



# Corporate Compliance Plan

## 2026

### Our Mission

*To enable and empower people, primarily those with disabilities, to lead healthy and enriched lives.*

### Our Vision

*To be the model for helping people get better at life, through innovation and service excellence for those we serve, in unison with staff and partners who share our passion.*

Pursuant to New York State law, the Center for Disability Services, UCPA of Tri-Counties and St. Margaret's Center, are required to have an effective compliance program. Corporate compliance ensures that the organizations, and their affiliates, are operating in accordance with applicable laws, rules and regulations, and their own policies and procedures.

Although the compliance program is a multi-faceted effort that touches every area of the Center for Disability Services and affiliates, there is a heavy emphasis on detecting and correcting payment and billing mistakes, and fraud. An effective compliance program creates a control structure to reduce the potential for fraud, waste, and abuse through self-correction and/or self-reporting of errors. Accordingly, a core purpose of the program is to resolve payment discrepancies and detect inaccurate billings, among other things, as quickly and efficiently as possible, and to impose systemic checks and balances to prevent future recurrences.

Federal and state agencies, including, but not limited to, the New York State Office of Medicaid Inspector General ("OMIG"), New York State Attorney General, Office of Inspector General ("OIG"), and Centers for Medicare and Medicaid Services, and their contractors, continue to perform audits and reviews to detect Medicare and Medicaid fraud, waste and abuse. These audits and reviews frequently focus on:

- Billing for services not rendered;
- Billing for medically unnecessary services;
- Misrepresenting services rendered;
- Duplicative billing;
- Failing to return an overpayment to the government; and
- Submitting bills to Medicare or Medicaid which are the responsibility of another payor.

There are significant penalties associated with such false claims. The state can seek a civil penalty of between \$6,000 and \$12,000 per false claim, plus three times the amount of damage the state sustains. The federal government can seek recovery of three times the amount of the false claim(s), plus an additional penalty of \$14,308 to \$28,619 per claim. Obviously, such penalties could have a significant financial impact – particularly for programs with daily billings units.

Having an effective compliance program can help to mitigate these risks. Internal audits and reviews are conducted as a proactive means of monitoring compliance in areas of actual or potential risk. The internal audit plan (attached) is based on OMIG and OIG Annual Work Plans, program size, and internal annual risk assessments, among other factors. Audits and reviews focus on the effectiveness of the compliance program, and compliance with agency policies and procedures, billing requirements, and conditions of payment and participation in Medicare and Medicaid programs.

## I. Written Policies and Procedures

Task	Description	Schedule
Review and revise as needed Compliance related policies and Standards of Conduct	Policies and procedures that describe compliance expectations, implement the operation of the compliance program.	1 <sup>st</sup> Quarter 2026 <b>COMPLETED</b>
Develop and implement agency policy committee	Compliance Officer will choose representatives for each agency division/ department to serve on agency policy review committee.	2 <sup>nd</sup> Quarter 2026
Complete and Implement revisions to needed HIPAA related policies	Policies and procedures that describe HIPAA expectations and requirements to safeguard individual's information including reporting requirements in the event of a breach.	3 <sup>rd</sup> Quarter 2026
Develop Agency Electronic Policy Maintenance System and Manual	Compliance Officer will obtain all policies throughout the agency and create a maintenance/ storage, transparent system for all employees to view needed policies.	3 <sup>rd</sup> Quarter 2026
Policy Acknowledgement	Compliance Officer will develop an attestation process and procedure for obtaining policy acknowledgement for all employees	4 <sup>th</sup> Quarter 2026

## II. Compliance Officer and Compliance Committee

Task	Description	Schedule
Compliance Committee membership	Review compliance membership to ensure it meets criteria	1 <sup>st</sup> Quarter 2026 <b>COMPLETED</b>
Designated Compliance Officer	Designated an employee responsible for development and implementation of compliance program	On-going
Meeting with CEO/ President	Compliance Officer of Compliance will have "dotted line" to CEO and will meet regularly with the CEO to discuss compliance related issues and concerns	Quarterly
Compliance Committee	Review compliance plan status, audit reports, external audit status, changes in regulations/ standards by regulators	Quarterly
Meeting with Board	Compliance Officer of Compliance will have "dotted line" to the board to discuss compliance related matters	4 <sup>th</sup> Quarter 2026

### III. Compliance Program Training and Education

Task	Description	Schedule
Training Plan	Complete Annual Training plan for training and education on Compliance	1 <sup>st</sup> Quarter 2026 <b>COMPLETED</b>
Compliance orientation	Review of Compliance Program for new hires	As Scheduled in 2026
Compliance and HIPAA annual training	Annual trainings on Compliance Program and HIPAA	Monthly
Targeted High Risk Training Areas	Evaluation of high-risk areas based on audit findings and survey deficiencies related to billing	4 <sup>th</sup> Quarter 2026
Board Member training	Annual training and education for directors required under New York Social Services Law	4 <sup>th</sup> Quarter 2026

### IV. Lines of Communication

Task	Description	Schedule
Revise Compliance Hotline Flyer	Revise and distribute updated compliance hotline flyer with updated information	1 <sup>st</sup> Quarter 2026 <b>COMPLETED</b>
Respond to calls into Compliance Line	Established a compliance line for reporting concerns	On-going
Respond to compliance related complaints	Concerns reported by management, staff, and others	On-going/ As needed
Track all compliance related concerns	Documentation identifying the various lines of communication to the compliance officer	On-going/ As needed
Test Compliance Hotline	Complete test of compliance hotline system to ensure anonymity and accuracy of information systems	4 <sup>th</sup> Quarter 2026

### V. Disciplinary Standards

Task	Description	Schedule
Expectations and sanctions for non-compliance	Written policy and procedures for non-compliance and tracking of all non-compliance to demonstrate consistent practices	On-going/ As needed

**VI. Auditing and Monitoring**

<b>Task</b>	<b>Description</b>	<b>Schedule</b>
Risk Assessment	Risk analysis performed to identify any risk areas	4 <sup>th</sup> Quarter 2026
Audit Schedule	Internal and external compliance audits focus on required risk areas	See attached schedule
Exclusion Screening	Checking the exclusion status of all affected individuals	Monthly
Self-Assessment	Conducting annual review of the compliance program to determine its effectiveness, and whether any revision or corrective action is required	3 <sup>rd</sup> Quarter 2026

**VII. Responding to Compliance Issues**

<b>Task</b>	<b>Description</b>	<b>Schedule</b>
Compliance Investigations	Taking prompt action to investigate the conduct in question and determining if any corrective action is required	On-going/ As needed
Plans of Corrective actions	Monitoring plans of correction to ensure compliance issues do not recur	As needed
Reporting Requirements	Promptly reporting credible evidence that a state or federal law, rule, or regulation has been violated to the appropriate governmental entity	As needed
Self-Disclosures	Reporting and returning overpayments in accordance with Medicaid self-disclosure program requirements	As needed

<b>Reviewed by:</b>	<b>Date:</b>
Compliance Committee	12/16/2025
Board Audit Finance Committee	1/20/2026

Plan written by Kristine Pelerin 11/14/2025