



CORPORATE COMPLIANCE PLAN

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Advance Care Alliance of New York's (ACA/NY) Compliance Plan is a high-level summary of its Compliance Program describing ACA/NY's commitment to maintain a comprehensive and effective Compliance Program. This Compliance Plan outlines the Compliance Program structure and strategic objectives, to include focus areas identified through ACA/NY's ongoing compliance auditing, monitoring, investigations, and risk assessments. This Document is publicly available on ACA/NY's website.

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PART ONE: COMPLIANCE PROGRAM POLICY SUMMARY

I. PURPOSE

Advance Care Alliance of New York (ACA/NY) is committed to providing services of the highest quality and to being in full compliance with all federal, state, and local laws and regulations. As part of this commitment, ACA/NY has adopted this Compliance Plan and its Compliance Standards of Ethical Conduct as the basis of its efforts in fostering an organizational culture that promotes responsible and honest conduct, transparency in all business transactions, and adherence to the laws and regulations of its government oversight agencies.

ACA/NY recognizes that maintaining an effective compliance program is a condition of receiving payment under the NYS Medicaid/OPWDD Care Coordination Program. The purpose of this Policy is to establish the framework of ACA/NY's Corporate Compliance Program pursuant to 18 NYCRR Subpart 521-1.

II. POLICY STATEMENT

The ACA/NY Corporate Compliance Program (or "Compliance Program") is based upon the seven (7) elements of an effective Compliance program as promulgated by the NYS Office of the Medicaid Inspector General (OMIG). The respective standards established by OMIG under 18 NYCRR Subpart 521-1 (or "Subpart 521-1") for each element is detailed in this document, albeit not necessarily in its entirety. Each element also includes a description of the actions and safeguards ACA/NY will take to fully meet or exceed the established standard. Additionally, the ten (10) risk areas, also as identified by OMIG, that the Compliance Plan must consider are then described as well as ACA/NY's risk assessment process.

ACA/NY's Compliance Program is comprised of numerous internal policies and procedures, which collectively address all components of Subpart 521-1. It will be reviewed in its entirety, along with this Document, at least annually with input from all key stakeholders, including Executive Leadership, the Board of Directors (or "Board"), the Compliance Board Subcommittee, the Chief Compliance Officer (or "Compliance Officer"), and the Internal Compliance Committee.

See Policy 9-99, *Compliance Program Roadmap*, which details ACA/NY's Compliance Program and includes references to all compliance-related policies, procedures, and Standard Operating Procedures (SOP).

III. DEFINITIONS

The following terms are used throughout ACA/NY's Compliance Program and supporting policies, procedures, and SOPs, including this document. Additional terms are defined, as needed, within ACA/NY's applicable policies and procedures.

Affected Individuals. Used throughout ACA/NY's Compliance Program, and related policies and procedures, this term collectively means any individual (or entity) that is affected by ACA/NY's risk areas. This includes all ACA/NY employees, including senior executives, and members of ACA/NY's Board of Directors. This term also includes contractors, vendors, agents, subcontractors, and independent contractors (collectively, "Contractors") that meet any of the following conditions:

- (i) Any Contractor who, on behalf of the ACA/NY, (a) furnishes or authorizes government-funded care management services or (b) performs billing or coding functions;
- (ii) Any Contractor who provides significant and material administrative or consultative services that are related to (or a necessary component of) government-funded care management services; or
- (iii) Any Contractor who is involved in the review of government-funded care management services provided by ACA/NY.

Annual Compliance Work Plan. Developed annually by the Compliance Officer, this document outlines compliance-related activities, including an auditing schedule. The Internal Compliance Committee will assist in identifying and prioritizing compliance risks to support the Compliance Officer in developing and executing the Compliance Work Plan.

Contributing Department(s). Used in all compliance-related policies, this term denotes ACA/NY Departments that have a vested interest in the respective Policy.

Effective Compliance Program. A compliance program adopted and implemented by ACA/NY that, at a minimum, satisfies the requirements of Subpart 521-1 and that is designed to be compatible with ACA/NY's characteristics, which shall mean that it:

- (i) is well-integrated into ACA/NY's operations and supported by the highest levels of the organization, including the Chief Executive Officer, senior management, and the governing body;
- (ii) promotes adherence to ACA/NY's legal and ethical obligations; and
- (iii) is reasonably designed and implemented to prevent, detect, and correct noncompliance with OPWDD Care Coordination Program requirements, including fraud, waste, and abuse most likely to occur for the required provider's risk areas and organizational experience.

Good Faith Participation. As used throughout ACA/NY's Compliance Program, this term refers to an individual's sincere belief or motive in their action, i.e., participation in ACA/NY's Compliance Program is not motivated by malice and or an intent to defraud. "Good Faith Participation" is presumed, albeit subject to rebuttal, and is

the only conduct that is protected from non-retaliation and non-intimidation requirements.

OPWDD Care Coordination Program. This term refers to the NYS Medicaid Program, i.e., HCBS Waiver, under which ACA/NY principally operates and all corresponding statutes, regulations, rules, and directives. Throughout Subpart 521-1, OMIG refers to “Medical Assistance” programs when referring to services paid for by NYS Medicaid. For the purpose of ACA/NY’s Compliance Plan, “OPWDD Care Coordination Program” shall refer to the applicable Medical Assistance program under which ACA/NY operates.

IV. **ACA/NY’S COMMITMENT**

Pursuant to maintaining an Effective Compliance Program, ACA/NY commits to the following.

- ACA/NY is, and will remain, committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold all Affected Individuals to these same standards.
- ACA/NY is committed to maintaining and measuring the effectiveness of our Compliance Program and Standards of Conduct through monitoring and auditing systems reasonably designed to detect noncompliance by Affected Individuals.
- ACA/NY is committed to the prevention of improper or illegal activities and to provide mechanisms to detect noncompliance, including but not limited to, any violations of laws and regulations, healthcare program requirements, the Standards of Conduct and ACA/NY’s policies and procedures. ACA/NY is committed to the prompt investigation and resolution of reported or detected noncompliance.
- ACA/NY is committed to the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in Federal and State healthcare statutes, regulations, and healthcare program requirements.

V. **RESPONSIBILITY**

All Affected Individuals shall acknowledge their responsibility to report any instances of suspected or known noncompliance to a member of management, the Chief Executive Officer, or the Compliance Officer without fear of retaliation, retribution, or intimidation. Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination of employment, contract, assignment, or appointment. Reports related to harassment or other workplace-oriented issues will be referred to the Human Resources Department.

VI. WRITTEN POLICIES & PROCEDURES AND COMPLIANCE STANDARDS OF ETHICAL CONDUCT

ACA/NY will communicate its compliance standards and policies through required training and communication initiatives and ensuring access to this Compliance Plan and the Standards of Ethical Conduct to all Affected Individuals.

See: Part Two, Section I, *Element One – Written Compliance Policies and Procedures*.

VII. COMPLIANCE OVERSIGHT, COMMUNICATION, AND EDUCATION

ACA/NY has appointed a Compliance Officer who is responsible for the overall operation of the Compliance Program, including all compliance-related education and training. An Internal Compliance Committee works with the Compliance Officer to implement and maintain an Effective Compliance Program. ACA/NY's Board of Directors' Compliance Board Subcommittee shall advise and assist the Compliance Officer with oversight and implementation of ACA/NY's Compliance Program.

All ACA/NY Leadership are responsible for helping to develop and foster a culture that promotes the organization's standards of ethics, quality, and compliance.

See:

- Part Two, Section II, *Element Two – Compliance Program Oversight*;
- Part Two, Section III, *Element Three – Compliance Program Training and Education*; and
- Part Two, Section IV, *Element Four – Lines of Communication to the Compliance Officer*.

VIII. ENFORCEMENT OF COMPLIANCE STANDARDS AND DISCIPLINE FOR VIOLATIONS

ACA/NY's Compliance Program will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of Affected Individuals responsible for failure to detect and/or report noncompliance.

See: Part Two, Section V – *Compliance Enforcement & Discipline Standards*.

IX. ACA/NY'S DUE DILIGENCE: COMPLIANCE AUDITING AND MONITORING

ACA/NY shall exercise due diligence regarding the identification, rectification, and mitigation of all compliance risk, including, but not limited to, Compliance Program oversight and enforcement; fraud prevention; background investigations and exclusion screening of Affected Individuals; compliance risk assessments; compliance-related education and training; purposeful expeditious investigation of compliance issues; and, when necessary, discipline for non-compliance.

See: Part Two, Section VI – *Auditing and Monitoring*.

X. RESPONSE TO NON-COMPLIANCE

Whenever ACA/NY detects noncompliance that is discovered through any mechanism, such as compliance auditing procedures and/or confidential reporting of noncompliance, it will be responded to in an expedient manner. ACA/NY is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan and policies and procedures.

See: Part Two, Section VII, *Element Seven – Responding to Compliance Issues*.

XI. WHISTLEBLOWER PROTECTIONS AND NON-INTIMIDATION

ACA/NY will never take any retaliatory action against an Affected Individual who, in good faith, reports actual or suspected noncompliance or illegal activities or for good faith participation in the Compliance Program.

ACA/NY will not take any retaliatory action against an employee if the employee discloses certain information about the Organization's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that the Organization is in violation of a law that creates a substantial and specific danger to the public health and safety; or that constitute healthcare fraud under the law; or that assert that the employee, in good faith, believes constitutes improper quality of care.

XII. COMPLIANCE PROGRAM DOCUMENTATION AND MAINTENANCE**A. Compliance Concern and Investigation Log (or “Compliance Log”)**

ACA/NY shall maintain a confidential Compliance Log for the purposes of recording its Compliance activity, which includes reported or identified concerns that raise a significant compliance-related issue needing further investigation, compliance-related investigation activities and findings, corrective actions taken and, voids of identified overpayments. The Compliance Log will likewise serve as a repository for any HIPAA-related investigation and corrective action. Access to the Compliance Log is strictly limited to Compliance Department personnel and others, as deemed appropriate, but such requests must be limited to the minimum necessary information.

B. Periodic Review**1. General**

ACA/NY's Compliance Program and related policies and procedures are intended to be flexible and dynamic, making them easy to adapt in response to changes in regulatory requirements. All Compliance Program components will, at minimum, be reviewed annually by the Compliance Officer, Internal Compliance Committee, and Compliance Board Subcommittee. Any

identified risks will be diligently addressed, as needed, along with policy revisions or institutional response that might be required.

2. Compliance Work Plan and Audit Schedule

ACA/NY will annually prepare a Compliance Work Plan and audit schedule to meet all aspects of the overall Compliance Program. The Compliance Work Plan will serve to guide and inform Compliance activities and agenda and results thereof will be used to gauge the effectiveness of ACA/NY's Compliance Program.

3. Risk Assessment

ACA/NY shall perform ongoing risk assessments to identify and analyze acute risk and, if necessary, bring issues to the immediate attention of the Chief Executive Officer, Compliance Board Subcommittee, and/or Board of Directors. The Internal Compliance Committee shall, no less frequently than annually, assist in identifying and prioritizing such risks, with an emphasis on the Designated Risk Areas, as discussed in Part Three, Section I.

C. Annual Report to ACA/NY's Board of Directors

ACA/NY's Compliance Department will annually prepare a trend report for the Board of Directors and the Chief Executive Officer, which will describe the general compliance efforts that have been undertaken during the preceding year. This report will also recommend changes that might be made to improve and increase the effectiveness of the Corporate Compliance Program.

PART TWO: THE SEVEN ELEMENTS OF ACA/NY'S COMPLIANCE PROGRAM

I. ELEMENT ONE – WRITTEN COMPLIANCE POLICIES AND PROCEDURES AND STANDARDS OF ETHICAL CONDUCT

A. OMIG Standard.

Required providers shall have written policies, procedures, and standards of conduct. The required provider shall establish a process for drafting, revising, and approving the written policies and procedures required by this subdivision. The written policies and procedures described in this subdivision must be available, accessible, and applicable to all affected individuals. [18 NYCRR Subpart 521-1.4(a)(1)]

B. ACA/NY's Operational Strategy

1. Compliance Program Components

To support ACA/NY's Compliance Program, policies and procedures are established to provide direction to Affected Individuals and address the following components of the Compliance Program. Collectively, these policies and procedures articulate ACA/NY's commitment to comply with all federal and state standards, as well as its internal ethical standards, and establish the standards and procedures that must be followed by all Affected Individuals.

- a) *Conflict of Interest;*
- b) *Reporting and investigation of noncompliance;*
- c) *Non-retaliation and non-intimidation;*
- d) *False Claims Act and Whistleblower protections;*
- e) *Compliance Program education and training;*
- f) *Auditing and monitoring;*
- g) *Billing errors and overpayments;*
- h) *Kickbacks and business courtesies;*
- i) *Discipline for noncompliance or failure to report; and*
- j) *Responding to governmental investigations*

2. Compliance Standards of Ethical Conduct

The Compliance Standards of Ethical Conduct (or "Standards of Ethical Conduct") serves as a foundational document that describes ACA/NY's fundamental principles and values, and its commitment to conduct its business in an ethical manner. The Standards of Ethical Conduct provides Affected Individuals with guidance on requirements for conduct related to their employment, contract, assignment, or other association with ACA/NY.

When any person knows or reasonably suspects that the expectations in the Standards of Ethical Conduct and the Compliance Program have not been met, this must be reported to a member of management, the Compliance Officer, or a member of the Internal Compliance Committee so that each situation may be appropriately dealt with. The Compliance Hotline may be reached at 646-755-9029. Reports may be made in person, by phone, fax, mail, or email.

3. Review, Approval, Applicability, and Accessibility of Policy and Procedures

a) Implementation and Maintenance

The Compliance Officer will be responsible for the overall coordination and implementation of any new or revised compliance-related policy. The Compliance Officer and the Internal Compliance Committee shall review all policies annually to determine their effectiveness and whether any revisions are needed. If there are necessary revisions to the policy, the updated policy will follow the workflow for approval.

b) *Approval*

After review from the Internal Compliance Committee all newly created and revised policies will be reviewed and approved by the General Counsel/Executive Vice-President prior to implementation. The effective date of the policy shall be the date of final approval or later and will be included in the respective policy.

Upon final approval, compliance-related policies and procedures will be made available in accordance with Part Two, Subsection B(3)(d) below.

c) *Policy Repository*

ACA/NY will maintain an official organizational policy structure with the most current approved versions, with references to applicable procedures or related documents. The Compliance Officer, or designee, shall maintain an ongoing file of revised policies, substitute policies and current policies in accordance with record retention standards outlined in Part Three, Section V, below. Policies, as they are revised or replaced, shall not be discarded.

d) *Applicability and Accessibility*

All Affected Individuals will have access to compliance-related policies and procedures. Internal Affected Individuals will be able access all compliance-related policies and procedures through ACA/NY's intranet at any time. ACA/NY shall provide External Affected Individuals with information on how to obtain a copy from the agency website and/or how to request a hard copy be provided to them.

However, ACA/NY shall make the most up-to-date versions of the following available on its public website:

- i. ACA/NY's *Compliance Plan*;
- ii. Policy 9-99, *Compliance Program Roadmap*;
- iii. Policy 9-12, *Compliance Standards of Ethical Conduct*; and
- iv. Policy 9-14, *Enforcement of Compliance Standards and Discipline for Violations*.

II. ELEMENT TWO – COMPLIANCE PROGRAM OVERSIGHT

A. OMIG Standard.

The required provider shall designate an individual to serve as its compliance officer. The compliance officer is the focal point for the required provider's compliance program and is responsible for the day-to-day operation of the compliance program. [18 NYCRR Subpart 521-1.4(b)]

The required provider shall designate a compliance committee which shall be responsible for coordinating with the compliance officer to ensure that the required provider is conducting its business in an ethical and responsible manner, consistent with its compliance program. The required provider shall outline the duties and responsibilities, membership, designation of a chair and frequency of meetings in a compliance committee charter. [18 NYCRR Subpart 521-1.4(c)]

B. ACA/NY's Operational Strategy

1. The Role of the Corporate Compliance Officer

ACA/NY has designated a Corporate Compliance Officer at the Executive level within the organizational structure. The Compliance Officer, and his/her designee, is empowered to implement the Compliance Plan, investigate compliance concerns or violations, and report compliance concerns directly to those in higher positions of authority up to, including the Chief Executive Officer and the Board of Directors.

a) Appointment & Reporting Relationship

ACA/NY's Chief Executive Officer and Board of Directors designated Gabrielle Joseph as the Corporate Compliance Officer for an unspecified term.

The Compliance Officer reports to the Executive Vice President and General Counsel. However, the Compliance Officer has direct lines of communication with the Chief Executive Officer, the Compliance Board Subcommittee, and as needed the full Board of Directors.

b) Role and Responsibilities

The Compliance Officer's responsibilities shall include, but may not be limited to, the following:

- *Overseeing and monitoring the adoption, implementation, and maintenance of the compliance program and routinely evaluating its effectiveness;*
- Drafting, implementing, and updating ACA/NY's compliance policies and procedures and annual compliance work plan at least annually;
- Reviewing and revising the compliance program, including all related compliance policies and procedures and the Code of Ethical Conduct, to incorporate ACA/NY's Organizational Experience and changes in federal and state laws, rules, regulations, policies, and standards;
- Reporting directly, at least quarterly, to ACA/NY's Governing Body, Chief Executive Officer, and Internal Compliance Committee on the

progress of the adoption, implementation, and maintenance of the compliance program;

- Assisting ACA/NY in establishing methods to improve the efficiency, quality of services, and likelihood of fraud, waste, and abuse;
- Investigating and independently acting on matters relating to the compliance program; and
- Coordinating the implementation of ACA/NY's fraud, waste, and abuse prevention program.

c) *Access to ACA/NY Records.*

ACA/NY shall ensure that the Compliance Officer, and appropriate compliance personnel, have access to all records, documents, information, facilities, and Affected Individuals that are relevant to carrying out their Compliance Program responsibilities.

2. The Structure, Duties, and Role of the Internal Compliance Committee

ACA/NY's designated Internal Compliance Committee shall coordinate with the Compliance Officer to ensure that ACA/NY is conducting business in an ethical and responsible manner, consistent with its compliance program. The Internal Compliance Committee, by bringing senior managers from throughout the organization together, shall review regulations, identify risk, review compliance-related policies and procedures, and guide the development of training materials necessary for the implementation of the compliance plan.

The Internal Compliance Committee shall meet regularly, but not less than quarterly. The Compliance Officer will maintain meeting minutes. The Compliance officer will also maintain its Committee Charter, which is to be reviewed at least annually.

a) *Appointment and Reporting Relationship*

- b) The Compliance Officer, in collaboration with Senior Leadership of Collaborating Departments, invites members to join the Internal Compliance Committee to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Internal Compliance Committee will report directly to the Chief Executive Officer and Board of Directors.

c) *Role and Responsibilities*

The Internal Compliance Committee's responsibilities shall include, but may not be limited to, the following:

- Coordinating with the Compliance Officer to ensure that the written policies and procedures and Code of Ethical Conduct are current,

accurate, and complete, and that required education and training topics are timely completed;

- Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other compliance function or activity;
- Advocating for the allocation of sufficient funding, resources, and staff for the Compliance Officer to fully perform their responsibilities;
- Ensuring that ACA/NY 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
- Advocating for adoption and implementation of required modifications to the Compliance Program.

3. Additional Compliance Program Oversight

a) Board of Directors' Corporate Compliance Subcommittee

ACA/NY's organizational governance will maintain a Corporate Compliance Subcommittee of the Board of Directors. This committee will support the Compliance Officer in the development, implementation, oversight, and evaluation of the compliance program.

b) ACA/NY Leadership

All ACA/NY Leadership are responsible in helping to help create a culture within ACA/NY that promotes the agency's standards of ethics, quality, and compliance. Additionally, and in furtherance of ACA/NY's commitment to compliance with all federal and state laws and regulations, all ACA/NY Leadership – including all employees in a supervisory role – shall be responsible for detecting and reporting compliance issues and concerns. ACA/NY Leadership at all levels shall foster and maintain an environment where all subordinates and peers feel empowered to raise concerns and propose ideas.

III. ELEMENT THREE – COMPLIANCE PROGRAM TRAINING AND EDUCATION

A. OMIG Standard

The required provider shall establish and implement an effective compliance training and education program for its compliance officer and all affected individuals. [18 NYCRR Subpart 521-1.4(d)]

B. ACA/NY's Operational Strategy

1. **Expectations**

ACA/NY is committed to implementing a robust, effective, and clear Compliance Program. The Program will ensure that employees can deliver high quality services that fully meet the requirements of the regulations and laws that are applicable to our work.

ACA/NY provides education and training programs in a variety of formats tailored to respective Affected Individuals. All education and training programs communicate ACA/NY's standards and procedures to promote and reinforce awareness of compliance policies and laws. Both the initial and annual compliance education and training is provided to all Affected Individuals through required participation.

2. **Training Content.**

All Affected Individuals shall participate in training on the topics identified below no less frequently than annually, based on relevance to their scope of responsibility:

- ACA/NY's Compliance Program;
- ACA/NY's Compliance Standards of Ethical Conduct;
- Fraud prevention, including but not limited to the federal False Claims Act, NYS False Claims Act, and whistleblower protections;
- ACA/NY's Designated Risk Areas pursuant to Section H below and its Organizational Experience;
- The role and responsibilities of the Compliance Officer and Internal Compliance Committee;
- ACA/NY's expectations for reporting:
 - Known or suspected fraud, waste, and abuse, or other illegal or unethical acts,
 - Actual or suspected violations of federal or state laws and regulations, and
 - Actual or suspected violations of the Standards of Ethical Conduct, the Compliance Program, or other compliance-related policies and procedures;
- How Affected Individuals can ask questions and report potential compliance-related issues to the Compliance Officer and senior management and the protections afforded against intimidation and retaliation for Good Faith Participation in ACA/NY's Compliance Program;
- ACA/NY's disciplinary policy and standards;
- Requirements specific to the OPWDD Care Coordination Program and ACA/NY's programs and services; and

- Coding and billing requirements, including best practices, including claim development and the submission process, including proper documentation process.

3. Training Plan

ACA/NY will maintain an annual training, which, at a minimum, will outline the subjects or topics for compliance training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The training plan will be reviewed by the Compliance Officer and Internal Compliance Committee and updated as needed, but at minimum on an annual basis.

ACA/NY Leadership, including the Board of Directors and the Internal Compliance Committee, may notify the Compliance Officer when the need for specific training is identified. Leadership at all levels is responsible for upholding and enforcing the Training Plan and applicable standards.

4. Affected Individual Orientation

As part of their orientation, each Affected Individual shall receive a written copy of the Compliance Plan and Standards of Ethical Conduct and be provided access to Compliance Program policies and procedures.

5. Attendance and Participation.

All education and training relating to ACA/NY's Compliance Program will be verified by attendance. Acknowledgement of initial and annual training as well as receipt of the Compliance Plan and Standards of Ethical Conduct will be obtained and maintained by the Learning and Development Department and reviewed by the Compliance Officer.

Attendance and participation with compliance education and training is mandatory and is a condition of continued employment, contract, appointment, or other association with ACA/NY.

IV. ELEMENT FOUR – LINES OF COMMUNICATION TO THE COMPLIANCE OFFICER

A. OMIG Standard.

The required provider shall establish and implement effective lines of communication which ensure confidentiality for the required provider's affected individuals. [18 NYCRR Subpart 521-1.4(e)]

B. ACA/NY's Operational Strategy

1. Expectations

ACA/NY maintains clear and open lines of communication to the Compliance Officer that are accessible to all Affected Individuals as well as ACA/NY members and families and others associated with ACA/NY. These lines of communication allow and encourage compliance issues to be easily reported.

All Affected Individuals must report compliance concerns, as failure to report in accordance with ACA/NY's Compliance Plan will be considered misconduct and potentially subject to discipline. Affected Individuals are obligated to refuse participation in any non-compliant activity and to report any known or suspected misconduct in accordance with the procedures set forth.

2. Compliance Reporting System

The Compliance Hotline may be accessed at any time by calling 646-755.9029.

a) Reporting Mechanisms

ACA/NY offers options for reporting including a Compliance Hotline, email, phone, in-person, and through mail. Potential compliance issues can be reported confidentially and anonymously. Reporters may use whatever form of communication they prefer. This information will also be available on the ACA/NY website.

Compliance concerns received by any member of ACA/NY must be immediately forwarded to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the Chief Executive Officer.

b) Compliance Investigation and Follow-up with Reporter.

All reports are directed to the Compliance Officer, or their designee. The Compliance Officer, or their designee, shall respond to any reported compliance violation, concern, or other issue in accordance with Element Seven and related policies and procedures.

c) Confidential Documentation and Reporting.

The Compliance Officer will maintain the confidential Compliance Log for all reported compliance violations, concerns, and other issues. The Compliance Log will document information about the specifics of the report and person reporting and any pursuant investigation and outcome.

Access to the Compliance Log is limited to the Compliance Team. A summary of the Compliance Log and any investigations will be included in reports to the Chief Executive Officer and Board of Directors Corporate Compliance Subcommittee and in the annual compliance report to the Board of Directors.

3. Reporter Protections.

a) Non-Retaliation and Non-Intimidation

Any threat of retribution, retaliation, or intimidation against a person who acts in good faith pursuant to their responsibilities under the Compliance Plan is acting in violation of ACA/NY's Compliance Plan. Discipline, up to and including termination of employment, contract, appointment, or other association with ACA/NY, will result if such retribution, retaliation, or intimidation is proven.

Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting a compliance concern or for good faith participation in the Compliance Program shall report the actions to the Compliance Officer or Human Resources who shall investigate the allegation in accordance with Element Seven of this Compliance Plan and in accordance with related policies and procedures.

b) Confidentiality and Anonymity

ACA/NY shall, to the extent it is possible, protect the anonymity or identity of the Affected Individual who makes such a report. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by federal, state, or local law enforcement, or disclosure is required during a legal proceeding.

4. Information and Guidance Regarding ACA/NY's Compliance Program

Any Affected Individual may seek guidance about ACA/NY's Compliance Program and/or Standards of Ethical Conduct at any time by following the reporting mechanisms outlined above. Likewise, any individual not meeting the definition of an Affected Individual, including ACA/NY members and families, may access information regarding ACA/NY's Compliance Program on the Organization's website and contact the Compliance Department via the means provided.

V. ELEMENT FIVE – COMPLIANCE ENFORCEMENT & DISCIPLINE STANDARDS

A. OMIG Standard.

The required provider shall establish disciplinary standards and shall implement procedures for the enforcement of such standards to address potential violations and encourage good faith participation in the compliance program by all affected individuals. [18 NYCRR Subpart 521-1.4(f)]

B. ACA/NY's Operational Strategy

1. General

ACA/NY's disciplinary standards are designed to address potential compliance violations and to encourage good faith participation in the Compliance Program. ACA/NY will consistently enforce compliance with its standards through appropriate disciplinary recommendations and measures regardless of the offending individual's title, position, or seniority with ACA/NY. Disciplinary recommendations are made according to the severity of the compliance violation.

Should ACA/NY determine that a compliance violation occurred involving a Contractor meeting the definition of an Affected Individual, the Compliance Officer will notify the Chief Executive Officer and General Counsel to work collaboratively to determine and execute the appropriate corrective action.

2. Progressive Discipline

Appropriate ACA/NY Leadership may implement disciplinary action based on the recommendation from the Compliance Department, as well as input from the employee's departmental leadership to include the employee's performance history, if applicable.

While there are broad categories of disciplinary action, each instance of compliance discipline will be case-specific. Disciplinary action, up to and including termination of employment, will occur for the following verified infractions:

- a) *Participating, encouraging, directing, facilitating, or permitting, actively or passively, in actions that violate federal or state laws, regulations, the Compliance Program, Standards of Ethical Conduct, or any related policies and procedures;*
- b) *Falsification of any business records;*
- c) *Submitting or causing to submit any false claim;*
- d) *Failing to report suspected compliance issues or violations by a peer or subordinate;*
- e) *Failure to cooperate with a compliance-related investigation; and*
- f) *Retaliation or intimidation against anyone for reporting a possible compliance and/or participating in a compliance-related investigations in good faith.*

3. Failure to Instruct Subordinate and/or Detect Non-Compliance

ACA/NY managers and supervisors may be subject to discipline for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and procedures and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided the Organization with the opportunity to correct them.

4. Verified Fraudulent Conduct

ACA/NY has established a zero tolerance stance for cases of verified fraud where there is demonstrable intent. Any Affected Individual determined to have committed fraud will have their employment or contract terminated. Any employee found to have committed fraud may also be referred to the NYS Attorney General for further investigation and/or prosecution.

5. Record of Disciplinary Action

The Compliance Officer will maintain a written record of all disciplinary actions taken, including its recommendations for disciplinary action even if not taken, against Affected Individuals related to non-compliance and violations and will reference these records when necessary to ensure consistency in application of disciplinary measures. The Compliance Officer will provide a report on disciplinary actions taken to the Internal Compliance Committee and the Board of Directors.

VI. ELEMENT SIX – AUDITING AND MONITORING**A. OMIG Standard**

The required provider shall establish and implement an effective system for the routine monitoring and identification of compliance risk. The system should include internal monitoring and audits and, as appropriate, external audits, to evaluate the organization's compliance with the requirements of the [OPWDD Care Coordination Program] and the overall effectiveness of the required provider's compliance program [18 NYCRR Subpart 521-1.4(g)]

B. ACA/NY's Operational Strategy**1. General**

ACA/NY utilizes internal and external monitoring and auditing systems to detect unethical, non-compliant, or illegal conduct by any ACA/NY Affected Individuals. ACA/NY also maintains a system for routine identification of compliance risk. This system will include self-evaluation in the form of internal and external monitoring and internal and external audits. Results of auditing and monitoring activities are promptly shared with the Compliance Officer and appropriate compliance personnel.

The Compliance Officer, Board of Directors Compliance Board Subcommittee, and the Internal Compliance Committee, in concert with senior management will ensure that ongoing auditing and monitoring is properly conducted, documented, and duly reported.

2. Internal Auditing

ACA/NY engages in a system of ongoing monitoring and internal audits of its compliance risk areas. On an annual basis, the Compliance Department will develop a Compliance Work Plan, which will be reviewed by the Internal Compliance Committee and approved by the Compliance Board of Directors Subcommittee.

a) Audit Risk Areas.

The ongoing auditing and monitoring will serve to evaluate, at minimum, the Designated Compliance Risk Areas discussed in Part Three, Section I below.

b) Audit Objectives.

Three general objectives drive these audits:

- i. To assist ACA/NY in implementing effective and efficient internal controls and process improvements that mitigate risk factors and provide reasonable assurance of compliance with laws and regulations;
- ii. To monitor adherence to ACA/NY's compliance policies and procedures; and
- iii. To assist ACA/NY's ongoing risk assessment to determine compliance risk factors.

c) Audit Methodology Overview.

The Compliance Department completes audits of member records to ensure that required documents and documentation are present and that ACA/NY is entitled to the claim submitted.

d) Corrections.

Upon completion of the internal audit, the Compliance Officer, or their designee, will provide a written report of audit findings to Care Management Administration or, for audits not part of the Care Management team, to the Vice President of the respective Department/Division. The report will include the need for any corrections. The receiving Department/Division will have the opportunity to meet with the Compliance Team to review the audit and ask questions. Corrections will be made in accordance with the Compliance Standard Operating

Procedures. The Department Director is responsible for ensuring that corrective measures are implemented and monitored for effectiveness.

3. Regulatory Agency Auditing

Any correspondence from any regulatory agency charged with administering a federally or state-funded program received by any department of the Organization will be copied and promptly forwarded to the Compliance Officer for review.

Program management will immediately notify the Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority. Results (whether oral or written) of any visits, audits, investigations, or surveys will be forwarded to the Compliance Officer promptly upon receipt by ACA/NY personnel.

4. Compliance Monitoring

a) Audit Result Reporting & Benchmarking

The Compliance Officer shall report the general status of all audits and reviews, the outcome of compliance auditing and monitoring, and any corrective actions taken to the Internal Compliance Committee.

The Compliance Officer shall also report the results of auditing and monitoring activities, as well as any corrective actions taken, at least annually to the Chief Executive Officer and Compliance Board Subcommittee. The report will also include monitoring of trends, an assessment of any compliance risks to the Organization, and an evaluation of the effectiveness of the Organization's Compliance Program.

At least annually, the Compliance Officer will benchmark audit results and compare results of similar audits to determine whether improvement is occurring.

b) Exclusion Checks

As a provider of health-related services to people with disabilities, ACA/NY will not employ, appoint, contract with, or conduct business with an individual or entity excluded from participation in federally funded healthcare programs, such as Medicare and Medicaid.

ACA/NY shall conduct exclusion screening of all current and prospective employees including the Chief Executive Officer and senior leadership, interns, and Board members. ACA/NY shall also similarly conduct exclusion screening on all current and prospective Contractors meeting the definition of an Affected Individual.

The Compliance Officer shall ensure that ongoing exclusion screening is conducted, at minimum, every 30 days.

c) *Conflict of Interest Avoidance.*

All employees and Board members of ACA/NY have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. ACA/NY maintains a robust conflict of interest avoidance policy to ensure that services and business activities are conducted in an objective manner and are not motivated by a desire for personal or financial gain.

Employees, officers, and Board members are required to disclose any actual or potential conflict of interest and seek guidance on how to handle the situation. Business dealings with outside entities should not result in unusual gain for those entities, ACA/NY, any Board member, or ACA/NY employee.

d) *Criminal Background Checks and Monitoring.*

ACA/NY meets or exceeds the criminal background check requirements as per NYS law(s). Employees, vendors, and contractors that must undergo a criminal history background check, by virtue of their job description, are obligated to inform the Compliance Officer and Human Resources of any arrests or bars/exclusions that occur while employed within two days of occurrence.

e) *Compliance Program Review*

ACA/NY shall review its Compliance Program annually to ensure that the requirements of Subpart 521-1 are being met. The purpose of the review is to determine the effectiveness of the Compliance Program and whether any revision or corrective action is required.

Additionally, through due diligence by the Compliance Officer and ACA/NY Leadership, Affected Individuals will be notified of any material changes to federal or state law, regulation, or rule as well as any such changes to compliance-related policies and procedures to ensure continued compliance and effectiveness of ACA/NY's Compliance Program.

VII. ELEMENT SEVEN – RESPONDING TO COMPLIANCE ISSUES

A. OMIG Standard.

The required provider shall establish and implement procedures and systems for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of the internal auditing and monitoring conducted pursuant to [Element Six] of this section, 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 the [OPWDD Care Coordination Program]. [18 NYCRR Subpart 521-1.4(h)]

B. ACA/NY's Operational Strategy.

1. General.

ACA/NY's Compliance Program is designed to detect and report instances of non-compliance on a timely basis. ACA/NY shall investigate any report or detection of a compliance issue or violation and shall document all such issues, whether reported or detected, in the Compliance Log.

ACA/NY encourages and nurtures a culture of compliance that is respected and supported by all employees at every level of the organization. As part of its Compliance Program, ACA/NY will ensure that all reports of compliance concerns are immediately and objectively investigated and resolved promptly.

2. Response.

a) Compliance Department Investigations

The Compliance Officer will take immediate measures to secure relevant evidence or documentation and will ensure the confidentiality of any information obtained from a report, interview or through an investigation, unless otherwise required by law. ACA/NY's Compliance Officer, or designated Compliance Department personnel, may be involved in any or all stages of resolving a compliance report as appropriate.

Compliance personnel will determine if credible evidence exists that a violation of law or regulation has occurred and report it to the Compliance Officer. Unless a potential conflict of interest exists, the Compliance Officer will inform the Chief Executive Officer of any pending investigations. The Compliance Officer, Chief Executive Officer, or General Counsel will arrange to retain legal counsel, as deemed appropriate.

b) Reporting

The results of the investigation and remedial actions will be communicated confidentially to the Chief Executive Officer, Board members, and other staff members on a need-to-know basis. The Compliance Officer shall

report to the Internal Compliance Committee regarding investigations conducted unless conducted under attorney privilege.

3. Correction.

If it is determined that credible evidence exists of violation of law or regulation, a corrective action plan will be immediately implemented to correct the problem and to prevent recurrence. Some cases may require consultation with General Counsel to evaluate the necessity to report the violation to law enforcement and/or to a regulatory agency. If a voluntary report is required, it will be made expeditiously.

ACA/NY takes swift and exacting action in addressing and correcting any identified specific or systemic compliance issue, problem, or violation. ACA/NY's responses may include, but is not limited to, recommending re-education or disciplinary action for a particular Affected Individual, providing topic-specific agency-wide training, disseminating compliance or fraud prevention alerts, making prompt correction of overpayments in accordance with 18NYCRR Subpart 521-3, and/or notifying or self-disclosing to the appropriate governmental agencies.

4. Prevention.

The Compliance Program ensures that, as needed or required, compliance issues may be elevated to the Executive or Board level. This is particularly important when systemic changes are needed in policies and procedures to prevent recurrence of issues or future infractions. ACA/NY's compliance education, continuing education, and awareness programs and actions, contribute to the culture of ongoing awareness, responsibility, prevention, detection, and correction.

5. Documentation.

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation, in the Compliance Log. The Compliance Officer will securely maintain all notes of the interviews, all evidence and review of documents as part of the investigation file. This record will be considered confidential and not released without the approval of legal counsel.

PART THREE: Additional Compliance Program Information

I. ACA/NY'S DESIGNATED COMPLIANCE RISK AREAS

A. OMIG Standard.

The compliance program shall apply to the required provider's risk areas, which are those areas of operation affected by the compliance program and shall apply to:

- (1) billings;
 - (2) payments;
 - (3) ordered services;
 - (4) medical necessity;
 - (5) quality of care;
 - (6) governance;
 - (7) mandatory reporting;
 - (8) credentialing;
 - (9) contractor, subcontractor, agent, or independent contract oversight; and
 - (10) other risk areas that are or should reasonably be identified by the provider through its organizational experience.
- [18 NYCRR Subpart 521-1.3(d)(1)-(11)]

B. ACA/NY's Operational Strategy.**1. General.**

ACA/NY shall continually audit and monitor its Designated Risk Areas through its Annual Compliance Work Plan and Audit Schedule. Additionally, other risk areas identified pursuant to ACA/NY's due diligence in reviewing and assessing its written policies and procedures, analyzing results from its auditing/monitoring activities, investigating compliance concerns, and through its organizational experience will be continuously examined and addressed accordingly.

2. Risk Assessment.

The Compliance Officer and Internal Compliance Committee shall conduct ongoing risk assessments, at least annually, to assist in the prioritization of Compliance efforts, activities, and resources.

II. ACA/NY'S RELATIONSHIPS WITH CONTRACTORS**A. OMIG Standard.**

The required provider shall ensure that contracts with contractors specify that the contractors are subject to the required provider's compliance program, to the extent that such contractors are affected by the required provider's risk areas and only within the scope of the contracted authority and affected risk areas.

The required provider shall ensure that such contracts include termination provisions for failure to adhere to the required provider's compliance program requirements.

[18 NYCRR Subpart 521-1.3(c)(2)-(3)]

...all affected individuals shall complete the compliance training program required by this subdivision no less frequently than annually. The training and education required by this subdivision shall be made a part of the orientation of... affected individuals...

[18 NYCRR Subpart 521-1.3(c)(2)-(3)]

B. ACA/NY's Operational Strategy

1. ACA/NY's Right to Terminate Contracts with Affected Individuals

To the extent that a contractual relationship is affected by ACA/NY's risk areas noted above, i.e., meets the definition of an Affected Individual, such contracts must state that the Contractor is subject to ACA/NY's Compliance Program. Contracts must also include language that permits ACA/NY to terminate the contractual relationship if the Contractor fails to adhere to Compliance Program requirements.

Should non-compliance occur, the Compliance Officer shall coordinate with General Counsel to either rectify the non-compliant behavior or terminate the contract pursuant to the provision noted above.

2. Contractor's Participation with ACA/NY's Compliance Program

Contractor's meeting the definition of an "Affected Individual" must complete initial and annual Compliance Program training. Compliance training for Contractors shall be tailored to the services provided under the respective contract and the affected risk area(s). The Compliance Department will provide the training and request that an attestation form is signed, indicating that all staff who work on the contract were provided with the training, understand the training, and will comply with the training.

3. Contractors Access to ACA/NY Compliance Program Documents

ACA/NY shall provide access to all Contractors meeting the definition of an Affected Individual to Compliance Program policies and the Compliance Plan.

This Compliance Plan as well as many compliance-related policies will also be available publicly on ACA/NY's website, along with contact information for the Compliance Officer and the Compliance Hotline.

III. ANNUAL COMPLIANCE PROGRAM CERTIFICATION

A. OMIG Standard

Required providers shall certify to the department upon enrollment and annually thereafter, using a form and manner required by OMIG and the department, that the required provider has met the requirements of section 363-d of the Social Services Law and this Subpart. [18 NYCRR Subpart 521-1.3(f)(1)]

B. ACA/NY's Operational Strategy.

1. **Compliance Program Effectiveness Self-Assessment**

The Compliance Officer and the Internal Compliance Committee shall assess the Compliance Program's effectiveness no less than annually.

2. **Certification**

ACA/NY's Chief Financial Officer, or designee, shall certify annually that the Organization has and continues to maintain an Effective Compliance Program in accordance with the above standard.

IV. COMPLIANCE STATEMENT

As part of its ongoing auditing and monitoring process pursuant to its Compliance Program, ACA/NY will review this Compliance Plan based on changes in the law or regulations, as ACA/NY's practices change, and, at minimum, on an annual basis. Additionally, the Compliance Program, and all related policies and procedures, will be reviewed for effectiveness on an annual basis or more frequently as needed. Compliance policy review will include but is not limited to ensuring that the policy is appropriately followed, is effective, and has been appropriately disseminated to all Affected Individuals.

Tracking of the criteria above and results of this review will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Internal Compliance Committee and Board of Directors on a regular basis.

V. COMPLIANCE PROGRAM RECORD RETENTION

ACA/NY will retain all compliance-related documents, policies, and procedures, to include all prior and subsequent revisions and any related documentation, as well as all information contained in its Compliance Log (and any related documentation) for a period of, at minimum, six (6) years.

COMPLIANCE PROGRAM REFERENCES


I. PRIMARY REGULATORY REFERENCES.

- A. Social Service Law 363-D
- B. 18 NYCRR Subpart 521-1
- C. 18 NYCRR Subpart 521-3
- D. Federal False Claims Act [31 USC Chapter 37, §§ 3729-3733]
- E. Federal Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]
- F. NYS False Claims Act [Finance Law §§ 187-194]
- G. NYS Whistleblower Protections [Finance Law § 191, Labor Law §§ 740, 741]

II. RELATED INTERNAL POLICIES AND PROCEDURES.

- A. Policy 9-99, *Compliance Program Roadmap*
- B. Policy 9-11, *Conflict of Interest and Conflict-Free Care Management*
- C. Policy 9-12, *Compliance Standards of Ethical Conduct*
- D. Policy 9-13, *Compliance Auditing and Monitoring*
- E. Policy 9-14, *Enforcement of Compliance Standards and Discipline for Violations*
- F. Policy 9-15, *Federal Healthcare Exclusion Checks*
- G. Policy 9-16, *Fraud Prevention Policy*
- H. Policy 9-17, *Response to Government Inquiries*
- I. Policy 9-18, *Duty to Report and Whistleblower Protection Policy*
- J. Policy 9-19, *Anti-Kickback Policy*
- K. Policy 9-20, *Compliance Education and Training*
- L. Policy 9-22, *Open Access, and Lines of Communication to the Compliance Officer*
- M. Policy 9-23, *Role of Leadership*
- N. Policy 9-24, *Role of Corporate Compliance Officer*
- O. Policy 9-25, *Role of the Internal Corporate Compliance Committee*
- P. Policy 9-27, *Role of the Corporate Compliance Board Subcommittee*
- Q. Policy 9-28, *Reporting and Investigating Compliance Concerns*

Approval:

Approved by:	 <small>Gabrielle Joseph (Jul 14, 2025 09:06 EDT)</small> <p>Gabrielle Joseph, Vice President of Quality Assurance, Corporate Compliance and Risk Management</p>
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Approved by:

John F. Von Ahn
John F. Von Ahn (Jul 11, 2025 22:31 EDT)

John Von Ahn, Executive Vice President and General Counsel