All Search for Change, Inc. staff are required to maintain the privacy and confidentiality of client information and records. All records must be locked and secured.

All currently active client records are maintained at their assigned unit in locked cabinets. The Compliance Officer stores all client records of persons discharged from the licensed housing programs in locked cabinets at the agency main office in Valhalla. These stored documents include Medicaid billing documentation. Per OMH client records must be stored for 10 years after a person is discharged from a program. Discharged records are kept for 3 years in the Compliance Office and then sent to Iron Mountain for an additional 7 years of storage. After this 10-year period records may be destroyed using approved means.

Compliance related documentation is stored in the Compliance Officer's locked office and/or on the agency server for a minimum of 6 years. Compliance documentation that is retained includes, but is not limited to, past versions of policies and procedures, exclusion list findings, internal investigation notes and reports, audit findings, corrective action plans, previous versions of compliance trainings, educational materials, board member conflict of interest statements, workplans, risk assessments, and effectiveness assessments.

In the event, Search for Change receives a "Notice of Litigation Hold" citing pending litigation involving Search for Change or any of its employees, Search for Change will take reasonable steps to preserve existing documents that are potentially relevant to an identified lawsuit, whether such documents are in hard copy or electronic form.

Department: Corporate Compliance
Date Established: 4/2016
Last Reviewed: 12/2022
Last Revised: 12/2022

Corporate Compliance Manual Acknowledgment Form

By signing below, I acknowledge that I have received a copy of the Search for Change, Inc. Corporate Compliance Policy and Procedure Program Manual. I understand and agree to abide by the conditions contained therein. Recipients of the manual are encouraged to report problems, concerns, or raise questions regarding the Compliance Program to supervisory staff and/or Compliance Program personnel as instructed throughout the manual. I understand that any violation of any Compliance Policy or Procedure may be grounds for disciplinary action up to and including termination of employment. I understand that the policies and procedures in the manual are reviewed on an annual basis and revised as needed. I understand that the most recent and current version of the manual and it's enclosed policies can be accessed on the agency's electronic server or by asking the Compliance Officer and/or Director of HR for a current copy.

Recipient signature

Recipient name (please print)

Date