Medicaid Corporate Compliance Plan

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Compliance Program Purpose and Overview

The Institute for Human Services, Inc. (IHS) has implemented and maintains a Compliance Program with all required elements as outlined in Social Security Law Section 363-d and Part 521, entitled "Provider Compliance Programs," of Title 18 of the Codes, Rules, and Regulations of the State of New York. IHS, its Governing Board, Administrators, Management teams, Employees, Interns and Volunteers (collectively “IHS and its personnel”) are all committed to delivering quality and efficient patient transportation services to the highest standards of ethical and professional business conduct.

Maintaining full compliance with all applicable State and Federal laws affecting the delivery and payment of healthcare related transportation services, including those regulations that prohibit fraud, abuse, and waste of health care resources, is of the highest priority.

The purpose of this Compliance Program and its component policies and procedures is to establish and maintain a culture within IHS that promotes: (1) quality and efficient patient care; (2) high standards of ethical and business conduct; and (3) the prevention, detection, and resolution of conduct that does not conform to IHS standards and policies, applicable law, and health care program or payor requirements. The Compliance Program applies to all IHS personnel, its Governing Board, administration, employees, volunteers, interns, and other entities providing services on behalf of IHS.

The Compliance Program includes the following elements:

1. Written policies and procedures that describe compliance expectations as embodied in our Code of Conduct (see Appendix A). These written policies and procedures can be found in IHS’s Compliance Program, as well as in its employee handbook and its employee compliance training materials. See Appendix A.
2. The designation of a Compliance Officer and a Compliance Committee charged, as are all IHS employees, management, volunteers, interns, etc. with the responsibility of implementing and monitoring the Compliance Program. See Appendix F.
3. Regular education and training programs for all affected Institute for Human Services personnel, Governing Board, volunteers, and interns as appropriate to their functions. Training occurs periodically and is part of the orientation for all new volunteers, interns, employees, and governing body members. See Appendix C.
4. A process to receive and process complaints concerning possible Compliance Program violations and procedures to protect the anonymity of complainants to the extent possible under law. See Appendix F.
5. A policy of both non-intimidation and non-retaliation for good faith participation in the Compliance Program, including but not limited to, reporting potential issues, investigating issues, self-evaluation, audits, and remedial actions, and reporting to appropriate officials as provided in Sections 740 and 741 of the New York State Labor Law. See Appendix G.
6. A process to respond to allegations of improper activities and the enforcement of appropriate disciplinary action against IHS Governing Board, personnel, volunteers, and interns who have violated the IHS’S policies, laws, regulations, or health care program requirements. See Appendix F.
7. Periodic audits and other methods to monitor compliance and assist in the reduction of problems in any identified risk areas. See Appendix F.
8. Disciplinary policies, which shall be fairly and firmly enforced, to encourage good faith participation in the Compliance Program by all affected individuals, including policies that articulate expectations of reporting compliance issues and assistance in their resolution and outline sanctions for:
    1. Failing to report suspected problems;
    2. Participating in noncompliant behavior;
    3. Encouraging, directing, facilitating, or permitting, either actively or Passively, noncompliant behavior; or

4. Refusing to participate in an investigation. See Appendix B.

9. A process for investigating and resolving any identified problems.

As demonstrated by the signatures below, the Compliance Program is enacted at the direction of, and with the support of, the Governing Board, administration, and management of IHS. Furthermore, the IHS Compliance Program is applicable to:

1. Billings;
2. Payments;
3. Medical necessity and quality of care;
4. Governance;
5. Mandatory reporting;
6. Credentialing; and
7. Other risk areas that are or should be with due diligence be identified or will identify from our quarterly internal (and external if deemed necessary) compliance and risk assessment audits and/or from our bi-annual compliance and risk assessment audits. Risk areas may also be identified in the annual work plans of the New York State Office of the Medicaid Inspector General and the United States Department of Health and Human Services Office of Inspector General. The OMIG has also identified risk areas for transportation providers in its *Compliance Guidance 2014-07* publication available on its website. HIS will also utilize the New York State *Medicaid Transportation Policy Manual* dated April 2016 the December 2015 New York State *Medicaid Update,* and the OMIG's *Audit Protocols-Taxi/Livery* and/or OMIG Audit Protocols-*Ambulette*.

Approved by:

Mark R Algier — Date 4/24/2017
Governing Board Chairman

Tracey Rogers — Date 04/19/17
Executive Director

Belinda Hood — Date 4/24/2017
Compliance Officer

Appendix A Code of Conduct

Policy: The Institute for Human Services, Inc. (IHS) Governing Board, personnel, volunteers, and interns shall maintain high standards of ethical conduct and will comply with and assist IHS in complying with all applicable laws, regulations, guidance materials, policies, and third-party payor program requirements.

PROCEDURE

IHS's Governing Board, personnel, volunteers, and interns (hereafter referred to as IHS) shall comply with the following policies and standards:

1. Ethical and professional standards. IHS shall comply with and perform services consistent with high ethical and professional standards. Clients, co-workers, and others will be treated in a professional manner with honesty, fairness, dignity, and respect.

2. IHS policies and procedures. IHS shall comply with all applicable policies and procedures. IHS shall fully cooperate with any internal or external investigation. Failure to cooperate will result in disciplinary action up to and including termination.

3. Laws, regulations, and program requirements. IHS shall comply with all applicable federal and state laws, regulations, and third-party payor program requirements.

4. Non-discrimination. IHS shall not discriminate against personnel, clients, volunteers, or others based on race, color, sex, religion, age, national origin, ancestry, disability, or sexual orientation.

5. Offering or receiving items of value to induce referrals. IHS shall not offer, pay, induce, or accept anything of value in exchange for healthcare referrals without first obtaining approval from the Compliance Officer who shall consult with an attorney, prior to undertaking any activity regarding referral sources.

This applies to offering or receiving any money, gifts, free or discounted items or services, professional courtesies, or other arrangements to illegally induce referrals.

7. Improper incentives to Medicare or Medicaid beneficiaries. Inducements to Medicare, Medicaid, or other government beneficiaries may violate applicable law. IHS shall not offer any other discount, gift, free items or service, or other inducements to such government beneficiaries without first obtaining approval from the Compliance Officer.

8 Inappropriate billing activities. IHS shall not engage in false, fraudulent, improper, or questionable billing practices. Such activities include, but are not limited to:

a. Billing for items or services that were not actually rendered.
d. Submitting a claim for payment without adequate documentation to support the claim.
f. Improperly altering medical travel records.
h. Using a billing code that provides a higher payment rate than the correct code.
j. Submitting more than one claim for the same service (i.e., "duplicate billing").

9. Unfair competition and deceptive trade practices. IHS is prohibited from engaging in collusive discussions with competitors over such things as prices, employee wages, services to be rendered or eliminated, or division of clients or client services without the Compliance Officer's prior approval.

10. Privacy and confidentiality. IHS is prohibited from accessing patient information unless they have a need to access the information because of their job duties. To the extent feasible and allowed by law, IHS shall maintain the confidentiality of communications and records containing confidential information concerning co-workers, communications, and records relating to IHS confidential financial or business operations, trade secrets, credentialing or peer review actions. This section shall not be construed to prohibit activity protected by the National Labor Relations Act.

12. <u>Questions concerning the Compliance Program</u>. IHS Governing Board, personnel, volunteers, and interns shall seek support from the Compliance Officer.

13. <u>Report suspected violations</u>. IHS has an obligation to repay money it improperly receives from the Medicaid program within 60 days. It is essential that IHS:

a. Comply with applicable laws, regulations, and policies

b. Immediately report suspected violations or compliance concerns to the Compliance Officer as set forth in the compliance program. Anonymous reports may be made by depositing the report in the designated compliance report lock box. The failure to report a suspected violation may subject IHS Governing Board, personnel, volunteers, and interns to appropriate discipline up to and including termination of employment, internship, and or volunteer opportunity.

c. Comply with all investigations implemented by the Compliance Officer.

14. <u>Non-retaliation and non-intimidation</u>. IHS Governing Board, personnel, volunteers, and interns shall not intimidate or retaliate against any person for reporting a suspected violation of any law, regulation, program requirement, or IHS policies relevant to the Compliance Program.

15. <u>Mandatory reporting.</u> The Institute for Human Services, Inc. is required to certify to the New York State Office of the Medicaid Inspector General (OMIG), using a form provided by the OMIG on its Web site, that a compliance program meeting the requirements of 18 NYCRR 521.3 is in place and is effective.

All IHS Governing Board, personnel, volunteers, and interns shall be required to review the Code of Conduct and sign below confirming that they have reviewed the Standards as set forth below.

Printed Name _____

Signature_____Date / /

My signature above indicates that I have read the IHS Medicaid Corporate Compliance Plan. I have been provided with an opportunity to ask questions about the IHS Medicaid Corporate Compliance Plan, and if I had any questions they were satisfactorily answered. I understand, the IHS Medicaid Corporate Compliance Plan. Additionally, my signature indicates my commitment to the policies, procedures, laws, and regulations set forth within the IHS Corporate Compliance Plan.

Appendix B Disciplinary Policy

Policy Area: Compliance Program	Subject: Non-Compliance
Title: Disciplinary Action	Policy Number: C-4
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad

Rationale: The Institute for Human Services, Inc. (IHS) has implemented and maintains a Compliance Program with all required elements as outlined in Social Security Law Section 363-d and Part 521, entitled "Provider Compliance Programs," of Title 18 of the Codes, Rules, and Regulations of the State of New York.

Policy: Institute for Human Services employees, governing board, volunteers, and interns shall comply with the requirements of the Medicaid program and the policies and procedures of Institute for Human Services Compliance Program and code of conduct. All employees, governing board, volunteers, and interns will be subject to progressive disciplinary action if any investigation reveals that the employee participated in, directed, or coerced non-compliant behavior.

Employees, governing board, volunteers, and interns	1. Must comply with the compliance program and code of conduct 2. Must refrain from engaging in non-compliant behavior. 3. Must immediately report any request to complete non-compliant activities. 4. Examples of noncompliant behavior include, but are not limited to: 1. Accepting gratuities from a vendor of any kind including, but not limited to, free service. 2. Steering Medicaid transportation to a specific vendor for any reason. 3. Knowingly dismissing a vendor's action of providing a higher level of transport than is needed. 4. A peer, supervisor, or manager requesting you to perform a non-compliant function, even if you do not carry out request. 5. Sharing personal information of a recipient for personal benefit or with any non-MAS employee not involved in recipients' care, not in the hours of scheduled work hours. 6. Engaging in collusive agreements with other vendors. 7. Providing inaccurate codes for service. 8. Falsifying trip logs.
Compliance Committee	1. Reviews all investigation reports and corrective actions. 2. Approves corrective action plans and disciplinary action.

All employees, governing board, volunteers, and interns will be subject to progressive disciplinary action if any investigation reveals that the employee participated in, directed, or coerced non-compliant behavior.

Appendix C Compliance Training and Education

Policy Area: Compliance Program	Subject: Training
Title: OMIG Training	Policy Number: C-5
Effective Date 4/24/2017	Corresponding Form number: F-C-1
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date 7/28/2020	Written by: B. Hoad
Rationale: The Institute for Human Services, Inc. (IHS) has implemented and maintains a Compliance Program with all required elements as outlined in Social Security Law Section 363-d and Part 521, entitled "Provider Compliance Programs," of Title 18 of the Codes, Rules, and Regulations of the State of New York.	
Policy: All employees, governing board, volunteers, and interns will participate in orientation and annual refresher education. Any employee, governing board, volunteer, and intern that fails to attend the required training will be subject to disciplinary action up to and including termination.	

Employees, governing board, volunteers, and interns	1. Participate in a compliance orientation training, prior to accepting trips, and within the first 30 days of affiliation with IHS. The training will review the code of conduct, disciplinary policies, and anti-retaliation policy. 2. Participate in an annual compliance training to be completed prior to December 31st of each year. The compliance officer will develop a compliance training tracking system to ensure that all governing board members, employees, volunteers, and interns receive the necessary training.
Honorary Board Members	1. Honorary board members will not be required to complete the annual training as they are not involved in the oversight or direction of IHS's programs.
Compliance Officer	1. Facilitates compliance training for employees, governing board, volunteers, and interns as scheduled by the department director. 2. Maintains a training tracking system. 3. Maintains a certification file for all employees, governing board, volunteers, and interns.
Contract Employees	1. Contract staff will be exempt from IHS Compliance training because they do not direct or carry out IHS mission services and follow the host agency trainings, guidelines, regulations.
Compliance Committee	1. Reviews records to ensure completion.

Organizational Reporting Structure
The Compliance Officer shall report directly to the Executive Director of Institute for Human Services, Inc. The Compliance Officer shall have monthly meetings with the Executive Director to discuss compliance related issues, topics, and concerns. The Compliance Officer will prepare a board report at least annually to communicate the effectiveness of the compliance program to the IHS Board of Directors.

Compliance Staff
The Institute for Human Services, Inc. has appointed an employee to be its Compliance Officer. The Compliance Officer, Belinda Hoad, does have other responsibilities as the Director of Mobility Management. However, the Institute for Human Services promises to revisit the responsibilities of the Compliance Officer if the Compliance Program is not effective and/or does not meet the standards of the New York State Office of the Medicaid Inspector General.

Communication, Anonymous, and Good Faith Reporting
The Institute for Human Services, Inc. is committed to maintaining the integrity of its business operations and the anonymity of good faith reporters. The Institute for Human Services, Inc. has established three methods for reporting compliance issues:

1. The lock box located at IHS office building at 50 Liberty Street Bath, N.Y. is secure and maintained by the Compliance Officer. Anonymous complaints may be made using the lock box.
2. The IHS compliance email address, compliance@ihsnet.org, is an acceptable manner to report suspected Medicaid violations or violations of the Medicaid Corporate Compliance Program.
3. Complaints may be labeled “Confidential” and mailed to the Compliance Officer as follows:

Shannon Goltry
1 Arc Way Suite 201
Bath, N.Y. 14810

All complaints, records, and reports will be kept confidential to the extent consistent with applicable law and the requirements of an investigation.

Medical Necessity and Quality of Care
The Institute for Human Services only accepts Medicaid transportation trips assigned by Medical Answering Services (“MAS”), New York State Medicaid Transportation Broker. MAS is responsible for ensuring that the recipient is Medicaid eligible on the service date. The Institute for Human Services is prohibited from accepting Medicaid trips from any other source.
All trips assigned to the volunteer driver by the Institute for Human Services employees will be reimbursable. It is not permissible for a volunteer driver to schedule appointments directly with a recipient.
The Institute for Human Services prides itself on delivery of personalized, compassionate, and professional transportation services. All the volunteer drivers are trained in HIPPA compliance, have their MVR reviewed, participate in the LENS program, and have a background check completed prior to accepting assignments.

Appendix D Compliance Review Committee

Policy Area: Compliance Program	Subject: Compliance
Title: Compliance Committee	Policy Number: C-2
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad
Rationale: The Office of Medicaid Inspector General requires that all entities that receive $500,000 or more annually in Medicaid funding participate in a Medicaid Compliance Program. The Compliance Committee is comprised of senior management from each affect department.	
Policy: The Compliance Committee shall meet quarterly to review changes in the Medicaid program and subsequent changes to Institute for Human Services policies and procedures, recipient complaint/concern log(s), reports of non-compliance, employee training activities, results of recipient and vendor satisfaction surveys, issues raised during employee background checks, internal audit findings, if applicable, concerns raised by said audits, and any other matters as deemed necessary to discuss by the Compliance Committee.	
Compliance Committee	1. Review all reports, investigations, and remediation to address identified areas of concern. 2. Review all investigation reports and plans of corrective actions. 3. The Compliance Program and its policies and procedures shall be reviewed annually or as needed by the Compliance Officer and/or Compliance Committee to include changes in the Medicaid program requirements. 4. All revised and modified compliance plan components will be distributed to all affected employees, board members, volunteers and interns within 30 days of being finalized. 5. Changes in the identity or responsibilities of the Compliance Officer or Compliance Committee members will be reported to OMIG in writing 15 days after said change. 6. Review compliance training requirements to ensure that training is adequate. 7. Prioritize and rank areas of concern on an annual basis.
Employees, Board Members, Volunteers, and interns	1. Shall certify in writing that they have received, read, understood, and shall comply with Institute for Human Services Compliance Program and related policies within 30 days of assignment. 2. Shall certify in writing that they have received, read, understood, and shall comply with Institute for Human Services revision of the Compliance Program and related policies, 30 days after distribution.
Compliance Officer	1. The Compliance Officer or designee shall retain all certifications.

Appendix E Billing and Payments

Policy Area: Compliance Program	Subject: Billing and Payments
Title: Billing	Policy Number: C-6
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad
Rationale: The Office of Medicaid Inspector General requires that all entities that receive $500,000 or more annually in Medicaid payments must participate in a Medicaid Compliance Program. Office of Medicaid Inspector General and the NYS Department of Health require all providers to be honest in its billing practices.	
Policy: The Institute for Human Services, Inc. will attest to its billing only when there is sufficient documentation to verify that Transportation was provided to a medical appointment. Billing for services without sufficient documentation will result in disciplinary action up to and including termination or employment or assignment.	
Director, Coordinated Transportation Services Finance	1. All attestations will be verified with the volunteer driver logs and Medical Answering Services reservations. In accordance with Title 18 NYCRR §504.3(a) and 517.3(b), transportation providers will be reimbursed only when contemporaneous, complete, and verifiable records are available upon request to the State in connection with an audit, investigation, or inquiry. The Transportation Manual – Policy Guidelines Version 2016-2 April 1, 2016 Page 7 of 65 documentation below is required for every leg of a trip and must be maintained for a period of seven years following the date of payment. If any of the required information is incomplete, or deemed unacceptable or false, any relevant paid reimbursement will be returned. Required Trip Log Information: 1. The full printed name and signature of the driver providing the transport attesting that the referenced trip was completed. 2. The Medicaid enrollee's name and Medicaid identification number 3. The date of the transport 4. Both the origination of the trip and time of pickup 5. Both the destination of the trip and time of drop off 6. The vehicle license plate number 7. The driver's license number 2. The trip log mileage will be verified with the payment amount for each trip. 3. Any discrepancy will be corrected within 60 days. 4. All billing records shall be maintained and remain on file for a period of at least 7 years from the date of payment. 5. The Compliance Officer will be notified of all erroneous billing immediately.

	1. Will immediately report all revenue received from Medicaid to Director of Coordinated Transportation. 2. Will supply the Director, Coordinated Transportation with documentation included with received payments. 3. Upon discovery of all erroneous billing, the Institute for Human Services will self-disclose the overpayment to the New York State Department of Health and the Office of Medicaid Inspector General immediately.

Appendix F Compliance Officer/Investigations

Policy Area: Compliance	Subject: Investigations
Title: Compliance Officer	Policy Number: C-3
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad
Rationale: Investigations must be conducted in a fair and reasonable manner.	
Policy: The Institute for Humans Services, Inc. shall name a compliance officer who implements and coordinates compliance activities in accordance with Social Services Law 363-d and 18 NYCRR Part 521. The Institute for Human Services, Inc. shall make the Compliance Officer available to all Governing Board, employees, volunteers, and interns. The lines of communication available to IHS personnel comply with the Office of the Medicaid Inspector General's guidelines.	
Executive Director	1. The Institute for Human Services, Inc. shall designate a Compliance Officer who implements and coordinates compliance activities in accordance with Social Services Law 363-d and 18 NYCRR Part 521. 2. The Institute for Human Services, Inc. shall maintain a lock box on site for employees to anonymously disclose any issues or questions related to The Institute for Human Services, Inc. policies, procedures, Compliance Program, Code of Conduct, and/or compliance with any aspect of the Medicaid program. 3. The Institute for Human Services, Inc. shall post the Compliance Plan, the Compliance Officer's name, telephone number, and address on its website for the community, Governing Board, employees, volunteers, and interns to access.
Compliance Officer	1. Shall gather all relevant information, in the event a report is made, from the reporting individual. 2. If a compliance issue arises, the Compliance Officer and/or his or her designee, depending upon the nature and seriousness of the allegation, will determine the action to take in response to the issue. 3. If an investigation is deemed necessary, the Compliance Officer and/or his or her designee, depending upon the issue, will promptly take steps necessary to conduct an internal investigation. 4. If the Compliance Officer discovers that a department's or individual's level of compliance is unacceptable, the Compliance Officer may impose a plan of corrective action, which may include monitoring of an individual, department or specific process on a more frequent basis. Corrective actions and sanctions for non-compliance will be addressed as outlined above, including, where appropriate, disciplinary action. 5. Maintain a complaint/concern log to include a record and summary of all complaints/concerns received, the status of internal reviews if applicable, and the corrective action plans instituted if necessary. The complaint log shall be available to OMIG upon request.

Appendix G Compliance Officer Job Description

Institute for Human Services, Inc.

Position Title: Corporate Compliance Officer

Reporting Relationship: Reports directly to the Executive Director

General Summary of Duties: The Corporate Compliance Officer oversees the Corporate Compliance Program, functioning as an independent and objective individual that reviews and evaluates compliance issues/ concerns with the organization. The individual is responsible for the day-to-day operations of the Compliance Program and will strive to ensure that the Board of Directors, management and employees are following the rules and regulations of regulatory agencies, that company policies and procedures are being followed, and that behavior in the organization meets the company's Code of Conduct.

The Corporate Compliance Officer exists: As a channel of communication to receive and direct compliance issues to appropriate resources for investigation and resolution, and

As a final internal resource with which concerned parties may communicate after other formal channels and resources have been exhausted.

Essential Responsibilities of the Position:

1. Implement and manage the organization's Compliance Program, including but not limited to designing, implementing, and monitoring an annual work plan; developing, revising, and enforcing policies; coordinating execution of internal (and external, if deemed necessary) audits; monitoring corrective actions; overseeing exclusion screens; and promoting a culture of compliance.
2. Endeavor that compliance activities continually meet all regulatory expectations by maintaining current, in-depth knowledge of regulations, policies, program requirements, and adapting the Compliance Programs in response thereto.
3. Responds to alleged violations of rules, regulations, policies, procedures, and Standards of Conduct by evaluating or recommending the initiation of investigative procedures. Develops and oversees a system for uniform handling of such violations. Consults with an attorney as needed to resolve difficult legal compliance issues.
4. Chairs the Compliance Committee which in turn acts as an independent review and evaluation body to ensure that compliance issues/concerns within the organization are being appropriately evaluated, investigated, and resolved.
5. Identifies potential areas of compliance vulnerability and risk; develops and implements corrective action plans for resolution of problematic issues, and provides general guidance on how to avoid or deal with similar situations in the future.
6. Provides reports on a regular basis, and as directed or requested, to keep the Corporate Compliance Committee and senior management informed of the operation and progress of compliance efforts.
7. Establishes and provides direction and management of the Compliance email address/mailbox.
8. Institutes and maintains an effective compliance communication program for the organization, including promoting (a) use of the Compliance email; (b) heightened awareness of the Code of Conduct, and (c) understanding of new and existing compliance issues and related policies and procedures.

9. Develops an effective compliance training program, including appropriate introductory training for new employees, volunteers, and board members as well as ongoing training for all employees and managers.

Required knowledge and Skills:

1. Familiarity with operational requirements, financial, quality assurance, and human resource policies and procedures and regulations.
2. Comfort performing hands-on work as well as assisting in strategic projects.
3. Results-oriented perspective and commitment to operational excellence.
4. Ability to follow specific protocols, policies and procedures.
5. Ability to establish priorities and work in a multi-tasking environment.
6. Skill in identifying and resolving problems.

Qualifications:

1. Bachelor's degree in business, community services, administration or relevant field, master's preferred.
2. A minimum of three years of experience working in regulatory compliance, policies and procedures development, or risk management.

Appendix H Anti-Retaliation and Anti-Intimidation

Policy Area: Compliance	Subject: Anti-Retaliation and Anti-Intimidation
Title: Anti-Retaliation and Anti-Intimidation	Policy Number: C-8
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad
Rationale: The Institute for Human Services, Inc. requires directors, officers, employees, volunteers, and interns to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the Institute for Human Services, Inc. we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.	
Policy: This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns internally so that the Institute for Human Services, Inc. can address and correct inappropriate conduct. It is the responsibility of all Governing Board members, officers, employees, volunteers, and interns to report concerns about violations of the Institute for Human Services, Inc.'s Code of Conduct, this Corporate Compliance Plan, or suspected violations of law or regulations that govern the Institute for Human Services, Inc.'s operations. It is contrary to the values of the Institute for Human Services, Inc. for anyone to retaliate against, or intimidate, any Governing Board member, officer, employee, volunteer, or intern who in good faith reports a potential ethics violation, or a suspected violation of law, such as a complaint of discrimination, or suspected fraud, or suspected violation of any regulation or policy governing the operations of the Institute for Human Services, Inc. An employee who retaliates against someone who has reported a potential violation in good faith is subject to discipline up to and including termination of employment.	
Reporting Potential Violations: The Institute for Human Services, Inc. has an open-door policy and suggests that employees share their questions, concerns, suggestions, or complaints with their supervisor. If you are not comfortable speaking with your supervisor about the matter, or you are not satisfied with your supervisor's response, you are encouraged to speak with any member of the management team, such as the Compliance Officer. Supervisors and managers are required to report complaints or concerns about suspected ethical and legal violations in writing to the Institute for Human Services, Inc.'s Compliance Officer who has the responsibility to investigate all reported complaints. Violations or suspected violations may be submitted on a confidential basis by the complainant. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.	
Anyone filing a written or verbal complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove to be unsubstantiated and which prove to have been made maliciously, or were known to be false, will be viewed as a serious disciplinary offense. Any employee who violates this policy is subject to disciplinary action, up to and including termination of employment.	

Appendix I Self-Disclosure

Policy Area: Compliance	Subject: Self Disclosure
Title: Self Disclosure	Policy Number: C-9
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad
Rationale: The Institute for Human Services, Inc. is committed to providing quality service in the most efficient, honest, and transparent manner possible.	
Policy: All attestations will be verified with the volunteer driver logs and Medical Answering Services reservations. In accordance with Title 18 NYCRR §504.3(a) and 517.3(b), transportation providers will be reimbursed only when contemporaneous, complete, and verifiable records are available upon request to the State in an audit, investigation, or inquiry.	
Director of Coordinated Transportation Compliance Officer	1. Checks driver log and matches to Medical Answering Services reservation. 2. Ensures that the driver logs have the following: 1. the full printed name and signature of the driver providing the transport. 2. an attestation by the driver attesting that the referenced trip was completed. 3. The Medicaid enrollee's name and Medicaid identification number. 4. The date of the transport. 5. Both the location of the origination of the trip and the time of pickup. 6. Both the location of the destination of the trip and the time of drop off. 7. The vehicle license plate number; and 8. The driver's license number. 9. Any discrepancy will be corrected within 60 days. 10. The Compliance Officer will be notified of all corrected billings and overpayments. 11. Provides a written explanation of all corrected billings. 1. The Compliance Officer will investigate the corrected billing and overpayments to ensure thoroughness, determine the root cause of the error, and provide follow up. 2. Perform quality inspection of driver logs.
Any employee who violates this policy is subject to disciplinary action, up to and including termination of employment.	

Appendix J Credentialing

Policy Area: Compliance	Subject: Compliance
Title: Credentialing	Policy Number: C-7
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad
Rationale: The Institute for Human Services, Inc. is committed to providing quality service in the most efficient, honest, and transparent manner possible.	
Policy: The Institute for Human Services, Inc. will check the Medicaid Exclusion list before placing any employees, governing board, volunteer, or interns in a Medicaid service delivery capacity. Furthermore, the Institute for Human Services, Inc. requires that all employees governing board members, volunteers, and interns disclose all exclusion, debarment, and inability to participate in the Medicaid and Medicare program immediately.	
Compliance Officer/Designee	1. Will check each employee, governing board, volunteers, and interns in the Medicaid Exclusion list at https://exclusions.oig.hhs.gov/ prior to placement in a Medicaid program. 2. Will check each employee, governing board, volunteers, and interns in the Medicaid Exclusion list at https://exclusions.oig.hhs.gov/ monthly. 3. Will check each governing board in the Medicaid Exclusion list at https://exclusions.oig.hhs.gov/ at least annually. 4. The Institute for Human Services, Inc. will promptly remove any person from service upon an employee, governing board member, volunteer, or intern's self-disclosure of exclusion. 5. The Institute for Human Services, Inc. will promptly return any payments received from Medicaid for services delivered by a person on the exclusion list upon discovery. 6. The Institute for Human Services, Inc. will not bill for services if at any time any employee, governing board member, volunteer, or intern is added to any State or federal Medicaid exclusion list. 7. A copy of the results will be maintained in the employee's, board member's, volunteer's, and intern's file. All files will be maintained for a period of at least 7 years from the date of separation.
Any employee who violates this policy is subject to disciplinary action, up to and including termination of employment.	

Appendix K Auditing

Policy Area: Compliance	Subject: Auditing
Title: Compliance Auditing	Policy Number: C-10
Effective Date 4/24/2017	Corresponding Form number:
Approval Date 4/24/2017	Approved by: IHS Board of Directors
Revision Date	Written by: B. Hoad
Rationale: The New York State Office of the Medicaid Inspector General requires that Medicaid providers that are legally required to have a compliance program conduct auditing of all its Medicaid programs.	
Policy: The Institute for Human Services, Inc. Compliance Officer or designee shall perform at least two internal (or external, if deemed necessary) audits annually.	
Compliance Officer/Designee	1. The Compliance Officer or designee shall perform internal (or external, if deemed necessary) audits at least quarterly and a self-assessment annually. 2. Audits shall focus on recipient complaints/ concerns, reports of non-compliance, employee training activities, Transportation trip logs, Billing, Volunteer driver information log, and employee exclusion checks. 3. The results of these audits will be reviewed with the Compliance Committee. 4. An audit report with recommendations, if necessary, will be provided to the Executive Director monthly.

EXAMPLES OF MEDICAID TRANSPORTATION PROVIDER RISK AREAS: The Institute for Human Services Has identified the following risk areas that will be monitored:

1. The identified risk areas may include the following:

   a. billing for services not actually rendered.

   b. duplicate billing for services rendered.

   c. insufficient documentation for services for which reimbursement is claimed.

   d. failure to provide proper governance oversight.

   e. failure to notify Medicaid of a known overpayment or to return overpayments from Medicaid.

   f. operating vehicles, either directly or through an agent(s), that are not currently registered, inspected, insured, and free from violations of the Vehicle and Traffic Law or other applicable laws.

   g. using drivers that do not possess current, valid and appropriate driver's licenses.

   h. using drivers who presently do not have the privilege to operate a motor vehicle in the State of New York.

   i. using drivers or other employees/staff/agents/contractors who have been excluded from the Medicaid program.

   j. Failing to obtain prior authorization of taxi and livery services in order to ensure that a Medicaid enrollee uses the means of transportation most appropriate to his medical needs; additionally, orders for taxi/livery services shall be made in advance by either the enrollee or the enrollee's medical provider; and

   k. such other areas as the Compliance Officer may reasonably determine.