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Access: Supports for Living Inc.
The Guidance Center of Westchester, Inc.
New York Families for Autistic Children, Inc.
Meaningful NY Initiatives for People with Disabilities, Inc.

CORPORATE COMPLIANCE PLAN and POLICY

Policy Statement

Access: Supports for Living, The Guidance Center of Westchester, New York Families for Autistic Children, and Meaningful New York, henceforth referred to as the "The Network" is dedicated to maintaining excellence and integrity in all operations, delivering value to the people we serve, its volunteers, employees, contributors, contractors, vendors and the community.

As a part of these efforts, an effective, ongoing compliance program designed to support a culture that promotes prevention, detection, and resolution of instances that do not conform to laws, regulations, and Agency requirements will be established.

The compliance program will meet all relevant federal and state laws and regulations, including but not limited to New York State Social Services Law ("SSL") 363-d; Title 18 of the New York Code of Rules and Regulations ("NYCRR"), part 521; the Federal and New York State False Claims Act, the Deficit Reduction Act of 2005, the Whistleblower Protection Act and have, at a minimum, the following elements:

a. written policy, protocols and procedures;
b. a designated compliance officer with vested responsibility for overseeing the compliance program;
c. initial and ongoing training on compliance standards for the board of directors, employees, interns, volunteers, agents, contractors including independent contractors and/or subcontractors
d. a reporting system with lines of communication to the responsible compliance officer;
e. disciplinary policies to encourage good faith participation and adherence to agency standards, and federal, state and local rules and regulations;
f. a system for routine identification of risk areas, fraud, waste and abuse;
g. a system for responding to compliance issues;
h. a policy of non-intimidation, non-discrimination and non-retaliation;
i. annual certification of the compliance program.

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6/28/17 APPROVED by Access and Envision Boards
Reviewed 5/24/2018, Reviewed 8/24/2019, Revised 12/23/2019, Revised 6/24/2020, Revised 3/31/2021, Revised 3/17/2023; Revised 11/17/2023, Revised 2/13/2024

Section I: Purpose of the Compliance Program

The Network's Corporate Compliance Program (the "Program") is designed to promote compliance with all applicable federal, state and local laws and regulations as well as government contracts and conditions of participation in public programs. The primary goals of the Program are to:

- Prevent fraud, waste, abuse and other improper activity by creating a culture of compliance within the Network;
- Detect any misconduct that may occur at an early stage before it creates a substantial risk of civil or criminal liability for the Network;
- Respond swiftly to compliance problems through appropriate disciplinary and corrective action; and
- Communicate to all employees, volunteers, board members, agents, contractors, independent contracts, sub-contractors, and vendors our intent to operate within applicable federal and state laws, rules, regulations and guidelines.

The Program's design is based on compliance guidance provided by the U.S. Department of Health and Human Services Office of Inspector General, NYS Office of Medicaid Inspector General and the requirements imposed on health care providers under Section 363-d of the New York Social Services Law and Part 521 Title 18 NYCRR.

The Program reflects the Network's commitment to operating in accordance not only within the requirements of the law, but also in a manner that is consistent with high ethical and professional standards. The Program is intended to become a part of the fabric of the routine operations of the Agency.

Employees, interns, volunteers, board members, and any contractors, persons or affiliates that contribute to the required provider's entitlement to payment from Medicaid or Medicare collectively referred herein as "Agents" have a personal obligation to assist in making the Program successful. Agents are expected to(1) familiarize themselves with the Network's Code of Ethics and Conduct, compliance plan and policies;(2) review and understand the key policies governing their particular job functions; (3) report any fraud, waste, abuse or other improper activity through the mechanisms established under the Program; (4) cooperate in internal and external audits and reviews; and (5) carry out their jobs in a manner that demonstrates a commitment to honesty, integrity and compliance with the law.

The effectiveness of the Program is regularly re-assessed and the Program is constantly evolving to address new compliance risk areas and to maximize the use of resources. Agents are encouraged to provide input on how the Program might be expanded or improved.

The Network will attempt to communicate changes to or modifications of the Compliance Plan concurrent with or prior to implementation of any such changes or modifications; however, the Agency reserves the right to change, modify or amend the Compliance Plan, or Code of Ethics and Conduct as deemed necessary without notice, prior to implementation. Material changes shall be conveyed to all Agents as soon as practicable thereafter.

The Board of Directors has charged the President and Chief Executive Officer of the Network with the responsibility to develop and maintain an effective compliance program and with overall responsibility for operation and oversight of the Compliance Plan. The Board has further authorized and directed the appointment of a Compliance Officer and a Compliance Committee to aid in the fulfillment of that responsibility.

Section II: Code of Ethics and Conduct

The Code of Ethics and Conduct sets forth the basic principles that guide the Network's decisions and actions. All employees, board members, interns, volunteers, agents, contractors and sub-contractors are expected to familiarize themselves with the Code of Ethics and Conduct and should rely on the standards contained in the Code of Ethics and Conduct in carrying out their duties. Those who ignore or disregard the principals of this Compliance Plan or fail to report suspected problems will be subject to appropriate disciplinary actions up to and including termination.

The Code of Ethics and Conduct is not intended to address every potential compliance issue that may arise in the course of business. The Network has adopted more detailed written policies governing key aspects of their operations. Some of these policies and procedures are referenced in the Plan; others may be provided to employees by their supervisors. Employees are required to review and carry out their duties in accordance with the policies and procedures applicable to their job functions and to be aware of and abide by all applicable federal and state laws, rules, regulations, standards and guidelines.

Section III: Compliance Oversight Personnel

A. The Compliance Officer

The Compliance Officer is responsible for overseeing the implementation and modification of the Compliance Program and Plan. The Compliance Officer's chief duties include, but are not limited to, the following:

- Managing day-to-day operation and developing policies and procedures to governing the operation of the Program;
- Implementing, administering, overseeing, and updating the Compliance Plan;
- Periodically reviewing and updating the Code of Ethics and Conduct and related policies;
- Regularly, evaluating the effectiveness of and strengthening the Program;
- Overseeing operation of the Compliance mailbox;
- Receiving, evaluating and investigating compliance-related complaints, concerns and problems;
- Ensuring an environment free of intimidation and retaliation for good faith participation in the agency compliance program;
- Ensuring proper reporting of violations to duly authorized enforcement agencies as appropriate or required;
- Working with the Human Resources Department and others as appropriate to develop the compliance training program;
- Acquiring knowledge and resources as required to develop standards of conduct and mitigate legal risks associated with the operations of the Network;

- Providing leadership for the compliance efforts, including Chair the Compliance Committee;
- Providing information regarding operation of the compliance program to the Compliance Committee, President and Chief Executive Officer and Board of Directors as requested,as appropriate and at least quarterly;
- Making and retaining a summary of the items addressed and actions taken at each meeting of the Compliance Committee in the form of minutes;
- Informing employees, contractors and Board of Directors regarding internal and external compliance information, importance of regulatory adherence, and ethical behaviors;
- With the approval of the President and Chief Executive Officer, and where required, Board of Directors, retaining on behalf of the Network, the services of legal counsel, accountants, consultants and other professionals as needed;
- Drafting and updating at least annually and as needed a Corporate Compliance Work Plan, in coordination with network leadership, with specific emphasis on written policies and procedures, training and education, auditing and monitoring, and responding to compliance issues;
- Coordinate and implement Fraud, Waste & Abuse Prevention program with MMCO's Special Investigation Units.

The Compliance Officer shall be appointed by and report directly to the Chief Executive Officer or designee. The Compliance Officer shall be selected from administration or management of the Network or, if selected from outside the Network, shall have relevant or comparable experience with compliance issues. The Compliance Officer makes regular reports to the President and Chief Executive Officer and Board of Directors on the operation of the Program at least quarterly. The Compliance Officer is authorized to go directly to the Board of Directors for guidance and support in any case in which he/she believes the President and Chief Executive Officer or Compliance Committee are not acting in the best interest of the Network on any compliance issue.
Agents should view the Compliance Officer as a resource to answer questions and address concerns related to the Program or compliance issues. The Compliance Officer may be contacted directly by any board member, employee, intern, volunteer or contractor regarding a compliance-related matter confidentially.

Depending on the level of resources available to theNetwork, the Compliance Officer may be assisted by other personnel. The Compliance Officer may delegate certain day-to-day Program responsibilities and duties to these individuals.

B. The Compliance Committee

The purpose of the Compliance Committee is to assist the Compliance Officer in the oversight, development, implementation and operation of the Program within the policy directives outlined in the plan. The Compliance Committee will review reports and recommendations of the Compliance Officer regarding program activities, including data generated through audit and monitoring and individual reporting. Based upon these reports, the Compliance Committee will make recommendations to the Compliance Officer.

The Network Compliance Committee Charter outlines the purpose, responsibility, structure, and operating procedure of the Corporate Compliance Committee. The Charter is to ensure all stakeholders are knowledgeable of their roles and responsibilities within the Committee and comply with all regulatory requirements.

The Compliance Committee's functions include, but are not limited to, the following: Assisting the Compliance Officer in:

- Overseeing the implementation and operation of the compliance program;
- Receiving regular reports from the Compliance Officer or designee and providing him or her with guidance regarding the operation of the Program and assist in identifying areas of risk specific to program types;
- Approving the internal auditing plan carried out under the Program;
- Approving the compliance training program provided to all employees and ensuring it's completed timely;
- Reviewing and confirming the adequacy of all reviews of suspected fraud or abuse and any corrective action taken as a result of such reviews;
- Evaluating the effectiveness of the Program and recommending and approving any changes to the Program;
- Performing such other functions as may be reasonably necessary to fulfill the Compliance Committee's responsibilities and purpose;
- Advocate for allocation of sufficient funding, resources and staff for the Compliance Officer to fully perform responsibilities;
- Review and update Corporate Compliance Charter no less frequently than annually.

Composition: The Compliance Committee is chaired by the Compliance Officer or designee and comprised of members including senior managers and others appointed by the Compliance Officer. Additional members may be designated to serve solely on sub-committees. The Compliance Officer appoints members to the Compliance Committee with varying backgrounds and experience to ensure that the Compliance Committee has the expertise to handle the full range of clinical, administrative, operational and legal issues relevant to the Program.

Resignation/Removal/Vacancies: Committee members may resign, with the support of their supervisor, at any time by submitting a written letter of resignation to the Compliance Officer or a committee member may be removed by a decision from the Compliance Officer. Absence may be excused for good cause only by the Compliance Officer or designee. A committee member who seeks an excused absence has the responsibility to contact the Compliance Officer or designee, in advance of the meeting. Upon resignation, removal, or vacancy of a committee member, a replacement member shall be recommended by the Compliance Committee, subject to approval from the Compliance Officer.

Term: Committee members will serve until resignation or removal. The composition of the Committee will be reviewed annually by the Compliance Officer and Chief Executive Officer or

designee with the intent to maintain a composition of members with relevant experience to serve on subcommittees. Unexcused absences will be taken into consideration in the evaluation of a Committee member's performance.

Meetings: Committee meetings will be regularly scheduled at predetermined places and times, but not less than quarterly. Committee members are expected to regularly attend all meetings. In addition to regularly scheduled meetings the Compliance Officer or Chief Executive Officer or designee shall have authority to call a special meeting.

Subcommittees: The Compliance Committee will designate, when appropriate, subcommittees to assist in the monitoring and implementation of compliance program activities to include matters such as training, ethics, risk areas, effectiveness, auditing/monitoring, and guidance /discipline. The Compliance Officer may establish such subcommittees and disband existing subcommittees as he or she deems necessary based upon the operations of the Agency.

The Board of Directors

The Board of Directors has ultimate authority for the governance of the Network, including oversight of the Network's compliance with applicable law. This responsibility includes overseeing the activities of the Compliance Officer and Compliance Committee as well as the general operation of the Program.

The Board of Directors receives reports on the operation of the Program directly from the Compliance Officer at least quarterly. The Compliance Officer has the right to bring matters directly to the Board's attention at any time.

Section IV: Compliance Training

Compliance Training will be a part of orientation for all employees, interns, volunteers and affected individuals. The curriculum for basic compliance training will be developed from the training plan and updated as necessary and will be designed to provide an overview of; key compliance issues faced by the Network, the Code of Ethics and Conduct, reporting methods including anonymous reporting and the obligation to report suspected fraud or abuse. The topics covered by basic compliance training will include, but not be limited to;

- providers risk areas and organizational experience,
- providers written policies and procedures,
- role of Compliance Officer and committee,
- how affected individuals can ask questions and report potential compliance issues to Compliance Officer and senior management, including requirement for individuals to report suspected illegal or improper conduct and procedures for submitting those reports and protection from intimidation and retaliation for good faith participation.
- disciplinary standards with emphasis on standards related to compliance program and prevention of fraud, waste, and abuse.
- how provider responds to compliance issues and implements corrective action plans.
- requirements specific to the Medicaid program and providers categories of services.

- coding and billing requirements and best practices if applicable.
- claim development and submission process if applicable.
- improper or fraudulent billing, the preparation of inaccurate or incomplete cost reports, the payment and receipt of kickbacks, misuse of agency funds and the federal and state False Claims Act and Deficit Reduction Act inclusive of prohibition of retaliation against employees for reporting in good faith.

Employees, interns, board members, and all other affected individuals including but not limited to CEOs, Compliance Officer, senior administrators and managers will complete an annual compliance refresher training, which will reinforce the key principles covered by the basic compliance training and summarize any changes in the Network's Code of Conduct of Compliance Program.

Records of basic compliance training and annual compliance refresher trainings will be maintained in each Agent's HR record for six (6) years.

Section V: Reporting Compliance Issues

A. Reporting Obligations and Options

The Network recognizes that instances of non-compliance may occur. These instances may be inadvertent and unintentional, or may be covert and intended. Whether the non-compliance is a result of an innocent mistake or planning and intent, it is important that all employees, volunteers, board members, contractors and vendors take responsibility for bringing the matter to the attention of someone who can act to correct the situation.

In accordance with its Fraud and Abuse Reporting Policy, the Network maintains open lines of communication for the reporting of suspected improper activity. The Compliance Officer may receive reports of non- compliance or suspected non-compliance in addition to the Compliance voicemail which can accommodate anonymous reporting. All information being reported will be kept confidential to the full extent of the law.

Employees, board members, interns, volunteers and contractors are obligated to promptly report any such activity of which they become aware, whether or not based on personal knowledge.

Employees should understand that the Compliance voicemail and email system is designed for compliance questions and reporting of fraud, abuse and other compliance problems; it is not intended for complaints relating to the terms and conditions of an employee's employment. Any such complaints should be directed to Human Resources Leadership.

- Network Internal Reporting Line: (877) 333-ASFL (2735)
- Network confidential email: corporatecompliance@asfl.org

B. Response to Reported Issues

All reports of fraudulent, abusive or other improper conduct, whether made face-to-face, in-writing, through the Network's compliance voicemail, compliance email, internal or external auditing activities or otherwise, are reviewed within 3 business days and evaluated by the Compliance Officer or designee, unless such report is against the Compliance Officer in which case the report shall be

forwarded to the Chief Executive Officer or designee. Suspected non-compliance will be reviewed by the Compliance Officer to determine, in consultation with counsel and other Network personnel as necessary, whether the report warrants internal investigation. If so, the Compliance Officer or designee, as promptly and as discreetly as possible under the circumstances, coordinates the investigation, issues a written report of its findings to the Chief Executive Officer or designee and proposes any disciplinary and/or corrective action that may be appropriate. In undertaking this investigation, the Compliance Officer may solicit the support of internal auditors, external counsel, experts and auditors, and other resources knowledgeable about the issue at hand. The written report will include:

- Alleged violation(s);
- Description of investigation process;
- Copies of interview notes;
- Other documents demonstrating completion of thorough investigation;
- Any disciplinary and/or corrective action implemented.

If evidence of violation of state or federal law, rule or regulation, it will be reported promptly to the applicable governmental entity. Copies of any such reports will be maintained by Compliance Officer in a confidential file.

C. Report, Return, and Explain

The Network is committed to report, return and explain instances of overpayment in accordance with laws and statutes set forth. If an overpayment is identified, in accordance with the OMIG Self-Disclosure Program and enabling legislation, the Network will report, return, and explain the overpayment to OMIG and/or applicable Medicaid Managed Care Organizations (MMCOs) within 60 days of identification or by the date any corresponding cost report was due.

D. Employee Guidance and Discipline

All affected individuals who engage in, direct, facilitate, permit, encourage or fail to report fraud, waste, abuse or other misconduct are subject to disciplinary action. Any such sanctions will be firmly, fairly and consistently carried out by the VP of Talent Management in consultation with the Compliance Officer. Depending on the nature of the offense, discipline may include counseling, oral or written warnings, modification of duties, suspension, or termination. Disciplinary policies shall be well publicized, readily available to all employees, and included in the training plan.

E. Corrective Action

The Network is committed to taking prompt corrective action to address any fraud, abuse or other improper activity identified through internal audits, reviews, and reports by employees or other means. The Chief Executive Officer or designee is generally responsible for reviewing and approving all corrective action plans. However, the Compliance Officer is authorized to recommend corrective action directly to the President and Chief Executive Officer if the Compliance Officer believes, in good faith, that the designee is not promptly acting upon such a recommendation and to the Board of Directors if the Compliance Officer believes, in good faith, the President and Chief Executive Officer is not promptly acting upon such a recommendation. In cases involving suspected illegality, the Compliance Officer also has the authority to order interim measures, such as a suspension of billing, while a recommendation of corrective action is pending. All agents are expected to cooperate in the resolution of compliance related issues.

Corrective action may include, but not be limited to, any of the following steps:

- Modifying the Network existing policies, procedures or business practices;
- Providing additional training or other guidance to employees or contractors;
- Seeking interpretive guidance of applicable laws and regulations from government Agency;
- Disciplining employees or terminating contractors;
- Notifying law enforcement authorities of criminal activity by employees, contractors or others;
- Returning overpayments or other funds to which the Network are not entitled to the appropriate government agency or program within established timeframes; or
- Self-disclosing fraud or other illegality through established state and federal self-disclosure protocol

Section VI: Self Disclosure Program/Processes

In accordance with paragraph C Report, Return, and Explain in Section 5 Reporting Compliance Issues; if an overpayment of Medicaid funds is self-identified, repayment will be made through OMIG's Self-Disclosure Program and/or the Self-Disclosure Programs of applicable MMCOs. As in accordance with OMIG guidance, "The Self-Disclosure Program is the mechanism providers must use to self-report Medicaid Program matters that involved possible fraud, waste, abuse, or inappropriate payment of funds which they have identified through self-review, compliance programs, or internal controls".

All Self-Disclosures are to be reviewed at agency Corporate Compliance Committee and tracked through the agency Quality Assurance department.

A. OMIG Self-Disclosure

1. Determination on which self-disclosure form is appropriate will be based on error identified. Errors requiring a formal corrective action plan will be self-disclosed using the Self-Disclosure Full Statement. Errors that are transactional or routine will be self-disclosed using the Self-Disclosure Abbreviated Statement.
    a. Self-Disclosure Full Statement
        i. Any error that requires a Medicaid entity/Provider to create and implement a formal corrective action plan
        ii. Actual, potential or credible allegation of fraudulent behavior by employees or others
        iii. Discovery of an employee on the Excluded Provider list
        iv. Non-claim-based Medicaid overpayments
        v. Systemic billing or claiming issues
        vi. Overpayments that involved more than one Medicaid entity/Provider (example – Health Homes & Care Management Agencies)
        vii. Any error with substantial monetary or program impacts
        viii. Any instance upon direction by OMIG
    b. Self-Disclosure Abbreviated Statement
        i. Routine credit balance/coordination of benefits overpayments
        ii. Typographical human errors
        iii. Routine Net Available Monthly Income (NAMI) adjustments

iv. Instances of missing or faulty authorization for services due to human error
v. Inappropriate rate, procedure or fee code used due to typographical or human error
vi. Routine recipient enrollment issue
vii. All overpaid Medicaid claims appropriate for the Abbreviated process must be voided or adjusted.

2. The Network's Corporate Compliance Officer will make final determination in consultation with agency Leadership and or attorney advisement as applicable.

3. The Quality Assurance department, in consultation with the Finance department, will support in preparing the OMIG Self-Disclosure Statement and Claims Data File.
    a. The Self-Disclosure Full Statement must include:
        i. The overpayment amount;
        ii. Detailed explanation of reason the Network received the overpayment or caused the overpayment to be received, including an explanation of circumstances leading to overpayment;
        iii. Identification of any rule, policy, regulation or statute violated;
        iv. Identification of individuals involved in error and discovery or error;
        v. Type of Medicaid program affected;
        vi. Corrective measures put in place to prevent recurrent, etc.;
        vii. The Compliance Officers contact information;
        viii. Signature of the disclosing agency on the form;
        ix. Signatory and Title of responsible person who sign the documents;
        x. Data file, in form and format specific by OMIG;
        xi. Agreement to the terms of disclosure;
        xii. Confirmation that voids or adjustments have been processed, or agreement to return the overpayment amount within 15 days of written notification from OMIG, or if approved by OMIG, agreement to executing SDCA to repay in installments.
    b. The Self-Disclosure Abbreviated Statement must include:
        i. Agency Federal Employer Identification Number;
        ii. Agency Name or DBA;
        iii. Contact name, title, phone number and email;
        iv. Overpayment identification period;
        v. TCN(s) of voided or adjusted claim(s);
        vi. Overpayment reason for each voided or adjusted claim;
        vii. Total amount voided or adjusted during the identification period.

4. The Self-Disclosure Full Statement and Claims Data File will be reviewed by Finance and Quality Assurance and prepared for the Corporate Compliance Officer.

5. The Compliance Officer will sign the Certification for self-disclosures completed using the Self-Disclosure Full Statement.

6. Self-Disclosure Full Statement:

    a. The Compliance Officer will submit the Self-Disclosure Statement, Claims Data File, and signed Certification through the OMIG Hightail Secure Uplink site. (Contact OMIG's Self-Disclosure Unit by email at: selfdisclosures@omig.ny.gov or by phone at: 518-402-7030 for any additional guidance). Compliance Officer will receive an automatic confirmation of submission.

7. Self-Disclosure Abbreviated Statement:

a. The Vice President of Finance or designee will complete the form on the OMIG website (https://apps.omig.ny.gov/SelfDisclosures/selfdisclosures.aspx) and upload the Claims Date File by the 5th of the following month. An automatic confirmation of submission will be received. Confirmation will be forwarded to Quality Assurance to be filed in the corporate compliance folder.

8. As per OMIG, for self-disclosures submitted using the Self-Disclosure Full Statement, "OMIG will notify the provider within twenty (20) days from the date of receipt confirming acceptance of the submission or rejecting the submission for failure to meet eligibility criteria". For self-disclosures submitted using the Self-Disclosure Abbreviated Statement, no further communication from OMIG will be received if verified and accepted.
9. OMIG will contact the Compliance Officer if additional information is needed, with response required within fifteen (15) days of notification.
10. For self-disclosures submitted using the Self-Disclosure Full Statement, final overpayment amounts are determined by OMIG with repayments required within fifteen (15) days of receipt of the Determination Notice, or no later than the expiration of the deadline to report, return and explain, unless an installment payment agreement is requested and granted.
11. Self-Disclosures submitted using the Self-Disclosure Full Statement will be reported to the respective State Oversight Agency as applicable.
12. MMCO Self-Disclosure
    1. Identified managed care overpayments will be self-disclosed to applicable MMCO in accordance with the MMCOs established policies and procedures within sixty (60) days of identification.
    2. All contact will be documented.
    3. If an MMCO is unresponsive, documentation of attempts at contact will be submitted along with a completed Full Self-Disclosure to OMIG's Self-Disclosure Program (refer to Section A).

Section VII: Audits, Reviews and Monitoring

The Network seeks to identify compliance issues at an early stage as part of our ongoing quality improvement process and has establish and implemented an effective system for the routine monitoring and identification of compliance risks. One of the key methods of achieving this goal is the performance of regular internal audits and compliance reviews. The following are guidelines for our routine monitoring and identification of compliance risk. Risk areas of the compliance program shall apply to the following 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;

Internal and external compliance audits shall include on the risk areas identified above. The results of all internal or external audits, or audits conducted by the State or Federal government are reviewed for risk areas that can be included in updates to the compliance work plan. The design, implementation, and results of any internal or external audits are documented, and the results shared with the compliance committee

and the governing body.

Routine program/services audits are conducted by internal auditors who have expertise in state and federal program requirements and applicable laws, rules and regulations, or have expertise in the subject area of the audit complete routine Quality Assurance and Utilization Review audits, which are presented to the Quality Assurance Committee monthly.

A. Compliance Audits and Reviews

At the beginning of each year, the Compliance Officer, QA and Compliance Teams develop a work plan setting up a schedule of internal monitoring and audits, which includes past compliance reports and an annual self-assessment, which is reviewed and approved by the Compliance Committee assuring overall effectiveness of the compliance program. The audits cover aspects of the Network's operations that pose a heightened risk of non-compliance, including but not limited to, Medicaid billing, cost reporting and access to medical care.

A written report is prepared summarizing the findings of each audit, and recommending any appropriate corrective action. An annual report will be presented for review to the full Compliance Committee, the Board of Directors, President and Chief Executive Officer and Leadership Team. All reports, recommendations and submissions shall be confidential and shall be maintained by the Network.

All departments will participate in and cooperate with internal audits as requested by the Compliance Officer. This includes assisting in the production of documents, explaining program operations or rules to auditors and implementing any corrective action plans.

The Compliance Officer and Quality Assurance Compliance Team have access to all records and documents, information, facilities, and affected individuals that may be relevant to carrying out compliance program responsibilities.

B. Government Audits and Reviews

All subpoenas and other governmental requests for Network documents should be forwarded to the Compliance Officer who will consult with counsel if necessary and who is responsible for reviewing and coordinating responses to such requests. Agents are strictly prohibited from destroying, improperly modifying or otherwise making inaccessible any documents that the agent knows are the subject of a pending government subpoena or document request. Agents are also barred from directing or encouraging another person to take such action. These obligations override any document destruction policies that would otherwise be applicable.

C. Timely Access to Facilities and Records

Records will be maintained and readily accessible to provide Office of the Medicaid Inspector General, Medicaid Fraud Control Unit, Department of Health timely access to facilities and records for the purpose of conducting audits, investigations, reviews or other statutory functions necessary.

Section VIII: Annual Certification

In accordance with SSL363-d and Part 521, Access: Supports for Living, The Guidance Center of Westchester, New York Families for Autistic Children, and Meaningful New

York will submit the "Certification Statement for Provider Billing Medicaid" annually, 30 days prior to the Medicaid enrollment anniversary date. Copies of the certification statements will be submitted upon agreement signing and annually thereafter to Medicaid Managed Care Organizations as applicable. This certification will meet the OMIG and DRA requirements.

Section IX: Damaged, Lost or Destroyed Records

If records demonstrating the network's right to receive payment under the medical assistance program are damaged, lost or destroyed, the information will be reported to the OMIG Self-Disclosure Program as soon as practicable, no later than thirty (30) calendar days after discovery. The report will be made by submission of a Statement of Lost or Destroyed Records form and Certification, including the following:

- Detailed explanation of the event causing the loss, destruction or damage of records;
- Identification of the records affected, including document type, Medicaid recipients affected, dates of service, and so forth; and
- Identification of the steps taken to report the lost, destroyed, or damaged records.
- OMIG will issue a letter detailing the acceptance of the report. The paid claims and/or program associated with the lost or destroyed records remain available for audit, review, or investigation.