

## MHACGC - Mental Health Association of Columbia-Greene Counties, Inc.

### Code of Conduct Training Information

Dear MHACGC Colleague,

The true foundation of MHACGC has always been its commitment to provide quality care to our clients. As part of this, we strive to ensure an ethical and compassionate approach to the delivery and management of our services. We must demonstrate consistently that we act with absolute integrity in the way we do our work.

This Code of Conduct, provides guidance to ensure that our work is done in an ethical and legal manner. It emphasizes the shared common values which guide our actions. It contains resources to help resolve any questions about appropriate conduct in the workplace. Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is critical to our future.

If you have questions regarding this Code or encounter any situation which you believe violates provisions of this Code, you should immediately consult your Supervisor, your Division Director, or the Corporate Compliance Officer. All discussions will result in notification of the Compliance Officer, whether directly by the employee or indirectly by the Supervisor or Division Director, unless such complaint involves the Compliance Officer, in which case the Executive Director will be notified. You have our personal assurance there will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

We are committed to those ideas reflected in our Mission and Values Statement and in this Code of Conduct (see employee introduction). We are equally committed to assuring that our actions consistently reflect our words. We want this organization to reflect shared values, and we expect all of our staff members' actions to reflect the high standards set forth in this Code of Conduct. No code of conduct can substitute for our own internal sense of fairness, honesty, and integrity.

Thus, if you encounter a situation or are considering a course of action which may be technically within the guidelines of the Code of Conduct, but you are worried that the contemplated action simply “does not feel right,” please discuss the situation with any of the resources listed above. In closing, we trust you as a valuable member of our behavioral healthcare team. We ask you to assist us and all of our colleagues in this organization in supporting the values and principles which are critical to achieving our mission.

Sincerely,

David Rossetti  
Executive Director

Michael H. Gelfand  
Corporate Compliance Officer

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(All references to “MHACGC” or the “organization” in this Code of Conduct refer to MHACGC - Mental Health Association of Columbia-Greene Counties, Inc..)

### **MHACGC Mission and Vision Statement**

Our Mission is to provide education and advocacy and to create opportunities that enhance the mental health and well-being of individuals, families, and communities.

Our vision is to be a community leader in education, prevention, rehabilitation and recovery, and ensure inclusion and fair treatment of people with mental illness.

We are committed to providing quality, relevant, and accessible services to children, families, and adults who are affected by emotional trauma and mental illness. We believe that those we serve all have potential and deserve our respect. We believe that those we work with have the ability, to varying degrees, to recover, and that it is our job to help them with this process. We are here to assist people in the process of change, not to “change them”. We believe that society in general is better off when it is able to embrace and accept people with disabilities. This is why we provide community education and legislative advocacy. This is also why we use ‘people first language’ (e.g. “people with mental illness” not “the mentally ill”). This philosophy is key to our work and it is important that all staff work with this in mind.

### **Purpose of Our Code of Conduct**

Our Code of Conduct provides guidance to all MHACGC staff members and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with participants, other community service providers, affiliated physicians, third-party Payors, independent contractors, vendors, consultants, and one another.

The Code is a critical component of our overall Ethics and Compliance Program. We have developed the Code to ensure that we meet our ethical standards and comply with applicable laws, regulations, and policies as appropriate. The policies set forth in this Code are mandatory and must be followed.

### **Leadership Responsibilities**

While all MHACGC staff are obligated to follow our Code, we expect our leaders to set the example, to be in every respect a model. They must ensure that staff have sufficient information to comply with law, regulation, and policy; as well as the resources to resolve ethical dilemmas. They must help to create a culture within MHACGC which promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to identify and raise concerns when they arise.

### **Our Fundamental Commitment to Stakeholders**

We affirm the following commitments to MHACGC stakeholders:

**To our participants:** We are committed to providing quality, relevant and accessible services.

**To our MHACGC employees and sub-contractors:** We are committed to a work setting which treats all employees, volunteers and sub-contractors with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment in which all ideas are considered.

**To our third-party Payors:** We are committed to dealing with our third-party Payors in a way that demonstrates our commitment to contractual obligations and reflects our shared concern

for quality behavioral healthcare and bringing efficiency and cost effectiveness to healthcare. We encourage our private third-party Payors to adopt their own set of comparable ethical principles to explicitly recognize their obligations to participants as well as the need for fairness in dealing with providers.

**To our regulators:** We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into the corporate culture. We accept the responsibility to aggressively self-govern and monitor adherence to the requirements of law and to our Code of Conduct.

**To the communities we serve:** We are committed to understanding the particular needs of the communities we serve and providing these communities quality, cost-effective behavioral healthcare. We realize as an organization that we have a responsibility to help those in need.

**To our volunteers:** The concept of voluntary assistance to the needs of participants and their families is an integral part of the fabric of behavioral healthcare. We are committed to ensuring that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their volunteer efforts.

### **Relationships with Our Behavioral Healthcare Partners**

#### ***Participant Care and Rights***

Our mission is to provide quality services to all of our participants. We treat all people with respect and dignity and provide care that is both necessary and appropriate. We make no distinction in the admission, transfer or discharge of individuals or in the care we provide based on race, gender, color, religion, sexual orientation, or national origin. The provision of services is based on identified behavioral healthcare needs.

Upon admission to treatment programs, each participant is provided with a written statement of Consumer Rights. This statement includes the rights of the individual to make decisions regarding mental health care and conforms to all applicable state and Federal laws regarding his or her mental health treatment.

We assure participants' involvement in all aspects of their care and obtain informed consent for treatment. As applicable, each participant or their representative is provided with a clear explanation of care, which may include diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, and an explanation of the risks and benefits associated with available treatment options where applicable. Individuals have the right to request transfers to other facilities/providers. In such cases, the person will be given an explanation of the benefits, risks, and alternatives.

Participants and their representatives will be accorded appropriate confidentiality, privacy, security and protective services, and an opportunity for resolution of complaints.

Participants are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care. MHACGC staff will receive training about Consumer Rights in order to clearly understand their role in supporting them.

Compassion and care are part of our commitment to the communities we serve. We strive to provide mental health education, and the awareness of mental health issues, as part of our efforts to improve the quality of life of our participants and our communities.

### ***Participant Information***

We collect information about the participants' psychiatric condition, history, medication, and family health to provide the best possible care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. We protect information as required under the Health Insurance Portability Act of 1996 (HIPAA) and its related regulations and New York State Law and Regulations. For more information on how we use and disclose protected information, see our Notice of Privacy Practices.

MHACGC colleagues must never disclose confidential information that violates the privacy rights of our participants. No MHACGC staff, affiliated physician, or other care provider shall have access to any participant information other than that necessary to perform his or her job.

Participants can expect that their privacy will be protected and that participant specific information will be released only to persons authorized by law or pursuant to the participant's written consent. In an emergency situation, when requested by an institution or physician treating the individual, consent is not required, but the name of the institution and the person requesting the information must be verified. Instances such as these will be documented in the participant's program chart.

### **Referral Sources**

We do not accept or provide payments for referrals. No MHACGC staff or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of individual's to our programs. Similarly, when making referrals to another provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us.

### **Third-Party Payors**

#### ***Coding and Billing for Services***

We will take great care to assure that all billings to government and to private insurance Payors reflect truth and accuracy and conform to all pertinent Federal and State laws and regulations. We prohibit any agent of MHACGC from knowingly or recklessly presenting or causing to be presented claims for payment or approval which are false, fictitious, or fraudulent.

We will operate oversight systems designed to verify that claims are submitted only for services actually provided and that services are billed as provided. These systems will emphasize the critical nature of complete and accurate documentation of services provided. As part of our documentation effort, we will maintain current and accurate records, as prescribed by law or regulations.

Any subcontractors engaged to perform billing or coding services must have the necessary skills, quality assurance processes, systems, and appropriate procedures to ensure that all billings for government and commercial insurance programs are accurate and complete. MHACGC prefers to contract with such entities that have adopted their own ethics and compliance programs. Third-party billing entities, contractors, and preferred vendors must be approved consistent with the corporate policy on this subject.

### **Cost Reports**

Our business involves reimbursement under government programs which require the submission of certain reports of our costs of operation. We will comply with Federal and State laws relating to all cost reports. These laws and regulations define what costs are allowable and outline the

appropriate methodologies to claim reimbursement for the cost of services provided to program participants. Given their complexity, all issues related to the completion and settlement of cost reports must be communicated through or coordinated with our Fiscal Department.

### **Regulatory Compliance**

These services generally may be provided only pursuant to appropriate Federal, state, and local laws and regulations. Such laws and regulations may include subjects such as certificates of need, licenses, accreditation, access to treatment, consent to treatment, record-keeping, access to records and confidentiality, Consumer Rights, and Medicaid regulations. The organization is subject to numerous other laws in addition to these regulations.

In order to ensure that we fully meet all regulatory obligations, MHACGC staff must be informed about stated areas of potential compliance concern. The Department of Health and Human Services, and particularly its Inspector General, as well as New York's Office of the Medicaid Inspector General have routinely notified healthcare providers of areas in which these government representatives believe that insufficient attention is being accorded to government regulations. We should be diligent in the face of such guidance about reviewing these elements of our system to ensure their correctness.

MHACGC will provide its staff with the information and education they need to comply fully with all applicable laws and regulations.

We will comply with applicable laws and regulations. All staff members, must be knowledgeable about and ensure compliance with all laws and regulations; and should immediately report violations or suspected violations to a Supervisor, Division Director or the Compliance Officer.

MHACGC will be forthright in dealing with any billing inquiries. Requests for information will be answered with complete, factual, and accurate information. We will cooperate with, and be courteous to, all government inspectors and provide them with the information to which they are entitled during an inspection. Staff should contact his or her supervisor and the Compliance Officer if an inspector comes to the facility or inquires by telephone. Documents or charts should only be released with appropriate management approval.

During a government inspection, staff must never conceal, destroy, or alter any documents, lie, or make misleading statements to the government representative. There should not be an attempt to cause another colleague to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law. Staff should contact management and the Compliance Officer in these situations.

### **Business Information and Information Systems**

#### ***Accuracy, Retention, and Disposal of Documents and Records***

All MHACGC staff are responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure that records are available to defend our business practices and actions. No one may alter or falsify information on any record or document.

Medical and business documents and records are retained in accordance with the law and our record retention policy. Case records and business documents include paper documents such as letters and memos, computer-based information such as e-mail or computer files on disk, CD or



tape, thumb drives or other portable storage device and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records appropriately according to our policy. You must not tamper with records, nor remove or destroy them prior to the specified date.:

### ***Electronic Media***

All communications systems, electronic mail, Internet, Internet access, or voice mail are the property of the organization and are to be primarily used for business purposes. Highly limited reasonable personal use of the MHACGC communications systems is permitted; however, you should assume that these communications are not private. Participant or confidential information should only be sent through our secure portal provided by Zix Corp, through our email through G Suite. When sending a confidential email, the subject line must start with the word "Confidential:"

MHACGC reserves the right to periodically access, monitor, and disclose the contents of e-mail, and voice mail messages. Access and disclosure of individual employee messages may only be done with the approval of the Corporate Compliance Officer, the Human Resources Director and the IT Director.

Colleagues may not use internal communication channels or access to the Internet at work to post, store, transmit, download, or distribute any threatening; knowingly, reckless, or maliciously false; or obscene materials including anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Additionally, these channels of communication may not be used to send chain letters, personal broadcast messages, or copyrighted documents that are not authorized for reproduction; nor are they to be used to conduct a job search or open misaddressed mail.

Colleagues who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

### ***Financial Reporting and Records***

We will establish and maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to participants, staff, suppliers, and others. They are also necessary for compliance with tax and financial reporting requirements.

All financial information must reflect actual transactions and conform to generally accepted accounting principles. No undisclosed or unrecorded funds assets may be established. MHACGC maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets.

### **Workplace Conduct and Employment Practices**

#### ***Conflict of Interest***

A conflict of interest may occur if your outside activities or personal interests influence or appear to influence your ability to make objective decisions in the course of your job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract you from the performance of your job or cause you to use MHACGC resources for other than MHACGC purposes. It is your obligation to ensure that you remain free of conflicts of interest in the performance of your responsibilities at MHACGC. If you have any questions about whether an outside activity might constitute a conflict of interest, you must obtain the approval of your supervisor before pursuing the activity. You may not without permission from the Compliance Officer accept, solicit, or offer anything of value from anyone doing business with MHACGC, including any client, referring physician, vendor, contractor or other third party, if the gift or gratuity relates to, or results from your affiliation with MHACGC.

### ***Controlled Substances***

Some of our staff routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory agencies and must be administered by physician order only. It is extremely important that these items be handled properly and only by authorized individuals to minimize risks to us and to participants. If you become aware of the diversion of drugs from the organization, you should report the incident immediately.

### ***Diversity and Equal Employment Opportunity***

Our staff provide us with a complement of talents which contribute greatly to our success. We are committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect. We will comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions.

No one shall discriminate against any individual with a disability with respect to any offer, or term or condition, of employment. We will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

### ***Harassment and Workplace Violence***

Each MHACGC colleague has the right to work in an environment free of harassment. We will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace.

Any form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place at MHACGC.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking cases, violence directed at the employer, terrorism, and hate crimes committed by current or former colleagues. As part of our commitment to a safe workplace for our colleagues, we prohibit colleagues from possessing firearms, other weapons, explosive devices, or other dangerous materials on MHACGC premises. Colleagues who

observe or experience any form of harassment or violence should report the incident to their supervisor or to the Human Resources Department.

### ***Health and Safety***

All MHACGC facilities must comply with all government regulations and rules and with MHACGC policies or required facility practices that promote the protection of workplace health and safety. Our policies have been developed to protect you from potential workplace hazards. You should become familiar with and understand how these policies apply to our specific job responsibilities and seek advice from your supervisor or the site Safety Officer whenever you have a question or concern. It is important for you to advise your supervisor and the OSHA Coordinator for the site of any serious workplace injury or any situation presenting a danger of injury so that timely corrective action may be taken to resolve the issue. All situations of this type will be reported to the Human Resources Coordinator immediately.

### ***License and Certification Renewals***

Colleagues and individuals retained as independent contractors in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with Federal and state requirements applicable to their respective disciplines. To assure compliance, MHACGC will require evidence of the individual having a current license, the licensee's active registration and/or credential status. MHACGC will not allow any colleague or independent contractor to work without valid, active, current licenses or credentials.

### ***Personal Use of MHACGC Resources***

It is the responsibility of each MHACGC staff to preserve our organization's resources including time, materials, supplies, equipment, and information. Organizational assets are to be maintained for business related purposes. As a general rule, the personal use of any MHACGC asset is prohibited. The occasional use of items, such as copying facilities or telephones, where the cost to MHACGC is insignificant, is permissible. Any community or charitable use of organization resources must be approved in advance by your supervisor. Any use of organization resources for personal financial gain unrelated to MHACGC's business is prohibited.

### ***Relationships among MHACGC Employees***

In the normal day-to-day functions of an organization like MHACGC, there are issues that arise which relate to how people in the organization interact with one another. It is impossible to foresee all potential issues or concerns, and many do not require explicit treatment in a document like this. A few routinely arise, however. One involves gift giving among employees for certain occasions. While we wish to avoid any strict rules, no one should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances. A lavish gift to anyone in a supervisory role would clearly violate organization policy. Another situation, which routinely arises, is a fund-raising or similar effort, in which no one should ever be made to feel compelled to participate.

### ***Relationships with Subcontractors, Suppliers, and Educational Institutions***

We must manage our subcontractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. Our selection of subcontractors, suppliers, and

vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service, and maintenance of adequate sources of supply. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We will always employ the highest ethical standards and meet NYS regulations and guidelines in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities. We will not communicate to a third-party confidential information given to us by our suppliers unless directed in writing to do so by the supplier. We will not disclose contract pricing and information to any outside parties.

All MHACGC programs having relationships with an educational institution must have a written agreement which defines both parties' roles and the agency's retention of the responsibility for the quality of participant care.

### ***Research***

MHACGC is willing to participate in research projects which may benefit its participants. We expect high ethical standards to be followed. We do not tolerate intentional research misconduct. Research misconduct includes making up or changing results or copying results from other studies without performing the research.

All participants asked to participate in a research project are given a full explanation of alternative services that might prove beneficial to them. They are also fully informed of potential discomforts and are given a full explanation of the risks, expected benefits, and alternatives. The participants are fully informed of the procedures to be followed, especially those that are experimental in nature. Refusal to participate in a research study will not compromise their access to services.

All personnel applying for or performing research of any type are responsible for maintaining the highest ethical standards in any written or oral communications regarding their research projects as well as following appropriate research requirements and/or guidelines. As in all accounting and financial record keeping, our policy is to submit only true, accurate, and complete costs related to research projects or grants. All research projects must be approved by the Corporate Compliance Officer.

### ***Substance Abuse and Mental Acuity***

To protect the interests of staff and participants, we are committed to an alcohol and drug-free work environment. All employees, sub-contractors and volunteers must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol, having an illegal drug in your system, or using, possessing, or selling illegal drugs while on MHACGC work time or property may result in immediate termination. We may use drug testing as a means of enforcing this policy.

It is also recognized that individuals may be taking prescription drugs, which could impair judgment or other skills required in job performance. If you have questions about the effect of such medication on your performance, consult with your supervisor, and medical provider.

Employees who are arrested and convicted for off the job drug/alcohol activity, may be considered in violation of this policy. In determining what action to take, MHACGC will consider the nature of the charges, the employee's present job assignment, the employee's record with the Agency, the impact of the employee's conviction on MHACGC's ability to maintain efficient and productive operations and any other factor which MHACGC deems relevant under the circumstances.

### **Marketing Practices**

We may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and to recruit employees. We will present only truthful, fully informative, and non-deceptive information in these materials and announcements. All marketing materials including brochures will reflect services available. No payment of gift will be offered to any participant or potential participant as an inducement to receive MHACGC services.

### **Environmental Compliance**

It is our policy to comply with all environmental laws and regulations as they relate to our organization's operations. We will comply with all environmental laws and operate each of our facilities with the necessary permits, approvals, and controls. We will diligently employ the proper procedures with respect to handling and disposal of hazardous and biohazardous waste, including but not limited to medical waste.

In helping MHACGC comply with these laws and regulations, we will adhere to all requirements for the proper handling of hazardous materials. You should immediately alert your supervisor to any situation regarding the discharge of a hazardous substance, and improper disposal of medical waste.

### **Political Activities and Contributions**

The organization's political participation is limited by law. MHACGC funds or resources are not to be used to contribute to political campaigns or for gifts or payments to any political party or any of their affiliated organizations. Organizational resources include financial and non-financial donations such as using work time and telephones to solicit for a political cause or candidate or the loaning of MHACGC property for use in the political campaign. The conduct of any political action committee is to be consistent with relevant laws and regulations.

It is important to separate personal and corporate political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. You may, of course, participate in the political process on your own time and at your own expense. While you are doing so, it is essential that you not give the impression that you are speaking on behalf of or representing MHACGC in these activities. No political advertising is allowed on Agency property. You cannot seek to be reimbursed by MHACGC for any personal contributions for such purposes.

At times, MHACGC may ask colleagues to make personal contact with government officials or to write letters to present our position on specific issues. In addition, it is a part of the role of some MHACGC management to interface with government officials. If you are designated to make these communications on behalf of the organization, be certain that you are familiar with any regulatory constraints and observe them. Guidance is always available from Administration as necessary.

### **The Corporate Ethics and Compliance Program**

#### ***Program Structure***

The Corporate Ethics and Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics

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and compliance. That commitment permeates all levels of the organization. The Executive Director reports to the Board of Directors for the purposes of oversight. Other oversight includes a Corporate Compliance Committee consisting of a Corporate Compliance Officer, senior management, Board member, and possibly any others as needed. All of these individuals or groups are prepared to support you in meeting the standards set forth in this Code.

### ***Affected Employees and Others***

This Compliance Plan will most directly affect the following employees, contractors and volunteers: those employees who are employed by, and others who are affiliated with programs licensed by the New York State Office of Mental Health AND bill Medicaid or another payor for services. While we expect all employees, contractors, volunteers and board members to follow the code of Ethics and Corporate Compliance Plan and receive training and/or information regularly, the above referenced individuals are especially affected by the Plan.

Others affected by the Plan include the Consulting Psychiatrists, Interns and licensed professionals under contract who provide services for which MHACGC bills Medicaid, or other third parties as indicated and appropriate.

### ***Resources for Guidance and Reporting Violations***

To obtain guidance on an ethics or compliance issue or to report a suspected violation, you may choose from several options. We encourage the resolution of issues at a program level whenever possible. It is an expected good practice, when you are comfortable with it and think it appropriate under the circumstances, to raise concerns first with your supervisor. If this is uncomfortable or inappropriate, another option is to discuss the situation with the Division Director. You are always free to contact the Corporate Compliance Officer as well. In order for action to be taken, all formal complaints must be in writing. A copy of all complaints will be forwarded to the Corporate Compliance Officer, unless such complaint involves the Compliance Officer, in which case the Executive Director will be notified.

Anonymous reporting is possible via use of an anonymous hotline. This hotline was implemented for the purpose of anonymously reporting fraud and abuse as well as sexual harassment. More specific information on this hotline can be found on page 18, under the section Confidential Communication.

MHACGC will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. There will be no retribution or discipline for anyone who reports a possible violation in good faith. 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.

### ***Personal Obligation to Report***

We are 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 organization. Each employee has an individual responsibility for reporting any activity by any employee, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, or this Code.

Participating, encouraging, directing, and facilitating non-compliant behavior would be considered non-compliant behavior and would be subject to sanctions as outlined on page 19 of the Corporate Compliance Plan: Responding to Offenses and Developing corrective Action.

### ***Internal Investigations of Reports***

We are committed to investigate all reported concerns promptly and confidentially to the extent possible. The Corporate Compliance Officer will coordinate any findings from the investigations and immediately recommend corrective action or changes that need to be made. We require all employees, and others affiliated with the agency to cooperate with investigation efforts.

### ***Corrective Action***

Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate making prompt restitution of any overpayment amounts, within 60 days of identification, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future at any MHACGC facility. Legal counsel will be involved in these decisions, as needed.

### ***Discipline***

All violators of the Code will be subject to disciplinary action. The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any of the disciplinary actions outlined under "Responding to Offenses and Developing Corrective Actions under the Corporate Compliance Plan.

### ***Internal Audit and Other Monitoring***

MHACGC is committed to the aggressive monitoring of compliance with its policies. Much of this monitoring effort is provided by the Corporate Compliance Officer who routinely conducts internal audits of issues that have regulatory or compliance implications. The organization also routinely seeks other means of ensuring and demonstrating compliance with laws, regulations, and MHACGC policy. Details of audit plans for a year, are detailed in the annual compliance workplan.

### ***Acknowledgment Process***

MHACGC requires all employees and sub-contractors to sign an acknowledgment confirming they have received the Code and understand it represents mandatory policies of MHACGC. New employees and sub-contractors will be required to sign this acknowledgment as a condition of employment.

Adherence to and support of MHACGC's Code of Conduct and participation in related activities and training will be considered in decisions regarding hiring, promotion, compensation and other affiliation with the agency for all candidates and employees.

### **Corporate Compliance Plan**

#### **CORPORATE COMPLIANCE OFFICER**

A Corporate Compliance Officer (CCO) has been designated by the Agency. The Corporate Compliance Officer is responsible for overseeing the Corporate Compliance Committee; reviewing agency policies and procedures, and recommending changes or new policies and procedures; overseeing administration of agency risk assessments relative to Compliance issues and recommending changes in procedures as a result of a Risk Assessment; developing and implementing internal audit procedures relative to Corporate Compliance issues; maintaining a library of regulations, and agency policies and procedures; overseeing the implementation of the Corporate Compliance training program, including conducting of training sessions for staff; investigating matters related to Corporate Compliance issues, including hotline reports, and employee, participant, and/or payor complaints; developing and implementing an employee feedback loop which encourages employees and others affiliated with the agency to report potential problems without fear of retaliation.

The Corporate Compliance Officer chairs the Corporate Compliance Committee, and reports to the committee as well as the Executive Director. The Corporate Compliance Officer also reports to the board as necessary or requested, and no less than annually.

The Corporate Compliance Officer's Job Description is included as an appendix to this Plan.

#### **CORPORATE COMPLIANCE COMMITTEE**

The Corporate Compliance Committee ("Committee") consists of members from top Management and assists the Corporate Compliance Officer in implementing the Corporate Compliance Plan. The Committee consists of the Executive Director, the Fiscal Director, the Human Resources Coordinator, the Division Directors and a member of the Board of Directors.

The Committee works with the CCO to carry out each aspect of the Plan, and helps the CCO develop and implement policy and action plans relative to the Corporate Compliance Plan.



The Committee will be responsible for ensuring:  
Orientation and training of staff on issues relative to Compliance;  
Orientation and training of outside consultants on issues relative to Compliance;  
Coordinating with Human Resources the efforts on employee background checks, credentialing, and the disciplinary policy regarding compliance;  
Coordinating internal audits and monitoring activities as prescribed by the Compliance Plan;  
Independently acting on and investigating matters related to Corporate Compliance including hotline reports, and participant or payor complaints;  
Developing and implementing employee feedback loops which encourage employees and others affiliated with the agency to report potential problems without fear of retaliation;  
Monitoring and oversight of the Compliance Plan; and  
Updating the Compliance Plan on a regular basis to reflect changes in the Agency's risk profile, and applicable laws and regulation.

#### WRITTEN POLICIES AND PROCEDURES

A Code of Ethics/Code of Conduct has been written which details expected employee behavior covering various areas. In addition, the Employee Personnel Handbook and Policies and Procedures Manuals for each program detail procedures expected to be followed by employees, volunteers, board members, and others affiliated with the Agency.

Policies and Procedures Manuals of Certified Programs have been reviewed using a Risk Assessment Tool explicitly developed to assist in Corporate Compliance Planning. New Policies and Procedures have been developed as a result of this Risk Assessment.

Policies and Procedures Manuals have also been developed for the agency's non-certified programs. In addition, a Fiscal Policies and Procedures Manual has been developed which details a variety of fiscal functions.

These various Policies and Procedures Manuals will be reviewed at least every other year.

New Programs will be expected to complete their Policies and Procedure Manuals within the first year of operations. After six months, Policies and Procedures relating to Admission Procedures, Target Populations, Discharge Procedures, and Services Definitions, should be completed. After the first year, the remaining elements of the Manual should be completed. The Manual will be placed in the Quality Assurance Committee's schedule for Policies and Procedure Manual review.

#### AUDITING AND MONITORING

Audit procedures have been developed to ensure that billing of third party payors will not occur until specific expectations have been met. The Corporate Compliance Officer is responsible for overseeing Corporate Compliance oriented pre-billing audits. This explicitly refers to programs which receive an Operating Certificate from the New York State Office of Mental Health and bill Medicaid.

In the Residential Programs, the Program Directors review Progress Notes, and authorizes Notes for billing. The Division Director reviews the Monthly Billing Report, and reviews Progress Notes to ensure they meet billing requirements. The Electronic Health Record system (AWARDS) ensures through this billing report that Service Plans are properly completed, and Progress Notes are written. The charts are audited quarterly to ensure Physician's Authorization, Service Plans and Progress Notes are in the chart, and properly signed. Reports are submitted to Program Directors and the Residential Division Director and remedial work is required when all required information is not in the chart. Quality Assurance (QA) Staff reviews billing reports and remedial

work with the Program Directors and the Division Director. The Corporate Compliance Officer reviews billing reports with QA staff as necessary.

In the PROS Programs, attendance sheets are reviewed daily by support staff, and/or QA staff. Attendance is reviewed to ensure participants have signed in and out, and when not completed correctly, staff ensure proper signing in and out through a review of group attendance. Attendance sheets are audited throughout the month by Corporate Compliance/QA staff for accuracy, and compliance. Group attendance sheets are also audited to ensure compliance with rules re: group size.

Charts are audited on a monthly basis, to ensure proper billing. Charts are audited to ensure the presence (with proper signatures) of all required Intake forms, Screening and Admission Notes, required assessments, Individual Recovery Plans (IRP's), IRP Reviews, and Progress Notes. Charts are also reviewed to ensure compliance with rules governing PROS components, that IRP objectives are reviewed timely. Medicare notes are reviewed monthly and billing notes for billing Medicare are prepared by the Compliance Officer and submitted to fiscal department for billing.

Reviews are also conducted within the Electronic Health Record system (AWARDS) to ensure proper rostering and registration to receive services per each PROS Component.

Reports are submitted to Program Directors and the Residential Division Director and remedial work is required when all required information is not in the chart. Quality Assurance (QA) Staff reviews billing reports and remedial work with the Program Directors and the Division Director. The Corporate Compliance Officer reviews billing reports with QA staff as necessary.

RE: the Care Coordination Program, Sun River Health, the Health Home that MHACGC contracts with has implemented a mandatory auditing program in which one tenth (1/10) of the total Care Coordination Program must be subject to an audit protocol developed by Sun River Health. Members are pre-selected by them and submitted to MHACGC. MHACGC auditing staff complete the Audit tool, and submit to Sun River Health by the last day of each quarter. This procedure was implemented, as billing for care coordination is done by the Health Home and their fiscal agent.

Auditing and Monitoring activities also occur with the Adult Home and Community Based Services (HCBS) as well, with progress notes and Care Plans being reviewed monthly to ensure compliance with HCBS billing rules. Like the residential and PROS programs, charts are reviewed electronically by the HCBS Program director and the QA specialist.

In all of the above situations, when it is discovered that documentation does not meet the Agency's best practice standards, support billing, billing for that service will be withheld. The Compliance Officer will then review the issue to see if billing is appropriate. If billing has already occurred, the Compliance Officer will review the issue to see if billing is appropriate, and if not, the Corporate Compliance Officer will facilitate the voiding of the claim, and the payback of the funds received.

Other audit procedures such as Utilization Review procedures are detailed in program specific Policies and Procedures Manuals.

### TRAINING AND EDUCATION

All new employees receive a brief orientation to the Agency's Corporate Compliance Plan upon hire, and are required to attend the next scheduled formal Corporate Compliance training session. All affected employees are required to attend a training session on the Corporate Code of Conduct/Corporate Compliance Plan 2022

Compliance Plan as a “refresher” every two years. Affected employees are those so identified on Page 13, under “Affected Employees and Others”.

#### CONFIDENTIAL COMMUNICATION

The Agency will maintain an “open door” policy towards affected employees and others, especially in areas concerning Corporate Compliance, and questions pertaining to the agency’s stance relative to the Plan, or Code of Conduct/Code of Ethics. Any communication brought to the attention of the Corporate Compliance Officer, especially relative to possible violations of the Plan, or Code of Conduct/Code of Ethics will be kept in strictest confidence. All communications of this nature will be investigated thoroughly and fairly.

Employees may communicate with the CCO in any fashion they are comfortable with, including telephone, written communications and e-mail. Face to face communications are also welcome.

*MHACGC has implemented an anonymous hotline for the reporting of compliance issues, including potential fraud and abuse. MHACGC has contracted with Lighthouse, Inc, to provide the Hotline services, and reporting system. Anonymous reporting can occur in several ways: a toll free number: 1-844-420-0044. A web portal is also available: [www.lighthouse-services.com/mhacg](http://www.lighthouse-services.com/mhacg). A fax line is also available” (215) 689-3885; and finally an e-mail address is also available for anonymous reporting: [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com). Our Agency name must be provided within the body of the e-mail report as well as the fax report. Details in reporting are described at Compliance training sessions, and at Orientation including how anonymity is maintained.*

MHACGC will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. There will be no retribution or discipline for anyone who reports a possible violation in good faith. Any employee or other individual who deliberately makes a false accusation with the purpose of harming or retaliating against another individual will be subject to discipline. Abuse of the use of the Anonymous reporting system will likewise result in disciplinary action.

In addition, there will be no retaliation, retribution or discipline for any employee who, in accordance with the New York State False Claims Act chooses to engage in a qui tam action against the Mental Health Association of Columbia-Greene Counties or otherwise report perceived fraud and abuse directly to the New York State Office of the Medicaid Inspector General.

#### RESPONDING TO OFFENSES AND DEVELOPING CORRECTIVE ACTION

As mentioned in the previous section, all communications involving allegations of employee or other affiliated person’s misconduct relative to the Corporate Compliance Plan and the Code of Ethics/Code of Conduct will be investigated by the Corporate Compliance Officer swiftly, thoroughly and fairly. All communications will be kept confidential unless disclosure is required by law while conducting the investigation. If individual misconduct is detected, corrective action will be taken. This includes an employees’ or other affiliated individual’s failure to report suspected violations as well. Sanctions will include a series of progressive steps, depending upon the seriousness of the offense. Training or re-training will be the first course of action taken for minor offenses. Steps of progressive discipline will be taken with each subsequent offense as outlined in the Employee Personnel Handbook, and the Code of Ethics/Code of Conduct.

Violators of the Agency's Corporate Compliance Plan and Code of Ethics/Code of Conduct will be subject to disciplinary action. The precise discipline utilized will depend on the nature, frequency and severity of the violation and may result in any of the following disciplinary actions:

- Verbal warning
- Written warning
- Final Written Warning (with suspension if applicable)
- Termination (and Restitution if applicable)

In addition, MHACGC will follow the Self-Disclosure Guidelines and report to the New York State Office of the Medicaid Inspector General (OMIG) any issues requiring report, as determined by OMIG Guidance.

#### ENFORCEMENT OF STANDARDS

Standards of conduct as set forth in the Agency's Personnel Manual, Code of Conduct/Code of Ethics, and the various program's Policies and Procedures Manuals will be communicated to employees via orientation, training and education, and other means of Agency communications, including staff meetings, and supervisory sessions. The agency will consistently and appropriately enforce standards through its system of employee discipline.

Disciplinary procedures will follow a progression of steps as follows: verbal warning, written warning, suspension, termination and restitution. In addition to employees, others affiliated with the Agency can be disciplined through the same mechanisms including suspension or removal of the individual from affiliation with the Agency.

#### Compliance Oversight

MHACGC follows a clear and systematic process of delegating responsibility and maintaining accountability regarding all aspects of Corporate Compliance. The level and scope of responsibility for overseeing, correcting and reporting compliance issues is described below:

*The Board of Directors*- has ultimate responsibility for oversight of the Corporate Compliance Plan.

*Compliance Committee*-A Committee with Direct reporting responsibilities to the Executive Director, as well as reporting responsibilities to the Board of Directors. This committee is comprised of the Corporate Compliance Officer, the Executive Director, the Fiscal Director, the Human Resources Coordinator, the Division Director of each Services Division and a member of the Board of Directors. The Corporate Compliance Officer reports to the Board of Directors on a periodic, invitational basis. The Compliance Officer will however report to the Board of Directors no less than annually. The Executive Director reports to the Board of Directors and acts as liaison to the Board on a regular basis.

*The Corporate Compliance Officer*-reports to the Committee on a regular basis and coordinates with the Committee regarding implementation of the Corporate Compliance Plan.

*The Executive Director*- Through supervision, the Executive Director reviews any written reports, and remains apprised of implementation issues as they arise.

*Director of Quality Assurance/Corporate Compliance Officer-* Designated as Corporate Compliance Officer. The Corporate Compliance Officer is responsible for the development and implementation of the Plan. This includes coordinating the various functions such as auditing, staff training, reporting, following up with investigations, including recommendations for corrective action. The Corporate Compliance Officer chairs the Corporate Compliance Committee, and guides it through its activities and responsibilities.

*Human Resources Coordinator-* works closely with the Executive Director and Corporate Compliance Officer in assuring that the Plan addresses and is consistent with laws, regulations and standards which bind the agency. The Human Resources Coordinator also plays a primary role regarding the personnel issues which arise relative to compliance. This would include (but not necessarily be limited to) issues relating to employee discipline as a result of compliance investigations.

*Division Directors-* are responsible for assuring that the Plan is implemented in each program area they supervise.

*Program Directors-* have day to day responsibility assuring that the Agency Plan is implemented in their respective program areas.

*Direct Service Personnel-* have the responsibility to assure that all documentation and billing is completed according to the standards and processes established in the Agency's Corporate Compliance Plan, and other policies and procedures.

### **REGULATORY ACCESS**

MHACGC will obtain timely and relevant regulations governing those programs which are governed by regulations. Generally, those regulations pertain to the New York State Office of Mental Health (OMH) regulations governing Licensed Residential Programs, (Part 595), Outpatient Programs (Parts 585 and 587) Supportive and Intensive Case Management (Parts 504 and 506), and Incident Management (Part 524). Regulations governing Medical Assistance Payments for these programs, and any others will be kept in the Corporate Compliance Library, as well.

The Agency retains the MMIS Provider's manual. Regular updates and bulletins are maintained by the billing officer, and the Corporate Compliance Officer.

Updated Regulatory information will also be searched via the internet, where OMH maintains on-line versions of their regulations. This is available at [www.omh.ny.state.us](http://www.omh.ny.state.us). The Corporate Compliance Officer will periodically search the OMH web site for updated regulations.

In addition, the Corporate Compliance Regulations Library will include all Provider Procedures Manuals relating to billing Medicaid and any other Federal Program the Agency may bill for services, Provider Procedures Manuals of any other Third Party Payor the agency may bill for services, the Agency's Fiscal Policies and Procedures Manual, and Policies and Procedures Manuals of each program operated by the Agency.

As new information enters the agency, all information pertaining to OMH and Medicaid regulations will be directed to the Corporate Compliance Officer. The Corporate Compliance Officer will distribute relevant information to Division Directors as necessary. Division Directors will in turn distribute information, as relevant to Program Directors. The Corporate Compliance Committee may also review new regulatory information, as necessary.

Retention of Outdated Versions: Outdated versions of regulations will be maintained as long as there are records available which pertain to those outdated regulations. For example, if the regulations of a certified program changes, but we are required to maintain individual medical records for ten years, regulations which pertain to those records relative to the time frame involved will be kept until no such records exist. The Corporate Compliance Officer will be responsible for storage of outdated regulations.

### **Licensure Rules**

Licensure Rules are governed by OMH Regulations, Medicaid regulations, the New York State Office of Professional Licensing, and standards governed by the specific Profession. MHACGC will monitor licensure rules as governed by OMH and Medicaid Regulations by following the procedures as outlined in the section covering the Regulatory Documents Library. Information from the New York State Education Department, Office of Professional Licensing will be obtained and maintained in the same library.

All Licensed Professionals will be responsible for obtaining and maintaining their licenses, registrations, and certifications, providing documentation of these licenses, registrations, and certifications, and maintaining the validity of these licenses, registrations and certifications. Copies of most recent licenses, registrations, and certifications will be maintained by the Human Resource Department, in each individual Personnel Folder.

Professional Standards and Codes of Ethics from the various Professional Associations represented by MHACGC staff will be maintained by the Corporate Compliance Officer.

### **Labor and Human Resource Regulations**

The Human Resources Director will maintain a library relating to labor regulations that are relevant to our agency.

The Human Resources Director and the Corporate Compliance Officer will be responsible for maintaining the most current information and updated rules and regulations regarding wage and hour standards. This includes necessary Federal and State Regulations as they pertain to wage and hour standards, as well as other regulations pertinent to the operation of the Human Resources Department.

The Human Resources Director will distribute Federal and State posting requirements to all sites. Human Resources will also be responsible for ensuring that appropriate management personnel are apprised of new information regarding labor laws, as it becomes available.

The Human Resources Director and the Corporate Compliance Officer will also be responsible for ensuring compliance with Federal Occupational Safety and Health Administration (OSHA) regulations. Each work site is responsible for maintaining their own Exposure Control Plan.

Human Resources will also maintain Federal and State Guidelines such as information pertaining to Worker's Compensation, NYS Disability, the Family Medical Leave Act, and other information required of a Human Resources Department. As a member of the Society of Human Resource Managers, (SHRM), the Agency is provided with updates on a regular basis.

As part of the pre-employment or other credentialing process, all candidates will go through the pre-employment/affiliation clearance processes as outlined by the NYS Justice Center and NYS OCFS. These processes are outlined below. Additionally, annually, the Human Resources Director will review through the New York State Education Department Office of Professional

Licensing the licensure, registration and certification status of all licensed practitioners to ensure registration of all licenses are updates as per NYS law, and to ensure all licensed practitioners remain eligible to participate in government health care programs, such as Medicaid and Medicare, and are free of disciplinary sanctions. This will be done for employees and contractors who provide licensed, clinical services.

All employees are presented with a copy of the Personnel Policy and Code of Ethics. The Personnel Policy outlines all employment regulations and standards, as well as the Agency's Code of Conduct/Code of Ethics. All employees are requested to sign an acknowledgement of receipt of the Policy and Code of Conduct/Ethics. The means of reporting any infractions is outlined in the Policy and Code of Ethics.

All new employees are required to attend an orientation session with the Human Resources Director. The Program will include an overview of the Agency and its programs, selected trainings, and a brief discussion regarding the Personnel Policy, and various agency policies and procedures. The Human Resources Director also distributes a copy of the Corporate Compliance Plan and the Agency Code of Conduct/Code of Ethics.

The Continuous Quality Improvement Committee coordinates training events on an annual basis. This training schedule incorporates the various mandatory training events as well as training events that are pertinent (although not necessarily mandatory) to the various programs.

## NYS Justice Center

The Justice Center maintains a Vulnerable Persons Central Register (VPCR) that includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse and neglect and are deemed ineligible to work in a position involving regular and substantial contact with a service recipient. Providers must request the Justice Center conduct a check of the SEL before determining whether to hire or other allow "any person" to have regular and substantial contact with the service recipient. "Any person" can include an employee, administrator, consultant, intern, volunteer or contractor.

All positions that provide unsupervised services to clients of MHACG require that the job offer is contingent on results of:

- Staff Exclusion List (SEL) check
- Criminal Background Check (CBC)
- Statewide Central Register of Child Abuse and Maltreatment (SCR) check

Upon hire, each applicant will be required to sign the Justice Center Code of Conduct and then annually. The Code of Conduct is not intended to provide a detailed list of what to do in every aspect of work. It represents a framework that will help custodians determine how to help people with special needs live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm.

In addition, any custodian and/or Human Service Professional are also Mandated Reporters. Mandated Reporters are legally required to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR). Each employee who are a custodian or Human Service Professional will sign a form attesting they received the NYS Justice Center Notice to Mandated Reporters.

## Affirmative Action Plan

Code of Conduct/Corporate Compliance Plan 2022

MHACGC is committed to the concept and practice of equal employment opportunity (EEO) and affirmative action in all aspects of employment. The management of the Company has prepared a written Affirmative Action Plan (AAP) in accordance with its obligations arising under applicable regulations, rules, Executive Orders and statutes.

It is MHACGC's policy to provide equal employment opportunities to all employees and applicants for employment without regard to race, sex, color, creed, religion, national origin, age, disability, marital status or sexual orientation in accordance with all applicable laws, directives and regulations of federal, state and city entities. This policy applies to all the terms and conditions of employment including, but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation and training. Advancement to positions of greater responsibility is based on an individual's abilities and demonstrated performance.

MHACGC is committed to Equal Employment Opportunity and as part of our Affirmative Action Plan we shall:

- (a) Recruit, hire, upgrade, train and promote in all job classifications, without regard to race, sex, color, creed, religion, age, national origin, disability, marital status or sexual orientation in accordance with all applicable laws, directives and regulations of federal, state and city entities;
  - (b) Base employment decisions on the principles of Equal Employment Opportunity, and with the intent to further MHACG's Affirmative Action commitment;
  - (c) Ensure that all terms and conditions of employment such as compensation, benefits, layoff, return from layoff, MHACG-sponsored training, educational tuition assistance, social and recreation programs, shall be administered without regard to race, sex, color, creed, religion, age, national origin, disability, marital status or sexual orientation in accordance with all applicable laws, directives and regulations federal, state and city authorities;
  - (d) Ensure that promotion decisions will be made in accordance with the principles of Equal Employment Opportunity and Affirmative Action by imposing only valid requirements for promotional opportunities;
  - (e) Take action to prevent harassment including sexual harassment or intimidation of all employees, particularly those encompassed by MHACG's affirmative action efforts.
3. MHACGC will vigorously pursue opportunities to recruit and develop job candidates who have the desire and potential for becoming qualified employees through our Affirmative Action Program.
  4. Christina Abbott has been assigned responsibility for the implementation and administration of the Affirmative Action Program. She also has been designated to develop and administer the Affirmative Action Program and ensure that the intent and practice of this policy is carried out.

### **CONTRACTING**



MHACGC will enter into contracts in accordance with its Mission Statement and Purpose under its Articles of Incorporation.

Contracts will be renegotiated, renewed, and/or terminated under the terms of each specific contract. Each contract will define parameters regarding renegotiation, renewal and termination.

Requests for Proposals will be responded to according to the following logic: MHACGC will respond to Requests for Proposals for programs and/or services which meet the Agency's mission statement and Purpose under its Articles of Incorporation.

Staff involved in a contracted program or service will receive training and briefings as to their responsibilities under each contract. Staff will be retrained as appropriate.

A review of each contract will be conducted to ensure regulatory compliance.

Contracts are reviewed by executive staff and senior program staff. These reviews are conducted to review the following:

Excessive compensation is not paid, or provided for services performed;

That there are no direct or indirect payments made for referrals;

Fee splitting does not occur;

Free or discounted services are not provided to professionals, independent contractors, employees, board members, agents or referral sources;

Private club fees, gifts or payments for other personal expenses are prohibited;

Travel payments are made in accordance with the Agency's personnel policies; and

Extraordinary employee benefits or benefit payments are not made.

All Board members and staff must disclose any ownership, investment or compensation relationship or interest they may have with any entity or person doing business with or negotiating to do business with MHACGC. A fiscal schedule reports all payments made within these arrangements. MHACGC will take all steps to avoid engaging in business arrangements in which any board member or staff member has an ownership, investment or compensation relationship or interest.

The Fiscal Director will maintain all documents relating to contracts entered into by the Agency. The Fiscal Director will obtain and maintain original copies of contracts, all revisions, amendments and updates, and will retain outdated versions as per agency policy and in accordance with General Accounting Principles. These documents will be located within the Fiscal Department, as designated by the Fiscal Director.

Annual Audits are conducted by our outside Auditing Firm which includes auditing contracts, as well as other required documents. Audit of these documents include audits for regulatory compliance.

Audit results are reviewed by the Management Team, including the Director of Quality Assurance/Corporate Compliance Officer.

Monitoring of contract negotiations and the dissemination of contractual requirements within the Agency are performed by management and senior program staff, in accordance with time frames pursuant to each individual contract.

### **BILLING AND CODING**

Billing occurs according to procedures developed by the particular payor sources. Procedure Manuals are maintained by the Billing Department. Medicaid billing occurs according to the procedures outlined in the Medicaid Procedure Manual. The Medicaid Manual includes federal and state regulatory requirements. Other billing procedures will be incorporated in the finance procedure manual that is maintained by the Fiscal Director.

Fiscal staff are oriented to billing and coding procedures upon hire. Retraining occurs as necessary. Clinical staff are oriented and retrained as to their clinical medical records duties as per the Policies and Procedures manuals of each respective program.

Timing and process of determining enrollment, eligibility and benefits is determined by the Policies and Procedures delineated in the relevant payor manual.

Billing for services in the Medicaid program occurs according to the receipt of authorizations and reauthorization for services. Initial authorization for services are obtained prior to services being rendered. Obtaining these authorizations is the responsibility of Program Directors in Supervised Community Residences, and program staff in the Apartment Program. Reauthorizations are obtained in accordance with Medicaid rules and OMH Regulations in each of these programs. Authorizations for services provided by Supervised Community Residences are obtained by a Psychiatrist, and are reauthorized every six months. For the Apartment Program, authorizations are also obtained by a Psychiatrist and reauthorizations are obtained every year. Obtaining these reauthorizations is the responsibility of the same staff.

In our PROS Programs, the signature of the Licensed Practitioner of the Healing Arts on the Screening/Admission Form, acts as authorization for services. The signature of the Psychiatrist on Individual Recovery Plans which contain Clinic Treatment services also authorizes said clinic treatment services.

The Medicaid Provider Manual clearly states rules pertaining to concurrent multiple services for the same or different providers, either ongoing or on day of transfer. MHACGC follows all applicable billing practices relating to billing for different services on the same day.

The coding system for charges is also predetermined by Medicaid. MHACGC uses the DSM V and ICD-10 diagnostic codes.

Medicaid rules determine which services can be provided by staff according to credentials and licensure. MHACGC follows these guidelines and bills for services accordingly.

The finance procedure manual will have procedures for monthly spend downs. There will never be financial incentives to patients who receive our services.

Participants are not refused service due to inability to pay. Medicaid rules, and OMH regulations prohibit such a practice. Participants of other services are not refused service due to inability to pay so long as the program is able to maintain fiscal viability. The Agency has a sliding fee scale available for those who are not eligible for Medicaid, or other insurance. The individual's face sheet shows the benefits he/she receives and is used to determine their fee when using the sliding fee scale. Financial assistance is uniformly enforced.

All consumers in certified programs receive an explanation of benefits which relate to the Agency's programs in which they are enrolled. Policies governing the dissemination of these explanations of benefits are detailed in each certified program's Policies and Procedures Manuals. These notifications are done in accordance with OMH Rules and Regulations, where applicable.

Procedures for processing all denied and pended claims are delineated in the Agency's Finance Procedure Manual. This includes review of charges, verification of documentation, correction protocols, and appeals process.

Procedures for identifying and refunding overpayments are delineated in the Agency's Finance Procedure Manual. This includes the audit procedures utilized to verify the agency's billing for services rendered.

#### BUSINESS OPERATIONS RECORD SAFEKEEPING

As an agency operating several licensed Mental Health Programs, and operating within current practice standards and guidelines, MHACGC maintains policies and procedures governing a broad array of practice areas. MHACGC maintains policies and procedures governing Confidentiality and Releasing of Information, Consumer Access to Records, Storage and Retention of Records, Charting Procedures, Responding to Subpoenas, Handling Records Under Audit, Grievance Procedures, General Rules of Conduct, Protocols for Reporting Suspected Criminal Activity, and Reporting of Child Abuse and Neglect, among others. These areas are covered in either Program Policies and Procedure Manuals, the Agency Personnel Manual, the Agency's HIPAA Privacy Regulation Policies and Procedures Manual, or the Agency Code of Conduct/Code of Ethics.

#### MEDICAID EXCLUSIONS

The Corporate Compliance Officer and Human Resources Director check employees and vendors against lists maintained by the NYS Office of the Medicaid Inspector General, (OMIG) and Federal Office of the Inspector General (OIG) for individuals who have been excluded from the Medicaid Program. Since May 1, 2011 this has been done via EPStaffcheck, an electronic system operated by YOST Engineering. Each month the Corporate Compliance Officer and Human Resources Director receive a list generated by EPStaffcheck, which is reviewed and updated according to procedures developed by Yost Engineering. These searches are against several federal lists, and include staff, sub-contractors, consultants, and various vendors.

MHACGC will terminate employees or its relationship with agents, who are excluded from participation in federal health care programs. MHACGC shall remove from direct responsibility or involvement in any federally or state funded health care programs any employees or agents with pending criminal charges relating to health care or who have been proposed for exclusion from participation in federally or state funded health care programs.

#### POLICY OF NON-INTIMIDATION AND NON-RETALIATION

MHACGC has a policy of non-intimidation and non-retaliation against individuals for good faith participation in the Compliance Program. The policy protects individuals involved in good faith in reporting potential issues, investigating issues, self-evaluations, audits, remedial actions and reporting to appropriate officials as provided in New York State Labor Law §§740 and 741 and other relevant laws and regulations. These "whistleblower" provisions protect individuals under

certain circumstances. The MHACG policy against retaliation or intimidation is designed to encourage individuals to come forward with any concerns regarding compliance and to cooperate fully in any investigation. This policy protects all individuals participating in good faith in any compliance activity.

Allegations of intimidation or retaliation against individuals who raise compliance issues should be reported directly to the Compliance Officer as soon as possible. Any such allegations will be promptly investigated impartially and objectively. The Compliance Officer oversees such investigations. MHACGC will promptly re-employ any individual it finds was terminated as a result of unlawful retaliation.

The Director of Human Resources and the employee's Division Director must approve terminations before they are effectuated, and these agency officials will be told of any participation in the Compliance Program by the individual prior to any termination decision being made. To ensure that retaliation is not taken after the individual's participation in the Compliance Program, performance evaluations of individuals participating in the Compliance Program are reviewed by Human Resources for two years subsequent to an individual's participation in Compliance Program activities.

The Board of Directors will be advised of the frequency and types of alleged retaliation or intimidation claims.

This policy allows MHACGC to terminate contracts and affiliations as a result of retaliation or intimidation against individuals who participate in the Compliance Plan to the extent permitted by law.

I hereby acknowledge receipt of the Mental Health Association of Columbia Greene Counties' Corporate Compliance Plan and Code of Conduct/Code of Ethics.

\_\_\_\_\_  
Name of Employee (Printed) \_\_\_\_\_ Date

\_\_\_\_\_  
Employee Signature