



# **Corporate Compliance Plan 2025**

**Community Mainstreaming Compliance and Ethics Helpline  
CALL (516)683-0710 ext. 231**

**Revised Date: April 2025**

**Board Approved:**

## **INTRODUCTION**

This plan establishes the standards of conduct for Community Mainstreaming Associates, Inc.

The Plan is designed to promote honest and ethical behavior and provides a structure for educating and communicating those standards to employees, consultants, contractors, vendors, management, and Board Members with the overall objective of preventing, detecting, and reporting noncompliance with federal, state and agency requirements to the best of anyone's ability.

### **Our Mission**

Community Mainstreaming Associates, Inc. (CMA) is committed to providing flexible and innovative services that meet the changing needs of individuals with intellectual and developmental disabilities. CMA strives to maximize each person's potential to lead a fulfilling, purposeful life in the community by offering a full range of work, social, educational, and recreational opportunities.

### **Our Vision**

CMA will encourage every person with intellectual and developmental disabilities to live meaningful and purposeful lives.

We will provide each person with on-going opportunities to explore new interests and discover new talents and strengths in their personal and professional pursuits. At the same time, we will encourage them to grow as good citizens, neighbors, and friends.

### **Our Values**

To Accomplish this, we will adhere to the following values:

- Outstanding service: CMA will continue to set examples of outstanding service delivery, facilities, and organizational management.
- Innovation: CMA will adapt to changing conditions in the environment, to achieve our vision through re-engineering service delivery in a way that is fiscally sustainable.
- Respect: CMA will earn a high level of respect from government officials, sister agencies, foundations and donors while expanding its circle of supporters.
- Advocacy: CMA will be an active voice in public affairs and public policy to advocate for men and women with DD and their families. This includes empowering members of the CMA community to be their own advocates.
- Answer calls for help: CMA will meet the support needs for as many of the people calling upon us for assistance as possible while continuing to serve as a symbol of quality.
- Fiscal prudence: CMA will remain fiscally sound, so it has both the flexibility and resources necessary to meet its vision.

## **TABLE OF CONTENTS**

- I. [Medicaid Compliance Program Oversight](#)
- II. [Eight Elements of the Compliance Program](#)
- III. [Employee Training](#)
- IV. [Employee Integrity](#)
- V. [Documentation of Services](#)
- VI. [Routine Internal Billing and Expenditures Audits](#)
- VII. [Risk Assessment](#)
- VIII. [Reporting Non-Compliance](#)
- IX. [Self-Disclosure](#)
- X. [Conflict of Interest](#)
- XI. [Governance](#)

## **I. MEDICAID COMPLIANCE PROGRAM OVERSIGHT**

The agency compliance program will provide systemic review of services, billing, and expenditure of Medicaid funds; ensure the agency is abiding by the most current regulations; ensure any error in billing or the use of Medicaid funds is corrected in a timely manner and corrective actions are implemented to decrease the likelihood of future error.

### **Corporate Compliance Officer**

The Corporate Compliance Officer (CCO) has been designated by the agency as having overall responsibility for ensuring effective systems are being implemented to maintain compliance in services provided, Medicaid billing, use and expenditure of Medicaid dollars. The CCO will ensure agency procedures are up to date with OPWDD regulations and Medicaid standards. The following is a list of the CCO's responsibilities:

- Develops, initiates, maintains, and revises policies and procedures for the general operation of the Corporate Compliance Program and its related activities to prevent illegal, unethical, or improper conduct.
- Develops and periodically reviews and updates the Code of Conduct to ensure continuing relevance and guidance to management and employees.
- Collaborates with other departments to resolve compliance issues through appropriate channels and investigations. Ensures legal advice is sought when warranted.
- Oversees the implementation of a risk assessment and reviews the results to help identify potential areas of compliance vulnerability and risk, along with developing and implementing corrective action plans and providing general guidance.
- Ensures proper reporting of violations and potential violations to duly authorized enforcement agencies as appropriate.
- Provides reports regularly and special reports if necessary to the Board of Directors and Senior Management.
- Works with Human Resources and other department leaders to develop an effective compliance program, including appropriate introductory training on Corporate Compliance to new employees as well as ongoing training for all Board members, Administrators, contractors, subcontractors, consultants, vendors, and employees.

### **Internal Compliance Committee**

The Internal Compliance Committee will provide oversight to the agency by reviewing all external and internal audit findings and corrective actions as well as other compliance program activities; trends noted in risk analysis; review any compliance issues reported and results of investigations; review any regulatory changes and revisions to the agency's Policies and Procedures. The Internal Compliance Committee will make additional recommendations to ensure the agency's ongoing compliance with OPWDD regulations and Medicaid standards.

[Back to TOC](#)

The Internal Compliance Committee will meet Quarterly, be chaired by the Corporate Compliance Officer, and be comprised of the following members: Executive Director, Chief Financial Officer, Chief Program Officers.

Quarterly minutes of meetings will be shared with the Board of Directors subcommittee on Quality Assurance and Compliance, and made available to the Executive Director, Chief Financial Officer, and Chief Program Officers on SharePoint.

## **II. EIGHT ELEMENTS OF THE COMPLIANCE PROGRAM**

**1. Written Policies and Procedure:** Ensures they are current and accurate by reviewing them accurately with each member of the senior management team or designee of the Program

**2. Internal Compliance Committee:** Is chaired by the Corporate Compliance officer and comprised of all Senior management including the Executive Director, Chief Financial Officer, and Chief Program officers. Will meet quarterly to review findings of internal and external audits, updated regulations from OPWDD and OMIG as well as results of the agency's risk assessment.

**3. Corporate Compliance Officer:** Is responsible for overseeing and monitoring the adoption, implementation and maintenance of the corporate compliance plan and evaluating its effectiveness. Updating the Corporate compliance plan at least annually and as needed based on any changes to state and federal laws. Reporting directly on a regular basis but no less frequently than quarterly to the BOD subcommittee on Quality Assurance and Compliance, Executive Director, and Internal Compliance Committee. Assisting all departments in establishing methods to improve efficiency, quality of services and reduce the agency's vulnerability to fraud, waste, and abuse. Investigate and independently act on matters related to compliance plan, including designing, and coordinating internal investigations and documenting, reporting, and coordinating, and pursuing any resulting corrective action with all internal departments, contractors, subcontractors, and consultants.

**4. Training and Education:** All Staff, consultants, contractors, subcontractors, and the BOD members will receive annual training on Community Mainstreaming Associates Inc.'s corporate compliance plan and be evaluated on their knowledge.

**5. Effective and Confidential Communication:** A ethics helpline is set up for all staff, consultants, contractors, subcontractors, vendors, and BOD members to call anonymously to report a corporate compliance issue: (516)683-0701 ext. 231. This number will be available to all affected individuals via the training information they receive and posted on the ADP system for staff and the agency's website for consultants, contractors, subcontractors, vendors, and BOD members.

**6. Enforcement of Compliance Standards:** Disciplinary guidelines are outlined in the employee and the corporate compliance handbook under code of conduct, all staff must attest to receiving both documents upon hire and annually thereafter via the ADP system for staff and via secured email for all consultants, contractors, subcontractors, vendors, and BOD members.

[Back to TOC](#)

**7. Auditing, Monitoring, and responding to Compliance Issues:** The QA/Compliance department staff will conduct monthly internal reviews of programs and services to ensure adherence to OPWDD regulations of service delivery and OMIG billing requirements. All findings will be reported to the program supervisor for corrective action and self-disclosures to OMIG will occur as necessary. All reports and the developed plans for preventing future occurrences will be discussed upon the audit completion with the responsible parties and presented at the quarterly Internal Compliance Committee.

**8. Whistleblower Protection:** All staff are encouraged to report any acts of fraud, abuse, and waste. All reports will be investigated by the corporate compliance officer. Staff who report in good faith will be protected from a hostile work environment.

### **III. EMPLOYEE TRAINING**

Community Mainstreaming Associates, Inc. takes an active role in ensuring all staff understand the organization's commitment to ethical conduct, teamwork, and compliance with all regulatory processes.

**a. Staff introduction to the Code of Conduct and Medicaid Fraud.**

The first day of employment for all new staff is spent on New Hire Orientation training. During training the following is reviewed with the group of new employees by the Human Resources Manager and the Corporate Compliance officer:

1. Code of Conduct and Disciplinary guidelines as per the Employee handbook (*HR Manager*)
2. Lines of Communication: Corporate Compliance Officer and Hotline, & Corporate compliance committee (*Corporate Compliance Officer*)
3. HIPAA & Confidentiality (*Corporate Compliance Officer*)
4. Conflict of Interest (*Corporate Compliance Officer*)
5. Fraud and Abuse (*Corporate Compliance Officer*)
6. False Claims Act (*Corporate Compliance Officer*)
7. Auditing and Monitoring (*Corporate Compliance Officer*)
8. Whistle blower Protection (*Corporate Compliance Officer*)

**b. New Employee Orientation** - During the employees' first three months of employment, completion of day one of Orientation is mandated.

**c. Program Specific Training** - During the first weeks of direct support and services, each employee is provided "hands-on" training on the program specific plans of service and service delivery documentation. This training is completed by the on-site Manager/Supervisor of the program.

[Back to TOC](#)

**d. Annual Training** – The Corporate Compliance Officer collaborates with the Coordinator of Training to ensure all staff receive training either in-person or by the LMS (Learning Management System) on the Corporate Compliance requirements along with a review of the Code of Conduct. The Board of Directors will also complete an annual review on the Corporate Compliance Program and Code of Conduct by the Corporate Compliance officer at a BOD meeting.

At the start of the partnership with a contractors, subcontractors, consultants, vendors, they will receive the necessary compliance documents and are advised of their responsibility to review the Corporate Compliance Program and Code of Conduct on the agency website under Compliance on an annual basis.

#### **IV. EMPLOYEE INTEGRITY**

**a. Licensure Credentials for RN's** - Upon hire, the HR Administrative Assistant verifies new employees' reported licensures via the Office of Professions.

**b. The HR department processes the following background clearance checks on all new hires Through:** SEL- Staff Exclusion List, CBC (Criminal Background Check), Criminal Background check (Fingerprinting), MHL (Mental Hygiene Law 16.34), and SCR (Statewide central Registry)

The HR department has any new candidate complete the Criminal background check release of information form and assist with scheduling the finger printing appointment.

Once results are received from the staff exclusionary list, HR contacts the candidate to either move forward or rescind the employment offer.

There are times when a safety assessment is necessary to be completed based on the Justice Center's recommendations from the background check. The Corporate Compliance Officer completes the safety assessment and discusses the outcome with the HR manager and hiring manager before making a decision to hire the candidate.

**c. Medicaid Exclusionary List LEIE (List of Exclusionary Individuals Entities):** Employees, Volunteers, Vendors, Consultants, Contractors via Valenz Assurance- EP Staff Check or the OMIG Exclusion list search.

The HR department will enter all new employees in the Valenz Assurance- EP Staff Check system to verify if they are listed on the Medicaid Exclusion List.

The Corporate Compliance officer will enter all contractors, consultants and vendors into the OMIG Exclusionary search prior to doing business with them.

The HR dept will enter new hires/deleted terminations in/out of the Valenz Assurance- EP Staff Check system.

The HR Manager and the Corporate Compliance Officer will receive weekly Valenz Assurance- EP Staff Check reports. **Potential matches will be reviewed immediately to maintain compliance with federal and state guidelines.**

If any staff person, vendor, or board member is listed in the Valenz Assurance- EP Staff check system, they will be referred to the Chief Program Officer of the department, Executive Director for BOD members and HR for corrective action.

**[Back to TOC](#)**

**d. Exit Conference survey** - Upon separation from the agency, staff are asked to complete an exit conference survey. This survey identifies **areas for improvement and addresses any situations needing attention** and if the employee has observed any fraudulent/non-compliant behavior while employed with Community Mainstreaming Associates, Inc.

## **V. DOCUMENTATION OF SERVICES**

### Maintenance of Required Authorization and Service Provision Record

**a. Life Plans-** The Community and Residential Program Departments are responsible for obtaining and maintaining the Annual Life Plans and addendums for each person for whom services are provided. Each Life Plan for the effective period to bill for needs to ensure the specific waiver service provider is listed and that it is signed by the Care Manager or Care Manager Supervisor, and CMA's program supervisors.

**b. Habilitation Services** – All Habilitation Service Programs will maintain the Staff Action Plans, Electronic Billing record, Daily or Monthly Progress Notes for all people supported via an Electronic Health Record. The Community and Residential Program Departments are responsible for developing and maintaining Staff Action Plans for services provided. The Staff Action plans need to specify services to be delivered by staff based on the person's valued outcomes listed in their Life Plan. The Staff Action Plans will be reviewed and signed every six months by the Habilitation Service Provider.

Direct Support Professional Staff will document the delivery of services on each person's daily goal sheets in the EHR. The billing record will provide the date of service and electronic signature of staff to verify the provision of services.

The Program Manager/Supervisor will review the progress of Habilitation Services for each person supported and document their status on a daily or monthly progress note.

**c. Non – Waiver Respite Services** - Respite Services will be documented on the program specific billing voucher, noting the person supported's time in/time out (via Electronic Visit Verification), total time and units of service for all billing claims submitted. The support staff documenting the service will sign the billing record to verify the provision of service.

**d. Submission of Billing** - All Program Departments will submit their billing claims to the agency Finance Department via the EHR for waiver services or billing vouchers for non-waiver services based on the schedule developed. Program Departments will ensure all necessary documentation to bill for services is accurate and available.

The QA/Compliance department and program departments will submit any billing adjustments identified through their internal reviews to the Corporate Compliance Officer. The Corporate Compliance officer will inform the Executive Director of identified billing adjustments and work with the Finance Department to determine if an adjustment with the next monthly billing or self-disclosure is required.

[Back to TOC](#)



## **VI. ROUTINE INTERNAL BILLING AND EXPENDITURES AUDITS**

**a. Monthly Billing Reviews** - The Quality Assurance and Compliance Department reviews a sample of program billing to verify that units billed and reimbursed for services are consistent with the units of service provided and documented in the program specific documentation record.

Results of the QA/Compliance billing review are forwarded to the Corporate Compliance Officer, the ADRS/ Supervisor, Director and the Chief program officer of the services. The results are discussed for necessary corrections and/or necessary billing adjustments. Billing adjustments will be brought to the attention of the Executive Director and the Chief Financial officer to plan for self-disclosure to the office of Medicaid Inspector general. The Executive Director will be notified of all Self disclosures.

**b. Annual Program Services Reviews** - The Quality Assurance/Compliance Department conducts annual internal billing audits for each agency program including Residential Services, At-Home Residential Habilitation, Respite Supports, SEMP, Community and Day Habilitation Services and Self-Directed services.

For each internal audit, a random sample of bills is selected. The QA Department will ensure the NOD, Psychological and Psychosocial Assessments, Life Plan for the billing period in review, Staff Action Plan, Documentation Records including the Daily and Monthly Notes are available as required by the OMIG protocols. The department system for retention of records provision of services and submission of claims is also reviewed (ten years per the False Claims Act and OMIG).

Each claim and all supporting documents are reviewed to ensure compliance with OPWDD and Medicaid billing standards. A report on the findings is prepared and forwarded to the Corporate Compliance Officer, ADRS/Supervisor, Director, Chief Program officer and Executive Director. The findings will also be reviewed with the program staff within 5 days of completion for follow up on identified areas of concern. All reports are also reviewed at the following quarterly Internal Compliance Committee meeting with the Executive Director and Senior staff.

The audit report identifies any/all claims from the sample reviewed which require a self-disclosure for payback and/or any records which do not meet the compliance standards. A detailed explanation is provided along with systemic recommendations to avoid future errors and continued regulatory compliance.

Each Program Department is responsible for submitting any billing issues for further investigation to the Compliance Officer. The Compliance Officer will commence an investigation, summarize the findings, and present them to the Internal Compliance Committee. The Corporate Compliance officer will report the findings to the Executive Director. Once it is determined to file a self-disclosure, the Corporate Compliance officer will follow the OMIG Self-Disclosure process to reconcile identified overpayments. The Program Director will submit verification of corrective actions to the Compliance Officer.

[Back to TOC](#)

**c. Purchasing** - Community Mainstreaming Associates, Inc.'s purchasing policies require an appropriate level of authorization and are subject to prudent and reasonable needs and costs. Adherence to competitive bidding practices consistent with OPWDD regulatory standards will be maintained.

**d. Personnel Expenditures** - All expenditures presented for payment require an appropriate level of authorization from either the Chief Program Officer or the Executive Director and are reimbursed in accordance with OPWDD reimbursement principles. This applies to all types of expenditures: routine and non-routine, credit card and petty cash.

**e. Personal Allowance and Petty Cash Reviews** - The QA/Compliance department staff will audit at least 25% of individual personal allowance accounts during internal audits. The residential program supervisors will review each individual's personal account ledger at least annually. The program supervisors will conduct random samples of the petty cash accounts. The finance department will also review the petty cash funds during regular petty cash reconciliation from each program. These reviews ensure that the fiduciary responsibilities and use of personal allowance or petty cash funds are in accordance with all OPWDD regulatory requirements.

**f. CFR Report** - Community Mainstreaming Associates, Inc. prepares annual financial statements, which are audited by a public accounting firm. The financial statements are then used to prepare the annual consolidated fiscal report (CFR), which is also audited by the public accounting firm. The annual CFR is then forwarded to OPWDD as required.

## **VII. RISK ASSESSMENT**

The Corporate Compliance Officer will conduct an annual risk assessment for the entire organization to identify new programs and services, day to day operation changes, regulatory changes, policy updates to meet regulatory changes, the impact of external audits, and the impact of changes in staff. The following areas will be assessed with an objective assessment tool:

- a. Human Resources
- b. Legal matters
- c. Finance Department
- d. Operations
- e. Program Services
- f. HIPAA
- g. Compliance Program
- h. Technology
- i. Incident management
- j. Board Governance

[\*Back to TOC\*](#)

## **VIII. REPORTING NON-COMPLIANCE**

Any employee, consultant, independent contractor, or vendor who suspects a violation of Community Mainstreaming Associates, Inc. policies, any law or regulatory standard, is required to report the suspected activity immediately.

In such circumstances the employee, contractor or vendor is to contact the Corporate Compliance officer, Denise Walsh directly by phone, office # (516)683-0710 ext.228, cell #(631)626-4815 or email, [dwalsh@communitymainstreaming.org](mailto:dwalsh@communitymainstreaming.org), or call the Agency Corporate Compliance Ethics Helpline at (516)683-0701 ext. 231. They may also choose to submit an anonymous or signed written report to the Corporate Compliance Officer at the administrative office, located at 1025 Old Country Road, Suite 325 Westbury, NY 11590. The Corporate Compliance Ethics Helpline will be available to all staff at all agency locations, as well as the Code of Conduct, agency policy, state and federal laws pertaining to fraud, waste, and abuse. The Corporate Compliance Plan is available to all staff via the agency's electronic employee portal, ADP, and is posted on the agency's website for all consultants, contractors, subcontractors, and BOD members. There will be open lines of communication between the Corporate Compliance Officer and all staff, contractors, and vendors.

The Corporate Compliance Officer will document and initiate immediate investigation of any reported breach, fraud, abuse or wasteful activities. All reports of non-compliance will be investigated, and the investigation documented. The Internal Compliance Committee will review the investigation findings and recommend corrective actions.

During an investigation all identifying information will be kept confidential. The employee making the report will be protected under Federal law which protects the Whistleblower from retaliation when a report of suspected non-compliance is made in good faith.

Findings of non-compliance with regulations, policies & procedures, and/or Medicaid standards will result in disciplinary actions as per the code of conduct and employee handbook. Based on the findings of the investigation, the investigator and Internal Compliance Committee will make recommendations for disciplinary action. Based on the severity of the breach, recommendations up to and including termination of employment may be warranted.

## **IX. SELF-DISCLOSURE**

Community Mainstreaming Associates, Inc. will Self-Disclose to OPWDD and the Office of Medicaid Inspector General (OMIG) findings of inaccurate or fraudulent billing, upcoming or fiscal improprieties in accordance with OMIG standards including, but not limited to substantial routine errors, systemic errors, patterns of errors and potential violation of fraud and abuse law.

## **X. CONFLICT OF INTEREST (COI)**

The Officers and Directors of CMA has adopted a policy designed to avoid any possible COI between the personal interests of Officers, Directors, and key employees and the interest of CMA.

[Back to TOC](#)

The policy ensures that decisions about CMA operations and the use and dispositions of CMA assets are made solely in terms of benefits to CMA and are not influenced by any private profit or other personal benefit to the individuals affiliated with CMA who take part in decision-making. In addition to actual conflicts of interest, officers and directors are also obliged to avoid actions that could be perceived or interpreted as in conflict with CMA's interest.

Conflicts of interest may occur when CMA enters transactions with not-for-profit organizations as well as those that are undertaken with profit making entities. This policy requires full disclosure of all personal and business relationships with organizations that do business with CMA and to refrain from participation in decisions affecting transactions between CMA and those organizations.

Such relationships do not necessarily restrict transactions as long as the relationship is clearly divulged, and non-involved Officers, Directors and Key Employees make any necessary decisions.

Each Officer and Director will complete a questionnaire to identify COI on an annual basis. A written record of any report of possible conflict of interest and of any adjustments made to avoid possible conflicts of interest will be maintained with the Board minutes.

## **XI. GOVERNANCE**

**a. Training** - All Community Mainstreaming Associates, Inc. Board of Director members will be trained on the Agency Corporate Compliance Plan, as well as, Regulatory and Medicaid Standards and the COI policy on an annual basis. The Board of Directors will also review the Agency Compliance Plan annually.

**B. Reporting to the Board of Directors** – The Internal Compliance Committee meeting minutes will be provided quarterly. A QA/Compliance report will also be provided quarterly and annually that will include trends noted in external and internal audits, any reports of non-compliance, investigatory outcomes, and regulatory changes.

**c. Board of Directors Oversight** - The Internal Compliance Committee's quarterly agenda and meeting minutes will be forwarded to the Chair of the BOD subcommittee for Quality of Care and Compliance for review. BOD subcommittee will be informed of organizational risk, ensure regulatory compliance protocols are established and are being followed, and will ensure the monitoring, safety and well-being of the people supported. The BOD subcommittee for Quality of Care and Compliance will meet at least semiannually. The Chair of the BOD subcommittee for Quality of Care and Compliance will report to the BOD at scheduled meetings throughout the year.