

**HILLSIDE**  
**Hillside Foundation**

**Policy # 1200**

**Corporate Compliance Policy**  
**Category: Organizational**

**1. SCOPE:**

This policy establishes the Corporate Compliance requirements for Hillside which includes all of its affiliates, individually and collectively. This policy covers all Hillside departments, programs, employees, governing body members, volunteers, consultants, independent contractors, service subcontractors, interns, foster families, youth, adults and families. This policy is to be reviewed annually by the Corporate Compliance Officer and the Corporate Compliance Committee.

**2. PURPOSE:**

Based on Federal and State regulations, Hillside has implemented a Corporate Compliance Program ("CCP") to assist in maintaining compliance with the numerous laws, regulations and policies that govern its conduct. It is Hillside's goal to maintain an institutional culture that promotes the prevention, detection, and resolution of potential instances of non-compliance to ensure Hillside upholds its ethical practices and its reputation.

Regulations require that a Corporate Compliance Officer be appointed to aid in identifying any potential areas of non-compliance, to assist in investigating areas of concern and to remedy detected areas of non-compliance. To assist with this process, a Corporate Compliance Committee was established to oversee the process, create and implement a written Corporate Compliance Plan ("Plan") and ensure that a Corporate Compliance Code of Conduct ("Code") has been developed to summarize various legal requirements that must be adhered to by those that work for and do business with Hillside.

**3. REGULATIONS/STANDARDS/GUIDELINES:**

NYS Social Services Law §363-d; 18 NYCRR 521; Public Health Law, Mental Hygiene Law (Titles 10, 14, and 18), Federal False Claim Act 31, New York False Claims Act, Article 13 §§ 187, 42 U.S.C. 1396a(a)(68), Deficit Reduction Act of 2005; Centers for Medicare and Medicaid Services, Department of Health, Office of the Inspector General, Office of the Medicaid Inspector General and Federal Sentencing Guidelines.

**4. POLICY STATEMENT:**

All employees, affected persons, appointees, associates and persons (see Definitions) of Hillside are responsible for following the Federal False Claims Act and New York False Claims Act in addition to the Hillside Corporate Compliance Program which consists of a Corporate Compliance Policy, Plan and Code of

Conduct. The purpose of the Federal False Claims Act is to impose liability on persons and companies who defraud governmental programs. Failure to follow the Program can result in corrective action up to and including termination, or other appropriate actions including discontinuance of relationship, as well as civil and or criminal penalties, including but not limited to fines (up to \$20,000 per claim) and imprisonment. The purpose of the New York False Claims Act is to establish a cause of action for false claims for payment or approval submitted to New York State or a local government.

## 5. **DEFINITIONS:**

**Affected persons:** Consultants, contract workers (including credentialed independent contractors such as a psychiatrist), interns, foster and respite parents and one-to-one volunteers.

**Appointees or Associates:** Governing body members and service subcontractors, respectively.

**Compliance:** The process to ensure that Hillside abides by regulations and government legislation.

**Corporate Compliance Code of Conduct:** A brief summary of elements that govern various legal and ethical requirements that Hillside must meet.

**Corporate Compliance Officer (CCO):** A designated employee who is vested with the responsibility for the day-to-day operation of the compliance program.

**Corporate Compliance Program (CCP):** Written policies, procedures, plan and a Corporate Compliance Code of Conduct that establishes a process to detect, correct, report and prevent known or suspected fraudulent activities and abuse that may expose the Agency to criminal or civil liability by using internal resources and systems to solve or reduce the likelihood of discrepancies, inaccurate billing, and other compliance violations from occurring.

**Corporate Compliance Violation:** An issue that may range from a simple overpayment needing to be returned to a funder up to and including possible criminal actions.

**Employees:** Any individual employed by Hillside, including full time, part time and relief staff.

**Fraud and Abuse:** Fraud means any type of intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or to Hillside or another person. Acting in an unintentional manner out of ignorance of the law can also be considered Fraud. Abuse generally encompasses

incidents or practice that are inconsistent with sound fiscal, business, or medical practices that may result directly or indirectly in unnecessary program costs, improper payment, or payment for services that fail to meet professional standards of care or that are medically unnecessary. Regardless of the intentions behind fraudulent or abusive acts, they are not to be excused and are still considered punishable. Fraud or abuse may be committed by employees, contractors, clients or others.

**Others:** Includes youth, individuals, their families, affected persons, appointees and associates.

**Preponderance of Evidence:** When determining the result of an investigation, this standard is used. It means that it is more likely than not that the violation of the Corporate Compliance Code of Conduct occurred. For an allegation to be founded there must be a preponderance of evidence to support the allegation. It is the allegation that bears the burden of proof in any given case. When deciding whether to determine if the allegation is founded or unfounded, the investigator must weigh each piece of evidence. The investigator must also use judgment when determining the credibility of each piece of evidence and how much weight to assign to each piece of evidence. One would not have to be completely convinced of one side. However, the burden requires that the evidence be strong enough that a fair and impartial person would make a determination by believing that the conclusion is more likely than not to be correct.

## 6. **PROCEDURES:**

Following is the process used to ensure Hillside meets the requirements of an effective CCP and to ensure that all employees, affected persons, appointees or associates learn of and follow the CCP.

### 1) Written Policies and Procedures and Standards of Conduct

A Corporate Compliance Policy, Corporate Compliance Plan and Corporate Compliance Code of Conduct have been written to establish a Corporate Compliance Program that includes the seven required elements. The Corporate Compliance Program will be assessed on an annual basis and updated as appropriate.

### 2) Compliance Officer and Compliance Committee

An employee is vested with the responsibility for the day-to-day operations of the compliance program. The CCO reports directly to the chief executive officer or a senior leader designated by the chief executive officer and periodically reports directly to the Board of Governors on the activities of the compliance program.

On a quarterly basis, the CCO will submit a report to the Board of Governors via the consent agenda outlining the following:

- Summary of compliance investigations for the previous quarter
- Progress report on the compliance plan
- Update on Medicaid relevant external audits

The Corporate Compliance Committee is responsible for coordinating with the CCO to ensure that Hillside is conducting business in an ethical and responsible manner, consistent with the compliance program. The duties and responsibilities, membership, designation of a chair and frequency of meetings is outlined in the Corporate Compliance Committee Charter (Attachment A). The Corporate Compliance Committee reports directly and is accountable to Hillside's CEO and Board of Governors.

The chairperson of the Corporate Compliance Committee will submit minutes from Corporate Compliance Committee meetings to Hillside's CEO on a quarterly basis.

On an annual basis, the CCO and the chairperson of the Corporate Compliance Committee will submit a report to Hillside's Board of Governors addressing the following:

- An aggregation of compliance activities from the previous four quarters
- A report card on the annual Compliance Plan
- Aggregation of other data from the CCO quarterly reports

### 3) Compliance Program Training and Education

Hillside has formulated a Training Plan to ensure all Affected Individuals receive necessary training on Corporate Compliance at Hillside. The elements of the plan are detailed below.

All new employees complete on-demand training within the first 30 days of employment consisting of the Corporate Compliance Program, a review of the Federal False Claims Act, the New York False Claims Act, and the Corporate Compliance Code of Conduct. The training includes a knowledge check and a statement that they will comply with the CCP. Verification of completed training is maintained by Hillside's Human Resource Organizational Development (HROD) department.

On an annual basis all Hillside employees complete an Annual Update that reviews Hillside's Corporate Compliance Policy, Plan and Corporate Compliance Code of Conduct. Completion of the Annual Update is required and tracked to ensure all employees have completed the process. In addition, the Corporate Compliance Officer will deliver Corporate Compliance training to programs when needed or when requested by the program.

Board Members – New Hillside Board members receive an in-person training on the Corporate Compliance plan in the fall promptly after they begin their tenure on the board, which always begins in September. They will then receive an in-person training detailing the Corporate Compliance Plan from the CCO on an annual basis. Those unable to attend this training will receive a separate training conducted by the CCO.

Others - Youth, individuals, and families, affected persons and associates, are

informed of the Corporate Compliance Policy through Handbooks and other materials and are made aware of how they can report concerns and issues.

As required by regulation, all Service Subcontractors, Consultants and Independent Contractors will receive a copy of the Corporate Compliance Policy, Plan and Corporate Compliance Code and will be asked to verify in writing their receipt and understanding of the Policy, Plan and Code and agreement to be bound by and comply with the Plan and Code. (See Attachment B) This receipt will be maintained by the CCO.

4) Lines of Communication

The CCO is accessible to all employees, affected persons, persons associated with the provider, executives, appointees and associates and others to allow reporting of compliance issues and concerns. Issues and concerns can also be reported anonymously and confidentially to [www.reportit.net](http://www.reportit.net) (User Name: Hillside; Password: Hillside or call 1-877-778-5463).

All compliance concerns are required by law to be brought to the attention of the CCO, Paul Smith. Reports may be made virtually or directly to Paul Smith, CCO, in writing through email ([pdsmith@hillside.com](mailto:pdsmith@hillside.com)) or by telephone (607-427-9691).

Reports should describe the nature of the concern and the parties involved. While the CCO will attempt to protect the identity of the person making the report, and individuals may report anonymously, the individual is strongly encouraged to consider including his or her name, agency, telephone number and work location in the report so that the CCO can obtain additional information from and respond to the reporting individual. (Note: A lack of complete information hampers the ability to assess and address the situation. Employees who report potential instances of Fraud and Abuse are protected through Hillside's Whistleblower Policy.)

5) Disciplinary Standards

The Agency has created policies to encourage good faith participation in the compliance program, to set forth expectations for reporting compliance issues and to assist in resolution of compliance issues including policies that address failing to report suspected problems and participating in, encouraging, directing, facilitating or permitting active or passive non-compliant behavior. These policies include the Corporate Compliance Policy, inclusive of the Code of Conduct, and the Employee Code of Ethics. Failure to follow the Policies can result in corrective action up to and including termination or other appropriate action including discontinuance of a relationship, as well as civil and or criminal penalties, including but not limited to fines and imprisonment. Each instance would be evaluated against existing criteria and responses could range from verbal coaching up to and including termination of employment/relationship.

6) Auditing and Monitoring

The CCO will oversee periodic audits of Hillside's operations. The manner and scope of each audit will be determined in advance by the CCO with assistance

Internal audits may include: a program or quality department review of documentation using a standard set of questions, Electronic Medical Records reports such as roster verification, services delivered, overlapping services, benefit assignment, and diagnosis verification.

Hillside runs EMR reports designed to ensure that documentation requirements are met to accurately bill, financial reviews focused on anomalies and denied claims, verification of Medicaid numbers in ePaces (Medicaid's system of record), audit of correct and accurate benefit assignment information and private insurance checks. Clinical supervisors review clinical progress notes for medical necessity and the golden thread.

An Effectiveness Review of the Corporate Compliance Plan is completed annually by the Corporate Compliance Committee using a compliance program assessment tool. In addition, the Corporate Compliance Committee will conduct a compliance risk assessment to review potential risks to the agency. Any items identified in this assessment will be integrated into the annual Compliance Work Plan. The Committee also reviews external audits with the goal of reducing the potential for fraud and abuse. The results of this Effectiveness Review are used in the formulation of the following year's Corporate Compliance Plan.

#### 7) Responding to Compliance Issues

The Corporate Compliance Officer is responsible for:

- Determining the appropriate level and manner of any investigation to be undertaken in response to a report as well as ensuring that all investigations are conducted promptly and thoroughly by trained investigators using a standardized process with the assistance of legal counsel when appropriate.
- Maintaining any materials generated as part of an investigation so as to preserve the confidentiality of such materials and safeguard any applicable legal privilege that may attach to the materials and the investigation.
- Determining the result of an investigation (Confirmed Violation or Unfounded based on a Preponderance of the Evidence) and determining a course of remediation ranging from making recommendations up to and including required corrective actions to reduce the likelihood of the issue re-occurring. The CCO also ensures that any necessary reports and/or paybacks are made and ensures that appropriate remediation and corrective action was implemented. Program leadership in collaboration with HR determines and implements appropriate employee actions. Appropriate leadership, HROD, and other internal departments (as deemed appropriate) will receive a copy of the completed investigation.

In addition to the above, Hillside programs, internal departments, affected persons, associates and appointees are required to:

- Provide or allow access to documentation as appropriate to the investigation
- Cooperate with the investigator/leadership and ensure that nothing is done to compromise the integrity of the investigation

- Be available for interviews, questions, and follow-up as necessary
- Ensure that confidentiality is maintained regarding the investigation
- Ask questions of their management and the CCO as needed
- Respond to an acknowledgement letter regarding the investigation
- Respond to a follow up letter to confirm that corrective actions are taken

#### Whistleblower Policy (Policy 1203)

The Whistleblower Policy protects anyone who reports an activity that he/she considers to be dishonest or illegal such as violations of federal, state or local laws or regulations.

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

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

Whistleblower protections are provided in two important areas: confidentiality and against an adverse employment action. As much as possible, the confidentiality of the whistleblower will be maintained, however, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense.

Hillside and its employees will not retaliate against a whistleblower in any way or adversely affect the employee (including but not limited to: causing the employee to feel isolated, intimidating the employee, threatening harm, assigning punitive work, reducing salary or wages, or terminating employment). Whistleblowers who believe that they have been retaliated against may file a written complaint with the Chief HR Officer. A proven complaint of retaliation shall result in a proper remedy for the person harmed and the initiation of corrective action, up to and including termination, against the retaliating person.

This protection from retaliation is not intended to prohibit supervisors from taking action, including corrective action, in the usual scope of their duties and based on valid performance-related factors. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing.

**7. POLICY OWNER:** Paul Smith, Corporate Compliance Officer

**8. AUTHORIZING OFFICER:** None

## **Corporate Compliance Code of Conduct**

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#### CORPORATE COMPLIANCE AND YOUR RESPONSIBILITIES

##### **OVERVIEW**

Hillside is a nationally recognized leader and a preferred provider of an integrated system of human services for youth, individuals, and their families. However as with any vital and vibrant organization, Hillside cannot be content with the status quo, but must focus on the future. To preserve and enhance Hillside's well-deserved reputation, everyone associated with Hillside must share a commitment not only to our clients and our work, but also to compliance with the numerous laws, regulations, and policies that govern Hillside's conduct.

To assist us in achieving compliance goals, Hillside has developed a Corporate Compliance Plan that includes a Corporate Compliance Code of Conduct. In the Code, provisions are summarized that govern various legal and ethical requirements we must meet. The Code serves as a useful guide to assist in identifying and addressing those instances where there may not be compliance with the law or with Hillside policy.



Corporate Compliance Program Guidance is based upon the elements of the Federal Sentencing Guidelines and a formal commitment by the Agency's governing body;

The elements are:

- Written Standards of Conduct;
- Designation of a Corporate Compliance Officer (Paul Smith for Hillside) who reports to the Director of Quality and Risk Management and the governing body for Corporate Compliance matters;
- A Corporate Compliance Committee with oversight and monitoring of the compliance program that supports the CCO. Regular and effective education and training programs for all employees, affected persons, associates and appointees;
- A hotline or other process to file complaints and procedures to protect the anonymity of complainants;
- A system to respond to allegations of improper/illegal activities and enforce corrective action against employees who violate internal compliance policies, statutes, regulations or program requirements;
- A policy protecting those who report suspected misconduct or concerning practices (see Whistleblower Policy 1203);
- A risk assessment process.

Audits and/or other evaluation techniques will be used to monitor compliance and assist in reducing problems.

Failure to follow existing law can damage Hillside's reputation and impede the ability to carry out Hillside's mission. Unlawful behavior may also result in criminal liability as well as civil fines and penalties. Individuals who knowingly violate or recklessly disregard this Compliance Policy, the Corporate Compliance Code of Conduct, or the laws, regulations and policies that govern Hillside will face severe consequences including termination.

### **FULFILLING YOUR OBLIGATIONS**

The Compliance Plan as well as the Corporate Compliance Committee exists to help you when you are unable, for any reason, to assure yourself that the conduct in question is, in fact, appropriate. In those instances, we fully expect that you will promptly inform the Corporate Compliance Officer of the issue. Hillside is committed to ensuring full compliance with all existing laws, rules, regulations, protocols and policies that govern Hillside.

#### **The Corporate Compliance Committee and Corporate Compliance Officer**

The Hillside Corporate Compliance Committee exists to aid in identifying potential areas of non-compliance through audits, to assist in investigating areas of concern that are raised by employees or by others, and to remedy identified deficiencies. The Corporate

Compliance Committee will meet regularly and as frequently as necessary to oversee the following:

- Development and implementation of policies and procedures for the Corporate Compliance Program
- Participate in the creation of the annual Corporate Compliance work plan
- Ensure implementation of the annual Corporate Compliance work plan
- Provide training regarding specific job responsibilities and requirements
- Audit and monitor employees and others who are responsible for documenting the services we provide, coding and submitting claims for reimbursement
- Review high-level trends and analysis of Corporate Compliance Investigations
- Modify the Corporate Compliance Plan and Corporate Compliance Code of Conduct as necessary

A cross-functional team serves as a consulting group to review and recommend an outcome regarding Corporate Compliance Investigations to the Corporate Compliance Officer. This Committee's work is intended to be and will be confidential and privileged to the extent permitted by law.

The Committee also will make all reasonable efforts to protect the identity of the reporting employee or individual.

Upon completion of an investigation, the CCO determines if the allegation is a Confirmed Violation or Unfounded, identifies steps to address the issue, and disseminates the final report to the immediate supervisor up to the Executive Director.

The Corporate Compliance Officer reports to the Audit Committee (a subcommittee of the Board of Governors). The Director of Quality and Risk Management will chair the Corporate Compliance Committee. The Corporate Compliance Committee members are listed, along with their telephone numbers, in Attachment A.

### **The Process**

All Hillside employees, affected persons, associates and appointees, and others are required to bring concerns to the attention of the Corporate Compliance Officer. Reports may be made in person, in writing, or over the telephone. Written communications should be marked "CONFIDENTIAL." Although reports may be made anonymously to Report It, in order for the Corporate Compliance Officer to obtain more information from or respond to the reporting individual, he or she are encouraged to check the box allowing for anonymous two-way communication when the report is made.

All reports and communications received will be confidential and privileged to the extent permitted by law. The Corporate Compliance Officer will review the investigation report and make a determination. Hillside's Legal Advisor may consult on the determination and advise accordingly. Any concerns about the Corporate Compliance Officer, the Committee members, or the Committee's actions or determinations may be brought directly to the Chair of the Governing Board Audit Committee.

## **ELEMENTS OF THE CORPORATE COMPLIANCE CODE OF CONDUCT**

The following elements summarize the conduct we expect from all Hillside employees, affected persons, associates and appointees and highlight certain key areas where the potential for concerns may be significant. This Code will not serve as a substitute for a thorough understanding of your job function, your obligations, and the laws and institutional policies that apply to your job. It will not substitute for training or in-service presentations in your area. However, it can and should provide useful guidance, make you sensitive to potential problems you may face, and help you to avoid particular pitfalls.

### **Key Areas**

Hillside is subject to many federal, state and local laws, together with various internal policies and protocols. The general obligations arising in key areas of operations are summarized below.

#### **1. Billing and False Claims**

Human services for children, adolescents, adults and their families are paid for by school districts, Medicaid, private insurance and personal funds. All employees must familiarize themselves with established formats, protocols and practices relating to the billing process and be vigilant in avoiding false claims. There are certain common issues that are important to mention.

The False Claims Act (FCA) states that it is a violation to knowingly present, or cause to be presented, a false or fraudulent claim for payment to the federal government, including the Medicaid or Medicare program. "Knowingly" includes actual knowledge, "deliberate ignorance" or "reckless disregard" of the facts.

Hillside is prohibited from submitting false claims to obtain payment for the services we provide. False claims include claims for payment which the service provider knows are not properly authorized or delivered, claims the service provider submits (for example: service/progress notes, session notes, service summary forms) with deliberate disregard for their accuracy or deliberate ignorance of the applicable guidelines. False claims can result in significant penalties and costs to Hillside.

Hillside is committed to ensuring that all claims for payment are proper, that they accurately reflect the services necessarily delivered, and that they comply with existing billing and coding regulations. If you are uncertain how to document a service in a way that supports the billing for that service, please contact your supervisor for guidance. If you seek guidance and you remain concerned about any aspect of billing, immediately bring that concern directly to the Corporate Compliance Officer.

It is Hillside's intention to comply with all funding requirements. Where the requirements are unclear, the program manager or director may seek guidance from the funder directly. The resulting guidance should be carefully recorded, including the name and title of the funder representative, the time, date, and telephone

number. Best practice would be to obtain the guidance in writing directly from the funder (ie: via email). However, if that is not possible, you should document the conversation. Documentation from the funder should be retained as evidence.

Given the number of client encounters within Hillside and occasional ambiguous, complex or conflicting rules, there may be times when you discover an error in a previously submitted claim. You should immediately report that error to your supervisor so that it may be rectified.

If you feel you are unable to make such a report to your supervisor for any reason, or if appropriate corrective action is, in your judgment, not taken, contact the Corporate Compliance Officer.

## **2. Client Rights**

It is an expectation that all Hillside employees, affected persons, appointees or associates partner with clients and families in the development of their service plan and deliver all of the prescribed services based on their assessed needs. The expectation is to also treat all clients and their families with courtesy, compassion and dignity, while recognizing and honoring the client's and family's right to privacy and confidentiality. All Agency employees, affected persons, appointees or associates shall fully familiarize themselves with the client rights and responsibilities document for their program and conduct themselves at all times in a manner consistent with these rights.

If you become aware of any situation in which a client's or family's rights are being violated, contact your supervisor or your regional leadership.

## **3. Confidentiality**

Hillside recognizes the importance of confidentiality in the provision of its services. It is Hillside's policy to keep all information and records pertaining to a client's treatment confidential in accordance with applicable law. All employees, affected persons, appointees or associates with access to confidential information and records must strictly adhere to the confidentiality policies of Hillside.

Documents containing sensitive data, including information concerning clients, must not be left in public view or in an unsecured location. You must also be careful when you enter, secure and store computer data. Given the widespread use of computers throughout Hillside, the potential for a breach of security exists, and must be considered at all times. If you observe individuals whom you do not recognize using computers in your area, take action and immediately report this to your supervisor.

If you become aware of unauthorized or inappropriate disclosure of confidential information or documents by a Hillside employee, affected person, appointee or associate, contact your supervisor or the Privacy Officer as this may be a HIPAA violation.

#### **4. Conflicts of Interest**

A conflict of interest arises when an employee, affected person, appointee or associate stands to benefit personally at the expense of Hillside, or when an employee, affected person, appointee or associate puts his/her personal interests above those of Hillside. The appearance of a conflict of interest may be as serious as an actual conflict of interest. All employees, affected persons, appointees or associates, must avoid any actual or apparent conflicts of interest. We expect all employees, affected persons, appointees or associates to familiarize themselves and comply with policies in this area.

Hillside employees are prohibited from referring clients to human service entities in which the employee or a relative may benefit. Should you become aware of such a situation, the appropriate course of action is to raise all issues to your supervisor.

You must avoid relationships with vendors or other third parties that provide financial or other incentives in exchange for the referral of clients to or from them. These incentives, moreover, are not necessarily in the form of cash payments, but may include consulting relationships, lease arrangements with vendors for other than fair market value, and gifts. A good guide is to avoid arrangements that confer personal benefits to you over and above that which ordinarily would be provided for your services. You must also review with your supervisor any proposed arrangement with clinicians, vendors, contractors or suppliers.

We must also avoid any referral decisions about clients that give preference to or decline potential clients that are easier or harder/costlier to serve based on diagnosis. We must also avoid any referral decisions that give preference to our employees, board members, and other stakeholders.

Report suspected violations immediately to a supervisor or the Corporate Compliance Officer.

#### **5. Professional Licensure, Certification and Credentialing**

All service professionals and paraprofessionals providing client services must be fully capable of fulfilling their clinical responsibilities. No service professional or paraprofessional will be permitted to provide client services on behalf of Hillside unless it has been demonstrated that he or she possesses the required education, licensure or certification and experience necessary to perform his or her clinical responsibilities and maintains ongoing requirements for their licensure, certification or credentials.

All service providers associated with Hillside shall be properly credentialed, and Hillside will maintain a file on each service provider that contains documentation of the practitioner's credentials. In credentialing practitioners, Hillside documents the practitioner's education, licensure or certification, and competency. In doing so, Hillside and personnel involved in the

credentialing process comply with all applicable laws and regulations, and professional standards.

If you become aware of any information or documentation indicating that anyone affiliated with Hillside has not adhered to the requirement for credentialing, licensure or certification, report it to your supervisor or the Chief HR Officer. (If an issue is raised to the supervisor, the supervisor must take the issue to the Chief HR Officer.)

## **6. Fraud and Abuse**

Fraud is the intentional deception or misrepresentation of something a person knows is false or does not believe to be true. It may include:

- Making false entries in Agency's records including service delivery documentation
- Altering any permanent entries in the Agency's records
- Approving payments or receipts on behalf of the Agency that are not described in documents supporting the transaction which may include petty cash or off-book accounts where there is no accounting for receipts or expenditures on the Agency's books; or
- Creating or participating in the creation of any records that are intended to mislead or to conceal anything that is improper

Abuse generally encompasses incidents or practices that are inconsistent with sound fiscal, business, or medical practices that may result directly or indirectly in unnecessary program costs, improper payment, or payment for services that fail to meet professional standards of care or that are medically unnecessary. Fraud or abuse may be committed by employees, contractors, clients or others.

Examples of Fraud and Abuse:

- Inappropriate use of flex funds
- Delivering services when it is known that all appropriate documentation has not been obtained and or properly authorized
- Billing for services that were not provided
- Billing for unnecessary services
- Misdating a document or signing someone's name other than your own
- Working in the EMR under someone else's log in credentials
- Theft of petty cash or inappropriate use of P-Cards or any other Hillside debit or credit cards
- Failure to document and bill for services delivered

Bring any concerns regarding Fraud and Abuse to the attention of a supervisor or Corporate Compliance Officer.

## **7. Gifts and Gratuities**

Hillside employees may not solicit money, gifts, gratitude, or any other personal benefits or favors of any kind from providers, contractors, producers, accounts, or people we serve and their families.

The receipt or giving of gifts by Hillside employees may raise questions about relationships with Hillside's vendors, governmental officials or business entities that interact with Hillside. We must refrain from activities that could possibly be construed as an attempt to improperly influence these relationships. (For more information about gifts from clients and families, see Code of Ethics, Professional Boundaries Policy, and Government Relations and Political Activities Policy.)

Gratuities or honorariums received for work performed as a Hillside employee should never be deposited into an employee's personal bank account, but instead turned over to the Accounts Receivable department. Employees may not receive gifts of more than token value from youth, adults and families we serve and stakeholders.

It is Hillside's policies to reimburse employees for all reasonable expenses, including meals, entertainment, and travel that are appropriately incurred while conducting Hillside business and submitted following financial procedures. Rarely will justification exist for you to permit someone else to pay for items such as entertainment or travel. If you follow Hillside policy and exercise reasonable judgment and common sense with respect to gifts and gratuities, you will avoid situations that might bring you or Hillside's integrity into question. If you have any questions in connection with the receipt or offer of gifts or entertainment, you should consult the applicable Hillside policy and your supervisor.

Please bring any concerns regarding violations of policy in this area to the attention of a supervisor or Corporate Compliance Officer.

#### **8. Intellectual Property and Internal Systems**

Hillside employees, affected persons, appointees or associates are responsible for maintaining and protecting the information used in connection with their job duties. For example, you must not record inaccurate information, make inappropriate or unauthorized modifications of information, or destroy or disclose information, except as authorized. Additionally, no current or former employee, affected person, appointee or associate may, without the prior written consent of Hillside, use for their own benefit or disclose to others any confidential or proprietary information obtained during their employment or term of engagement. (For example: Hillside training materials, policies and forms, HWSC Benefit-Cost Ratio Analysis, research studies, etc.)

Please bring any concerns regarding confidential or proprietary information to the attention of the Corporate Compliance Officer.

#### **9. Record Completion, Maintenance and Retention.**

The law requires Hillside to retain certain records and documents for specified periods of time. Failure to retain these records as required could result in substantial monetary penalties and prevent Hillside from having the documentation to legally defend actions regarding employees, client, and/or fiscal matters, and raise questions about our Agency's ethics. To comply with these obligations, Hillside has

implemented systems of controls and policies to assure proper maintenance, retention and destruction of records. You are expected to follow these policies (i.e. Documentation Policy 8513 and Document Retention and Destruction Policy 1322).

Contact your supervisor or the Corporate Compliance Officer in the event you learn of a potential or actual violation of Hillside's policies.

Records must also be completed in a timely fashion and accurately maintained. These records not only provide a basis for future decisions but also represent an important historical account of the actions taken by Hillside personnel which is critical to respond to claims made against us. There are specific protocols for the completion, maintenance, and modification of these records, and you are expected to comply fully with those protocols. Failure to do so can result in internal and external sanctions, fines and penalties as well as professional licensure action.

If you suspect any violation of recordkeeping protocols, contact your supervisor or the Corporate Compliance Officer.

#### **10. Reporting Requirements**

Employees, affected persons, appointees or associates must report any actual or suspected violations of this Corporate Compliance Code of Conduct, any applicable law or regulation, or any Agency policy and procedure to their immediate supervisor or the Corporate Compliance Officer. (If an issue is raised to the supervisor, the supervisor must take the issue to the Corporate Compliance Officer.) Failure to follow the policy can result in corrective action up to and including termination, as well as civil and/or criminal penalties, including but not limited to fines (up to \$20,000 per claim) and imprisonment.

Issues and concerns can also be reported anonymously and confidentially to [www.reportit.net](http://www.reportit.net) (User Name: Hillside; Password: Hillside or call 1-877-778-5463). Steps will be taken to protect confidentiality and anonymity, when appropriate and warranted.

All employees, affected persons, appointees or associates must cooperate fully and honestly in any investigation into a reported violation of this Corporate Compliance Code of Conduct, any applicable law or regulation, or Agency policy, procedure, or practice.

#### **11. Reviews and Inspections**

Our Agency is reviewed and inspected by government agencies. You are expected to become familiar with the requirements of these agencies as they affect your area and to ensure compliance with them. Failure to comply can lead to sanctions, to detailed plans of correction and, in extreme circumstances, to the restriction of licensed services.

There may be times that the Agency is asked to cooperate with an inspection by a federal or state governmental agency or to respond to a request for information.

Employees, affected persons, appointees or associates must report any requests for



inspection or information to the Corporate Compliance Officer immediately and cooperate with the inspectors.

### **Corporate Compliance and Your Responsibilities**

If you as an employee, affected person, appointee or associate have knowledge of or a concern about, potentially illegal or fraudulent activity, you must immediately contact your supervisor or the Corporate Compliance Officer. (If an issue is raised to the supervisor, the supervisor must take the issue to the Corporate Compliance Officer.) Conversely, you must exercise sound judgment to avoid baseless allegations. Failure by you to report misconduct within the scope of this policy may result in adverse action against you, up to and including termination, as well as civil and/or criminal penalties, including but not limited to fines (up to \$20,000 per claim) and imprisonment.

All reports of illegal and dishonest activities must be promptly reported to the Corporate Compliance Officer who is responsible for investigating and coordinating corrective action. Appropriate action will be taken against any employee who has engaged in misconduct, including reporting such conduct to civil or criminal authorities as required by law. Appropriate action including discontinuance of relationship may be taken for 1-1 volunteers, interns, independent contractors, sub-contractors, foster parents and Board members. Any required payback and Self-Disclosure will be made. The Corporate Compliance Officer will inform the Hillside Audit Committee of all reports and a summary of the reports will be provided to the Hillside Audit Committee on a regular basis.

## Attachment A

### Hillside Corporate Compliance Committee Charter

**Purpose:** The Corporate Compliance Committee is responsible for coordinating with Hillside's Corporate Compliance Officer to ensure that Hillside is conducting business in an ethical and responsible manner, consistent with the compliance program.

**Membership:** The Corporate Compliance Committee shall consist of:

- Darlene Ryan, Chief Performance Officer - Service Dates: 10/2011 to present
- Elizabeth Nolan, Chief Operations Officer - Service Dates: 10/2018 to present
- Mazie Tai, Chief Human Resources Officer – Service Dates: 10/2024 to present
- David Fluellen, Vice President of Residential Treatment Services - Service Dates: 11/2022 to present
- Jean Galle, Vice President of Community Based Services - Service Dates: 11/2023 to present
- Ann Cott, Executive Director of Health Care and Integration Services - Service Dates: 02/2020 to present
- Colleen Hill, Executive Director of Education - Service Dates: 11/2023 to present
- Lorynda Bender, Director of Quality and Risk Management - Service Dates: 10/2011 to present
- Carolyn Kenny, Director of Information Services - Service Dates: 11/2023 to present
- Elaine Minton, Director of HR Partnerships – Services Dates: 10/2024 to present
- Gary Antinone, Accounts Manager - Service Dates: 2/2024 to present
- Aaron Outlaw, Program Manager - Service Dates: 02/2017 to present

**Structure and Operations:** The Committee shall meet quarterly. Meetings shall be conducted virtually. Participation by such means shall constitute presence in person at the meeting. The Corporate Compliance Officer will also attend so as to coordinate with the committee and report to the committee.

The Director of Quality and Risk Management will serve as the chairperson of the committee. The agenda for each quarterly meeting shall be developed by the Corporate Compliance Committee chairperson in conjunction with the Corporate Compliance Officer.

The Committee shall keep written minutes of all meetings and actions taken. A member of the Corporate Compliance Committee will take minutes and the chairperson will approve minutes after each meeting concludes.

The Corporate Compliance Committee chairperson will submit quarterly minutes and report to the CEO with respect to its activities and significant matters addressed. A majority of the members of the Committee shall constitute a quorum

**Duties and Responsibilities:** The Corporate Compliance Committee shall have the following specific duties and responsibilities:

- Annual approval of Hillside's Compliance Plan/Policy 1200
- Development and quarterly review of the annual Corporate Compliance Work Plan including actions to ensure Medicaid compliance, reduce compliance risks, and facilitate internal audits.
- Quarterly review of Hillside's vendor exclusion list
- Quarterly review of Hillside's exclusion lists for:

- Employees
- LIP's
- Board Members
- Contractors
- Interns
- Review a quarterly summary of Corporate Compliance investigations and results
- Review of any other topics relevant to Corporate Compliance
- Follow up on action items identified in previous committee meetings

**Attachment B****Hillside  
Corporate Compliance Program  
Service Subcontractor/Consultant/  
Independent Contractor/1-to-1 Volunteer/Intern Verification**

I verify and affirm that I have received a copy of Hillside's Corporate Compliance Policy and Corporate Compliance Code of Conduct (individually, the "Policy" and "Code"). I understand that the reference to Hillside includes Hillside Children's Center and Hillside Foundation.

I further verify and affirm that I have read the Policy and Code thoroughly, that I understand them, and that I agree that the undersigned individually, or the company and its Board, officers, employees, agents, independent contractors, and affected persons (if any) are bound by and fully comply with them. I specifically agree not only to fulfill my responsibilities in a manner consistent with applicable laws, rules, regulations, policies and procedures, but to inform my contact at Hillside, the Corporate Compliance Officer, if I learn of any conduct by others in connection with Hillside that violates the Policy and/or Corporate Compliance Code of Conduct. I recognize that the Hillside Corporate Compliance Policy and Corporate Compliance Code of Conduct constitute a primary part of my responsibility to and relationship with Hillside, and that it is my obligation to comply with the Policy and Code.

I understand I can contact the Corporate Compliance Officer, Paul Smith, at the address noted below, by phone at 607-427-9691, or by e-mail at [pdsmith@hillside.com](mailto:pdsmith@hillside.com)

**Corporate Compliance Verification**

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Role or Company Name, if applicable

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Signature

---

Print Name

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Date

Please return this page to:

Paul Smith  
Corporate Compliance Officer  
825 Vestal Parkway  
W.Vestal, NY 13850  
Phone: 607-427-9691



**Attachment C**  
**Hillside**  
**Corporate Compliance Program**

**OMIG Self Disclosure**

All paybacks, voids, or adjustments of payments made directly by Medicaid to a Hillside program are required to be self-disclosed to the Office of the Medicaid Inspector General (OMIG). The following payback guidelines are to be followed:

Medicaid entities/Providers are required to report, return, and explain any overpayments they have received to the New York State Office of the Medicaid Inspector General (OMIG) Self- Disclosure Program within sixty (60) days of identification, or by the date any corresponding cost report was due, whichever is later. See Social Services Law (SOS) § 363-d(6).

OMIG has enacted self-disclosure processes to afford Medicaid entities/Providers a mechanism to report, return, and explain overpayments from the Medicaid program. These processes cover all Medicaid-program providers. See SOS § 363-d(7).

The determination of which form is appropriate for a Medicaid entity's/Provider's self-disclosure should be based on the error identified. Errors that require formal corrective action plans should always be self-disclosed using the [Self-Disclosure Full Statement](#), while errors that are more transactional or routine in nature and already repaid through voids or adjustments may be better suited to for the [Self-Disclosure Abbreviated Statement](#).

Self-Disclosure Full Statement

Examples to be self-disclosed using the Self-Disclosure Full Statement include but are not limited to:

- Any error that requires a Medicaid entity/Provider to create and implement a formal corrective action plan;
- Actual, potential or credible allegations of fraudulent behavior by employees or others;
- Discovery of an employee on the Excluded Provider list;
- Documentation errors that resulted in overpayments;
- Overpayments that resulted from software or billing systems updates;
- Systemic billing or claiming issues;
- Overpayments that involved more than one Medicaid entity/Provider (example

– Health Homes & Care Management Agencies);

- Non-claim-based Medicaid overpayments;
- Any error with substantial monetary or program impacts; and
- Any instance upon direction by OMIG.

Note: The Self-Disclosure Full Statement includes embedded links to the Claims Data File and MPC form.

For disclosures using the Self-Disclosure Full Statement OMIG requires:

- The overpayment amount
- A detailed explanation of the reason the Medicaid entity/Provider received the overpayment or caused the overpayment to be received, including an explanation of the circumstances that led to the overpayment
- Identification of any rule, policy, regulation or statute that was violated
- Identification of the individuals involved in the error and discovery of the error
- The type of Medicaid program affected
- Corrective measures put in place to prevent a recurrence, etc.
- Contact information
- Signature of the disclosing Medicaid entity/Provider on the form
- Signatory and Title of the responsible person who will sign the documents
- Claims Data File or MPC form if applicable
- Agreement to the terms of disclosure
- Confirmation that void or adjustment transactions have been processed, or agreement to return the overpayment amount within fifteen (15) days of written notification from OMIG, or if approved by the OMIG, agreement to executing a SDCA to repay in installments

The Claims Data File should include the following for each disclosed claim:

- Payer Name (Medicaid FFS or MCO/MLTC name)
- Claim Reference Number (CRN) or Transaction Control Number (TCN), a 16- digit number
- Claim Line Number
- Medicaid Group ID (if applicable)
- Billing Provider's Medicaid MMIS ID (Billing Provider ID) and NPI number
- Servicing Medicaid MMIS ID (Servicing Provider ID) and NPI number
- Medicaid recipient's first name
- Medicaid recipient's last name
- Medicaid recipient's Medicaid ID number (CIN), an 8-character number (e.g., AA#####A)
- Medicaid recipient's Date of Birth
- Medicaid recipient's Social Security Number
- Date of service (*not the date billed or payment date*)

- Incorrect rate or procedure codes (if applicable)
- Correct rate or procedure codes
- Incorrect Units paid (if applicable)
- Correct Units
- Amount Medicaid paid
- Amount that Medicaid should have paid
- Amount paid by Medicare or any other third party (if applicable)

#### Self-Disclosure Abbreviated Statement

Examples to be self-disclosed using the Self-Disclosure Abbreviated Statement:

- Routine credit balance/coordination of benefits overpayments;
- Typographical human errors;
- Routine Net Available Monthly Income (NAMI) adjustments;
- Instance of missing or faulty authorization for services due to human error;
- Instance of missing or insufficient support documentation due to human error;
- Inappropriate rate, procedure or fee code used due to typographical or human error;
- Routine recipient enrollment issue

For disclosures using the Self-Disclosure Abbreviated Statement OMIG requires:

- Provider Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
- Provider Name or DBA
- Contact Name, title, phone number and email
- Overpayment Identification Period
- TCN(s) of voided or adjusted claim(s)
- Overpayment Reason for each voided or adjusted claim
- Total amount voided or adjusted during the Identification Period