



<b>Department:</b>	Corporate Compliance
<b>Policy:</b>	Corporate Compliance Program
<b>Supersedes:</b>	Policy: Corporate Compliance April 2021 Policy: Corporate Compliance Policy & Procedures August 2017

**Policy:** Cabrini of Westchester (“Cabrini”) has adopted, implemented and maintains a Corporate Compliance Program that satisfies the requirements of 18 NYCRR SubPart 521-1 and 521-3, as well as the contractual components of SubPart 521-2 in its relation to MMCOs. This Corporate Compliance Program is designed to be compatible with Cabrini’s characteristics as a 304-bed, Catholic, not-for-profit, long term care facility whose mission is to focus on elder-care and outreach to the community through personalized, compassionate and quality service with an emphasis on justice and respect for all.

**Purpose:** 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. The Corporate Compliance Plan (“Plan”) has been developed to summarize various legal requirements and workplace behaviors that must be adhered to by those that work for and do business with Cabrini of Westchester. Cabrini acknowledges its responsibility to comply with the compliance requirements of any MMCO to which Cabrini may contract with to provide medical assistance services. The Plan was developed as a guide to assist Cabrini’s staff and other affected individuals to follow and adhere to federal, state and local laws, as well as its own policies and procedures.

<b>Record Retention 521-1.3(b)</b>	Cabrini shall retain its records demonstrating that it has adopted, implemented, and operated an effective Compliance Program for a period of not less than six (6) years from date the program was implemented or any amendments were made thereto.
<b>Contractors, agents, sub-contractors, and independent contractors (“Contractors”) 521-1.3(c)</b>	<ol style="list-style-type: none"> <li>1. All contracts with Contractors specify that the Contractor is subject to Cabrini’s Compliance Program, to the extent that the Contractor is affected by Cabrini’s risk areas, and only within the scope of Cabrini’s authority and affected risk areas.</li> <li>2. Contracts will include termination provisions for failure to adhere to Cabrini’s Compliance Program requirements.</li> <li>3. Cabrini will be ultimately responsible for the adoption, implementation, maintenance, enforcement, and effectiveness of its Compliance Program.</li> </ol>
<b>Risk Areas 521-1.3(d)</b>	<p>Cabrini’s Compliance Program applies to its risk areas, which are those areas of operation affected by the Compliance Program and shall apply to:</p> <ol style="list-style-type: none"> <li>1. Billings;</li> <li>2. Payments;</li> <li>3. Ordered Services;</li> <li>4. Medical Necessity;</li> <li>5. Quality of Care;</li> <li>6. Governance;</li> <li>7. Mandatory reporting;</li> <li>8. Credentialing;</li> <li>9. Contractor, sub-contractor, agent or independent contract oversight, and</li> <li>10. Other risk areas that are or should reasonably be identified by Cabrini through its organizational experience.</li> </ol>

<p><b>NYS Department of Health (DOH) and NYS Office of Medicaid Inspector General (OMIG)</b></p>	<p>Cabrini shall comply with all directives of the NYS Department of Health or OMIG with respect to the adoption, implementation and maintenance of its Compliance Program pursuant to 18 NYCRR SubPart 521-1.</p>
<p><b>Certification 521-1.3(f)</b></p>	<ol style="list-style-type: none"> <li>1. Cabrini will certify to DOH upon enrollment and annually thereafter, using a form and manner required by OMIG and DOH, that Cabrini has met the requirements of § 363-d of Social Services Law and this SubPart.</li> <li>2. Cabrini shall provide a copy of such certification to each MMCO for which Cabrini, has signed a provider agreement with the MMCO, and annually thereafter.</li> </ol>
<p><b>Written Policies &amp; Procedures 521-1.4(a)</b></p>	<p>Cabrini has written policies, procedures, and standards of conduct within the Compliance Plan. There is a process for drafting, revising, and approving the written policies and procedures required by 521-1.4. These policies and procedures are available to all affected individuals.</p> <p>The written policies and procedures:</p> <ol style="list-style-type: none"> <li>1. Articulate Cabrini’s commitment and obligation to comply with all applicable federal and state standards. They identify governing laws, and regulations that are applicable to Cabrini’s risk areas, including any of the aforementioned risk areas (See: “Risk Areas” in row 3 of this table.)</li> <li>2. Describe compliance expectations as embodied in the Cabrini Compliance Plan. The Plan serves as a foundational document which describes Cabrini’s fundamental principles and values, and commitment to conduct its business in an ethical manner.</li> <li>3. Document the implementation of each of the subdivisions under this section and outline the ongoing operation of the Compliance Program, including the responsibilities of all Cabrini staff in carrying out the functions of the Compliance Program.</li> <li>4. Provide guidance to all Cabrini staff on dealing with potential compliance issues. Such guidance shall:       <ol style="list-style-type: none"> <li>a. Assist Cabrini staff in identifying potential compliance issues, questions and concerns, set forth expectations for reporting compliance issues, and explain how to report such issues, questions, and concerns to the Compliance Officer.</li> <li>b. Establish the expectation that all Cabrini staff will act in accordance with the standards of conduct within the Compliance Plan, that they must refuse to participate in unethical or illegal conduct, and that they must report any unethical or illegal conduct to the Compliance Officer</li> </ol> </li> <li>5. Identify the methods and procedures for communicating compliance issues to the appropriate compliance personnel.</li> </ol>

	<ol style="list-style-type: none"> <li>6. Describe how potential compliance issues are investigated and resolved by Cabrini, and the procedures for documenting the investigation and the resolution or outcome.</li> <li>7. Include a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program, including, but not limited to:             <ol style="list-style-type: none"> <li>a. Reporting potential compliance issues to appropriate personnel;</li> <li>b. Participating in investigation of potential compliance issues;</li> <li>c. Self-evaluations;</li> <li>d. Audits;</li> <li>e. Remedial actions;</li> <li>f. Reporting instances of intimidation or retaliation; and</li> <li>g. Reporting potential fraud, waste or abuse to the appropriate state or federal entities</li> </ol> </li> <li>8. Cabrini shall review the written policies and procedures, and the Compliance Plan with standards of conduct at least annually to determine:             <ol style="list-style-type: none"> <li>a. If such written policies, procedures, and standards of conduct have been implemented;</li> <li>b. Whether Cabrini staff are following the policies, procedures , and standards of conduct are effective, and</li> <li>c. Whether any updates are required.</li> </ol> </li> </ol>
<p><b>Disciplinary Standards</b>                      521-1.4(a)(2)(viii)                      521-1.4(f)</p>	<p>The Compliance Plan includes a written statement setting forth Cabrini’s policy regarding any Cabrini staff who fail to comply with the written policies and procedures, standards of conduct, or state and federal laws, rules and regulations.</p> <ol style="list-style-type: none"> <li>1. Such statement shall establish standards for escalating disciplinary actions that must be taken in response to non-compliance, with intentional or reckless behavior being subject to more significant sanctions. Sanctions may include oral or written warnings, suspension, and/or termination.</li> <li>2. Written policies and procedures outline the procedures for taking disciplinary action and sanctioning individual. Disciplinary procedures conform with collective bargaining agreements when applicable.</li> <li>3. Notwithstanding the requirement under 42 U.S.C. 1396a(a)(68), Cabrini complies with the provisions of 42. U.S.C. 1396a(a)(68) (United States Code, 2006 edition, Title 42, Chapter 7, SubChapter XIX, Government Printing Office, <a href="https://www.govinfo.gov/content/pkg/USCODE-2006-title42/pdf/USCODE-2006-title42-chap7-subchapXIX-sec1396a.pdf">https://www.govinfo.gov/content/pkg/USCODE-2006-title42/pdf/USCODE-2006-title42-chap7-subchapXIX-sec1396a.pdf</a>. A copy of which is available for copying and inspection at the Office of the Medicaid Inspector General, 800 North Pearl Street, 2<sup>nd</sup> Floor, Albany, NY 12204).</li> </ol> <p>Cabrini has established disciplinary standards and implemented procedures for the enforcement of such standards to address potential violations and encourage good faith participation in the Compliance Program by all Cabrini staff. In developing and enforcing its disciplinary standards:</p> <ol style="list-style-type: none"> <li>1. Written policies and procedures establish, pursuant to subdivision (a) of this §, Cabrini’s disciplinary standards and the procedures for taking such actions. They</li> </ol>

	<p>are published and disseminated to all affected individuals, and are incorporated into Cabrini’s training plan as set forth in “Training and Education.”</p> <p>2. Cabrini will enforce its disciplinary standards fairly and consistently, and the same disciplinary action should apply to all levels of personnel.</p>
<p><b>Compliance Officer 521-1.4(b)</b></p>	<p>Cabrini has designated an individual to serve as its Compliance Officer (“C.O.”). The C.O. is the focal point for Cabrini’s Compliance Program and is responsible for the day-to-day operation of the Compliance Program.</p> <p>1. The Compliance Officer’s primary responsibilities shall include:</p> <ul style="list-style-type: none"> <li>a. Overseeing and monitoring the adoption, implementation and maintenance of the Compliance Program and evaluating its effectiveness;</li> <li>b. Drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to federal and state laws, rules, regulations, policies and standards, a compliance work plan which shall outline Cabrini’s proposed strategy for meeting the requirements of 18 NYCRR SubParts 521-1; 521-3 and 521-2 where applicable</li> <li>c. Reviewing and revising the Compliance Program the written policies and procedures, standards of conduct, the Compliance Plan, to incorporate changes based on Cabrini’s organizational experience and promptly incorporate changes to federal and state laws, rules, regulations, policies and standards;</li> <li>d. Reporting directly, on a regular basis, but no less frequently than quarterly, to the Cabrini’s Audit, Compliance and Corporate Ethics Committee (“Audit Committee”) of the Board of Trustees, routinely to the C.E.O, and quarterly to the Corporate Compliance Committee, tasked with oversight of the day-to-day Compliance Program functions and organizing the information gathered through audits, reports, complaints, and state and federal sources, and on the progress of adopting, implementing and maintaining the Compliance Program to be presented to the Audit Committee;</li> <li>e. Assisting Cabrini in establishing methods to improve Cabrini’s efficiency, quality of services, and reducing Cabrini’s vulnerability to fraud, waste and abuse;</li> <li>f. Investigating and independently acting on matters related to the Compliance Program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments contractors and the State; and</li> <li>g. Coordinating the implementation of the fraud, waste, and abuse prevention program with the director and lead investigator of the MMCO’s special investigation unit pursuant to SubPart 521-2.</li> <li>h. The Compliance Officer reports directly and is accountable to Cabrini’s President and C.E.O. or may report to another senior manager whom the C.E.O. may designate for reporting purposes provided such designation does not hinder the Compliance Officer in carrying out their duties and having access to the C.E.O and Board of Trustees.</li> </ul>

	<ul style="list-style-type: none"> <li>i. Cabrini assures that the Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program based on Cabrini’s risk areas and organizational experience.</li> <li>j. Cabrini assures that the Compliance Officer and personnel assisting with compliance activities have access to all records, documents, information, facilities and affected individuals that are relevant to carrying out their Compliance Program responsibilities.</li> </ul>
<p><b>Compliance Committee                      521-1.4(c)</b></p>	<p>Cabrini has designated a Compliance Committee that is responsible for coordinating with the Compliance Officer to ensure that Cabrini is conducting its business in an ethical and responsible manner, consistent with its Compliance Program. Duties and responsibilities, membership, designation of a Chair, and frequency of meetings are outlined in a charter. The Compliance Committee’s responsibilities include:</p> <ol style="list-style-type: none"> <li>1. Coordinating with the C.O. to ensure that written policies and procedures and the Compliance Plan (standards of conduct) are current, accurate and complete, and that the required training topics are timely completed;</li> <li>2. Coordinating with the C.O. to ensure communication and cooperation by Cabrini staff on compliance issues, internal or external audits, or any other function or required activity;</li> <li>3. Advocating for the allocation of sufficient funding, resources and staff for the C.O. to fully perform their responsibilities;</li> <li>4. Ensuring that Cabrini has effective systems and processes in place to identify Compliance Program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and</li> <li>5. Advocating for adoption and implementation of required modifications to the Compliance Program.</li> </ol> <p>Membership in the Committee is comprised of senior managers and one or two frontline staff members. It meets no less than once quarterly, and reviews and updates the Committee Charter at least annually, and more frequently if necessary.</p> <p>The Compliance Committee reports directly to the President &amp; C.E.O., as well as to the Audit Committee of the Board of Trustees.</p>
<p><b>Training and Education                      521-1.4(d)</b></p>	<p>Cabrini has an effective compliance training and education program for the Compliance Officer and all Cabrini staff and Board of Trustees. Training and education includes:</p> <ol style="list-style-type: none"> <li>1. Cabrini’s risk areas and organizational experience;</li> <li>2. Written policies and procedures as expressed in the above-referenced paragraph;</li> <li>3. The role of the Compliance Officer and Compliance Committee;</li> <li>4. How Cabrini staff can ask questions and report potential compliance-related issues to the Compliance Officer and senior management, including the obligation of Cabrini staff to report suspected illegal or improper conduct and the procedures for submitting such reports; and protection from intimidation and retaliation for good faith participation in the Compliance Program;</li> <li>5. Disciplinary standards, with an emphasis on those standards related to Cabrini’s Compliance Program and prevention of fraud, waste and abuse;</li> <li>6. How Cabrini responds to compliance issues and implements corrective action plans;</li> <li>7. Requirements specific to Cabrini and its categories of service;</li> </ol>

	<p>8. Coding and billing requirements, and best practices, if applicable; and                  9. Claim development and the submission process, if applicable</p> <p>(Items 8 and 9 refer to those working with coding and billing requirements, the Finance Department , and Information Management)</p> <p>The C.O. and Cabrini staff shall complete the compliance training program described herein, and will do so no less frequently than annually. This training and education is a part of the orientation of new Compliance Officers and Cabrini staff. It occurs promptly upon hiring.</p> <p>Training and education is provided in a form and format accessible and understandable to all Cabrini staff, and is consistent with federal and state language and other access laws, rules or policies.</p> <p>Cabrini maintains a training plan, which outlines the subjects or topics for training and education, the timing and frequency of the training, which individuals are required to attend, how attendance will be tracked. Effectiveness of training is evaluated by a post-test, as well as by any trends or issues identified subsequently that suggest a need for increased or further compliance education.</p>
<p><b>Lines of Communication</b>  <b>521-1.4(e)</b></p>	<p>Cabrini has established effective lines of communication which ensure confidentiality for Cabrini’s staff. The lines of communication:</p> <ol style="list-style-type: none"> <li>1. Are accessible to all Cabrini staff and allow for questions regarding compliance issues to be asked and for compliance issues to be reported;</li> <li>2. Are publicized and available to all Cabrini staff, and all recipients of service from Cabrini. The lines of communication to the C.O. are publicized, as well as discussed during orientation.</li> <li>3. Provide for a method for anonymous reporting of potential fraud, waste and abuse and other compliance issues directly to the C.O.</li> <li>4. Ensure that the confidentiality of persons reporting compliance issues shall be maintained, unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by, MFCU, OMIG or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the required provider’s policy for non-intimidation and non-retaliation</li> </ol> <p>Cabrini has made its Compliance Plan available on its website.</p>
<p><b>Auditing and Monitoring</b>  <b>521-1.4(g)</b></p>	<p>Cabrini has established and implemented an effective system for the routine monitoring and identification of compliance risks. This includes internal monitoring and audits and, as appropriate, external audits, which evaluate Cabrini’s compliance with the requirements of a Medical Assistance program and the overall effectiveness of Cabrini’s Compliance Program.</p> <p>Cabrini performs routine audits by internal or external auditors who have expertise in state and federal medical assistance program requirements and applicable laws, rules and regulations, or have expertise in the subject area of the audit. Audits meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Internal and external compliance audits shall focus on the Risk Areas identified in the above-mentioned section.</li> </ol>

<p><b>521-1.5(g)(2)</b></p>	<ol style="list-style-type: none"> <li>2. Results of all internal or external audits, or audits conducted by the state or federal government of Cabrini, shall be reviewed for risk areas that can be included in updates to Cabrini’s Compliance Program and Compliance Work Plan.</li> <li>3. The design, implementation, and results of any internal or external audits shall be documented, and the results shared with the Compliance Committee and the Audit Committee of the Board of Trustees.</li> <li>4. Any overpayments identified shall be reported, returned and explained in accordance with the provisions of SubPart 521-3 of this Part, and Cabrini shall promptly take corrective action to prevent recurrence.</li> </ol> <p><b>Annual Compliance Program Review.</b> Cabrini reviews its Compliance Program annually. This review will include the review of whether the requirements identified in this SubPart have been met. This review should determine the effectiveness of the Compliance Program, and whether any revision or corrective action is required. The reviews:</p> <ol style="list-style-type: none"> <li>1. May be carried out by the C.O., Compliance Committee, external auditors, or other staff designated by Cabrini, provided that such staff have the necessary knowledge and expertise to evaluate the effectiveness of the components of the Compliance Program they are reviewing, and are independent from the functions being reviewed;</li> <li>2. Should include on-site visits, interviews with Cabrini staff, review of records, surveys, or any other comparable method that Cabrini deems appropriate, provided that such method does not compromise the independence or integrity of the review;</li> <li>3. Should document the design, implementation, and results of its effectiveness review, and any corrective action implemented;</li> <li>4. Must share the results of the annual Compliance Program reviews with the President &amp; C.E.O., senior management, Compliance Committee and the Audit Committee of the Board of Trustees.</li> </ol>
<p><b>Responding to Compliance Issues</b>  <b>521-1.4(h)</b></p>	<p><b>Excluded providers.</b> Pursuant to 18 NYCRR §515.5, Cabrini confirms the identity and determines the exclusion status of Cabrini staff and other affected individuals. In determining the exclusion status of a person or entity, Cabrini checks the New York State Office of the Medicaid Inspector General Exclusion List and the Health and Human Services Office of the Inspector General’s List of Excluded Individuals and Entities every 30 days. Cabrini requires contractors to comply with the provisions of this paragraph. The results of these activities are reported to the Compliance Office and other Cabrini personnel as appropriate.</p> <p>Cabrini has established, and will implement, systems and procedures for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of the aforementioned internal auditing and monitoring conducted, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with state and federal laws, rules and regulations, and requirements of a medical assistance program. Cabrini meets the following requirements:</p> <ol style="list-style-type: none"> <li>1. Upon detection of potential compliance risks and compliance issues, whether through reports received, or as a result of the auditing and monitoring conducted as described previously, Cabrini will take prompt action to investigate the</li> </ol>

	<p>conduct in question and determine what, if any, corrective action is required, and will promptly implement such corrective action.</p> <ol style="list-style-type: none"><li>2. Cabrini will document its investigation of the compliance issue which shall include any alleged violations, a description of the investigative process, copies of interview notes and other documents essential for demonstrating that Cabrini completed a thorough investigation of the issue. If appropriate, Cabrini may retain outside experts, auditors, or counsel to assist with the investigation.</li><li>3. Cabrini will document any disciplinary action taken and the corrective action implemented.</li><li>4. If Cabrini identifies credible evidence or credibly believes that a state or federal law, rule or regulation has been violated, Cabrini shall promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The C.O. shall receive copies of any reports submitted to governmental entities.</li></ol>
<b>REFERENCES</b>	18 NYCRR 521-1.4 Social Services (SOS) CHAPTER 55, ARTICLE 5, TITLE 11 §363-d Title 42 USC § 1396-a(a)(68)

Approved by: \_\_\_\_\_  
Patricia Krasnausky

Title: \_\_\_\_\_  
President and C.E.O.

Effective Date: March 1, 2023