



RACKER CENTERS

Standards Program

Policies & Procedures

Rev. Feb. 2016

Table of Contents

Mission, Vision & Guiding Principles	3
The Circle of Courage	4
Standards Program Policy	5
Standards Team	7
False Claims Act & Whistleblower Provisions	8
Requirements of Compliance	14
Code of Conduct	16
Ethical Practices	17
The Helpline Process	19
Standards Program Education	20
Exclusion Screening	21
Credential Verification Policy	22
Internal Auditing & Monitoring	23
Conflict of Interest Policy	24

Mission

We support people with disabilities and their families to lead fulfilling lives by providing opportunities to learn and be connected with others.

Vision

We envision a world where all people know they belong.

Guiding Principles

These principles articulate the standards that guide the agency and each person associated with the Centers in actualizing our Mission and Vision:

- Respect for the worth, dignity, and uniqueness of each person
 - Our approach is strength-based, individualized, responsive, creative.
 - Personal information is kept confidential.
- Continuous improvement
 - Promote learning opportunities.
 - Welcome criticism and suggestions.
- Community citizenship
 - Work in partnership and collaboration with others.
 - Be in full compliance with laws and regulations.
- Effectiveness
 - Our ultimate standard is to help make a meaningful difference for individuals and systems.
 - Results come through relationships and experiences.

The Circle of Courage

GENEROSITY



INDEPENDENCE



BELONGING



MASTERY



The Circle of Courage is portrayed on the traditional Native American medicine wheel as representing the wholeness of life. It is based on four core values: belonging, mastery, independence and generosity. These elements are synonymous with the four universal human needs of significance, competence, responsibility and virtue. Through meeting these human needs and embracing the elements of the Circle of Courage, we can create communities of inclusion and acceptance. To this end, the Centers adopted the Circle of Courage in 1998. As we grow, develop and learn, all aspects of the Circle of Courage are fostered:

- *Belonging* encompasses our relationships and human interdependence.
- *Mastery* is success, achievement, and motivation.
- *Independence* is the power to make decisions, to problem solve, to be responsible and to grow.
- *Generosity* is compassion, empathy and altruism, the truest form of caring for others.

Standards Program

Policy:

Franziska Racker Centers is committed to establishing and maintaining an environment of integrity in providing effective services. The function of the Standards Program is to ensure this environment. The Director of Standards is charged with the oversight of these best practices.

Standards Program:

Through collaborative efforts with all Staff, Contractors and the Board of Directors, it is the responsibility of the Standards Program to ensure that the agency's Mission, Vision and Guiding Principles are supported through ethical business practices. There are several components of the Standards Program which best ensure the thoroughness of its implementation:

➤ **Designation of Director of Standards and Standards Team:**

- Standards Team:
 - The Standards Team will include representation from each program and administrative department.
 - The Standards Team will review audit findings, program / department reviews and investigations of allegations of fraudulent activity to identify areas for improvement and make recommendations.
 - The Standards Team will provide periodic reports to the Executive Director and Board of Directors.

➤ **Policies and Procedures:** The Director of Standards ensures that policies such as the Code of Conduct and the Ethical Practices Policy are made accessible to all Staff, Board and Contractors.

➤ **Program / Department Standards Development:** The Director of Standards participates as an active member of program and department teams. This includes working collaboratively with program and department Staff to develop their plan for Standards Program Plan implementation.

➤ **Training & Education:**

- New Employee Orientation will include information on the Standards Program, necessary regulatory information and ethical business practices.
- Periodic education of Staff regarding compliance issues as they arise, when requested by the Program/Department Director or as deemed appropriate by the Standards Team.
- Each program is encouraged to establish a practice of reviewing service documentation produced by new Staff and Contractors to provide feedback and help develop service delivery and documentation skills.

➤ **Auditing & Monitoring:** The Director of Standards will assist each program / department in establishing an auditing process of services and documentation. All results will be given to the Director of Standards, significant findings will be reported to the Standards Team, Program / Department Director, Executive Director and Board of Directors.

- **Responding to Detected Concerns:** When a concern is detected, the Director of Standards, or designee, will gather all necessary information for the Standards Team to best make a determination on the nature of the concern and how best to respond.
- **Having Open Lines of Communication:** The Standards Team will make itself known and available through the following:
 - New Employee Orientation
 - Helpline process
 - Presence on web-site
 - Periodic updates
- **Corrective Actions:** The Standards Team will make recommendations for any change with procedures to the Program/Department Director, Executive Director and when appropriate, the Board of Directors.
- **Standards Program Plan:** The Director of Standards and the Standards Team is responsible to regularly reassess the Standards Program Plan to ensure that it is addressing all state and federal requirements, significant areas of service and documentation risk in the agency and that policies and procedures are adequate.
 - **Standards Program Plan Definitions:** Within the policies and procedures of the Standards Program Plan the following are standing definitions;
 - **Staff:** All employees and interns.
 - **Contractor:** Any entity with a contract or letter agreement with the Centers that provides a billable service for an individual to a municipal agency.
 - **Board:** All members of Franziska Racker Centers Board of Directors.

Date Issued: 1/07

Review Date: 2/16

Update: 7/07, 1/13

Standards/SCB

Standards Team

Dan Brown	Executive Director
Mary Hutchens	Director Counseling for School Success
Pat Montanez	Director Residential Services
Cris Donovan	Director of Early Childhood and Community Services
Sue Budney	Director Quality Enhancement & Standards
Heather Hughes	Director Community Relations
Cecilia Campbell	Director of Finance
Bethany Brown	Director of Human Resources

Date Issued: 3/07
Review Date: 10/08
Update: 2/16
Standards/SCB

False Claims Act and Whistleblower Provisions

Policy:

It is the policy of the Franziska Racker Centers to be in compliance with the Federal False Claims Act and Whistleblower Provisions.

Procedure:

1. All Staff, Board and Contractors will have on-going access to information on the False Claims Act including Whistleblower Provisions. (Standards Program Education Policy)
2. All Staff, Board, Contractors and the general public will have access to the Standards Program Policies and Procedures on the agency website.
3. An internal process is in place for detecting and preventing fraud, waste and abuse. (Internal Auditing and Monitoring Policy)
4. The Centers and its Staff and Contractors shall not make or submit any fraudulent entries on claims forms or documentation of services that result in the submission of a fraudulent claim. (Ethical Practices Policy)
5. All Staff and Contractors are expected to report misconduct involving fraudulent claims. (Requirements of Compliance Policy, the Helpline Process and Contacts for Reporting Concerns & the Helpline Process)
6. Any Staff, Board or Contractor who reports a compliance concern in good faith will be protected from retaliation. (Requirements of Compliance Policy)

FEDERAL & NEW YORK STATUTES RELATING TO FILING FALSE CLAIMS

I. FEDERAL LAWS

False Claims Act (31 USC §§3729-3733)

The False Claims Act ("FCA") provides, in pertinent part, that:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government;. . . or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the Act of that person

(b) For purposes of this section, the terms "knowing" and "knowingly" mean that a person, with respect to information (1) has Actual knowledge of the information; (2) Acts in deliberate ignorance of the truth or falsity of the information; or (3) Acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

31 U.S.C. § 3729. While the False Claims Act imposes liability only when the claimant Acts "knowingly," it does not require that the person submitting the claim have Actual knowledge that the claim is false. A person who Acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government Contractor who submits records that he knows (or should know) is false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called "reverse false claim" may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an Action on behalf of the United States. 31 U.S.C. 3730 (b). These private parties, known as "*qui tam* relators," may share in a percentage of the proceeds from an FCA Action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a *qui tam* relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA Action depending upon the extent to which the relator substantially contributed to the prosecution of the Action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

Administrative Remedies for False Claims (31 USC Chapter 38. §§ 3801 – 3812)

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to \$5,000 for each claim. The agency may also recover twice the amount of the claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also unlike the False Claims Act, the determination of whether a claim is false, and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

II. NEW YORK STATE LAWS

New York's false claims laws fall into two categories: civil and administrative; and criminal laws. Some apply to recipient false claims and some apply to provider false claims, and while most are specific to healthcare or Medicaid, some of the "common law" crimes apply to areas of interaction with the government.

A. CIVIL AND ADMINISTRATIVE LAWS

NY False Claims Act (State Finance Law, §§187-194)

The NY False Claims Act closely tracks the federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit or 15-25% if the government did participate in the suit.

Social Services Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within 5 years, a penalty up to \$7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

Social Services Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's, the person's family's needs are not taken into account

for 6 months if a first offense, 12 months if a second (or once if benefits received are over \$3,900) and five years for 4 or more offenses.

B. CRIMINAL LAWS

Social Services Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Services Law § 366-b, Penalties for Fraudulent Practices.

- a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.
- b. Any person who, with intent to defraud, presents for payment and false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

Penal Law Article 155, Larceny.

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. It has been applied to Medicaid fraud cases.

- a. Fourth degree grand larceny involves property valued over \$1,000. It is a Class E felony.
- b. Third degree grand larceny involves property valued over \$3,000. It is a Class D felony.
- c. Second degree grand larceny involves property valued over \$50,000. It is a Class C felony.
- d. First degree grand larceny involves property valued over \$1 million. It is a Class B felony.

Penal Law Article 175, False Written Statements.

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

- a. §175.05, Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.
- b. § 175.10, Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.
- c. §175.30, Offering a false instrument for filing in the second degree involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.
- d. §175.35, Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.

Penal Law Article 176, Insurance Fraud,

Applies to claims for insurance payment, including Medicaid or other health insurance and contains six crimes.

- a. Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.
- b. Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a Class E felony.
- c. Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a Class D felony.
- d. Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a Class C felony.
- e. Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a Class B felony.
- f. Aggravated insurance fraud is committing insurance fraud more than once. It is a Class D felony.

Penal Law Article 177, Health Care Fraud,

Applies to claims for health insurance payment, including Medicaid, and contains five crimes:

- a. Health care fraud in the 5th degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
- b. Health care fraud in the 4th degree is filing false claims and annually receiving over \$3,000 in aggregate. It is a Class E felony.
- c. Health care fraud in the 3rd degree is filing false claims and annually receiving over \$10,000 in the aggregate. It is a Class D felony.
- d. Health care fraud in the 2nd degree is filing false claims and annually receiving over \$50,000 in the aggregate. It is a Class C felony.
- e. Health care fraud in the 1st degree is filing false claims and annually receiving over \$1 million in the aggregate. It is a Class B felony.

III. WHISTLEBLOWER PROTECTION

Federal False Claims Act (31 U.S.C. §3730(h))

The FCA provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an Action under the FCA. 31 U.S.C. 3730(h). Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

NY False Claim Act (State Finance Law §191)

The False Claim Act also provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an Action under the Act. Remedies include reinstatement with

comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

New York Labor Law §740

An employer may not take any retaliatory Action against an employee if the employee discloses information about the employer'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 employer is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under Penal Law §177 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions). The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. If an employer takes a retaliatory Action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory Action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

New York Labor Law §741

A health care employer may not take any retaliatory Action against an employee if the employee discloses certain information about the employer's policies, practices or Activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective Action. If an employer takes a retaliatory Action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory Action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

Date Issued: 7/07

Review Date: 7/09

Update: 2/16

Standards/SCB

Requirements of Compliance

Policy:

Franziska Racker Centers is committed to being a good corporate citizen and expects all Staff and Contractors of the Centers to conduct their business ethically and in compliance with all state and federal laws and regulations as well as the Center's Code of Conduct and Ethical Practices Policy.

Procedure:

Reporting suspected fraudulent activity:

- All Staff and Contractors are responsible for promptly reporting any known or suspected fraudulent activity including:
 - Violation of Federal and/or New York State Laws and Regulations
 - Failure to comply with the Code of Conduct, Ethical Practices Policy or related policies and procedures.
 - Fraudulent billing activity
 - Falsely documenting service delivery
- Reporting such suspected activity can be done by:
 - Reporting to a supervisor or the Program/Department Director
 - Utilizing the Helpline
 - Contacting the Director of Standards
 - Contacting the Executive Director
 - Contacting the President of the Board of Directors
- All reports made to a supervisor, director or the Helpline are to be documented and brought to the attention of the Director of Standards
- Concerns identified through an audit/review process will be brought to the Director of Standards.

Investigating concerns

- It is the responsibility of the Director of Standards, or designee, to investigate all reports of suspected fraudulent activity. This is to include:
 - Gathering all supporting documentation
 - Interviewing of Staff, Contractors, service recipients and/or their family/advocate
- The Director of Standards, or designee, will complete a report on the findings and discuss these findings with the appropriate Program/Department Director.
- If the report of a concern is made anonymously but too little information is provided to move forward with a formal investigation, the information is reported to the Program/Department Director (if identifiable).

Reporting structure:

- All allegations, regardless if they are investigated or not, are reported to the Standards Team. The findings of investigations are brought to the Standards Team for discussion and recommendations.
- Significant findings will be brought to the attention of the Board of Directors or their designee.
- Instances where the Standards Team identifies intentional fraudulent practice(s), the President of the Board will be immediately notified.

- Instances where the intentional fraudulent practice(s) involve billing for state and/or federal monies, the Department of Health and/or the Medicaid Inspector General Office will be contacted per 18NYCRR Chapter 521 – NYS’s mandatory compliance regulation.

Non-Retaliation

- Any form of retaliation against any Staff or Contractor who reports a perceived problem or concern in good faith is strictly prohibited.
- Any Staff or Contractor who commits or condones any form of retaliation will be subject to discipline up to, and including, employment termination or contract termination, respectively.

Compliance Accountability

- Staff and Contractors who, upon investigation, are found to have committed violations of applicable laws and regulations, the Code of Conduct, Ethical Practices Policy or other relevant policies and procedures will be subject to appropriate disciplinary action, up to and including termination of employment (or arrangement with a Contractor). Recommendations of such disciplinary actions will involve the Director of Human Resources, the Director of Standards and the Program/Department Director. These recommendations will be given to the Executive Director or designee for a final decision.
- The following actions may result in disciplinary action:
 - Authorization of or participation in actions that violate the law, regulations, the Code of Conduct, Ethical Practices Policy or related policies and procedures;
 - Failure to report a violation by another Staff or Contractor;
 - Retaliation against an individual for reporting a possible violation or participation in an investigation; and
 - Failure to act as an honest, reliable and trustworthy service provider.
- Progressive disciplinary actions shall be applied consistent with the violation. Examples of the disciplinary action include, but are not limited to:
 - Performance improvement plan
 - Verbal counseling or warning
 - Counseling with written warning
 - Reassignment or demotion
 - Termination of employment (or arrangement with a Contractor)

Guidelines:

1. Confidentiality will be maintained to the extent that is practical and allowable by law. Staff and Contractors should be aware that the Centers is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.
2. “Good Faith” means that the individual believes that the potential violation actually occurred as he or she is actually reporting.

Date Issued: 3/07

Review Date: 2/16

Update: 7/07, 1/13

Standards/SCB

Code of Conduct

Policy:

Every staff member, volunteer and intern is expected to observe standards of ethics and good conduct and uphold the Centers' Vision, Mission and Guiding principles.

Guidelines:

- Each person is expected to:
 - a. contribute to a culture that fosters a sense of respect, care and support for everyone, and encourages initiative and creativity
 - b. contribute to a culture that emphasizes excitement, fun, purpose and success
 - c. behave in accordance with the Mission, Vision and Guiding Principles of the Centers.
 - d. welcome change and challenges
 - e. communicate effectively with colleagues
 - f. commit to ensuring integrity and ethical practices (Please see Ethical Practices Policy)
 - g. provide accurate and thorough information in all forms of communication

Procedures:

- Each person will:
 - a. Treat everyone respectfully
 - b. Arrive at his or her shift ready and able to perform his or her duties
 - c. Conduct him or herself in a professional manner to include abiding by all the Centers policies and procedures, as well as all applicable state and federal regulations.
 - d. Be familiar with information contained within the Employee Handbook as well as information contained within the specific department/program's policy and procedures that a staff member is working in.
 - e. Adhere to the Centers' rules for sanitation and safety, as explained in the Employee Health and Safety Manual
 - f. Document services provided accurately, legibly and *only* what he/she has personally done or observed.
 - g. Contact his/her supervisor for direction if he/she becomes aware of an error in his/her work
 - h. Help his or her co-workers identify and correct any errors. Report any concerns regarding violations of the Centers policies and procedures and/or state and federal regulations utilizing his or her department/program reporting structure and/or the Helpline.
 - i. Use all vehicles, supplies, materials, machines or tools that are the property of the Centers in an appropriate manner
 - j. Use personal cellular phones according to his or her program's policy, if it exists. If such a policy does not exist in the staff member's program, he or she should use personal cellular phones in a way that does not impair his or her ability to carry out job functions.
 - k. Give written notice in a timely manner before leaving employment at the Centers.

Date Issued: 1/07

Update: 4/07, 7/09, 8/09, 1/13

Review Date: 2/16

Standards/SCB

Ethical Practices

Policy:

Consistent with the Centers Code of Conduct, Franziska Racker Centers is committed to ensuring ethical practices. All persons affiliated with the Centers are expected to uphold this commitment through integrity, honesty and utilizing good moral judgment.

Guidelines:

To promote and support ethical practices, it is necessary and expected that all staff (employees, volunteers, consultants, interns) will not only attend to the integrity and honesty of their daily work activities, but also expect the same integrity and honesty of the practices of their co-workers.

Ethical practices include, but are not limited to:

- Honesty and accuracy in all documentation and other forms of communication
 - Honesty and accuracy in all billing and financial handlings
 - Reporting suspected unethical behaviors
 - Notifying his/her supervisor when errors are made
 - Adherence to all Centers' policies, federal, state and local regulations and any licensing regulations. *(Please see Policy & Procedure 'Federal False Claims Act and Whistleblower Provision' for information)*
-
- All staff members will be made aware of specific policies and regulations through the employee handbook, new employee orientation, program/department policy and procedure manual available on the intranet and internet, and/or from her/his supervisor. A Staff member is encouraged to periodically review this information and direct any questions to his or her supervisor.
 - All staff members are required to follow their program/department standards for documentation and services provided.
 - It is expected that a staff member will seek out his or her supervisor if uncertain how to handle any situation as well as notify the supervisor if an error has occurred.
 - If any staff member has questions or concerns about another staff member's practices, he or she must either report it utilizing the program/department reporting structure, or through use of the Helpline process. The Standards Program will review questions or concerns and report findings as necessary.
 - When staff are acting in *good faith* in the reporting of suspected unethical behaviors they will be free from reprisal and prejudice.

- All programs/departments will have a process to review documentation to ensure its quality and accuracy as well as to help identify areas for system improvements
- When issues of quality and/or accuracy are identified the Centers will respond in the following manner:
 - ❑ General errors or concerns will be directed to the Program/Department Director to address with the individual(s).
 - ❑ If any individual(s) are identified to have acted in a knowingly unethical and/or fraudulent manner the Centers will address them through the disciplinary process.
 - ❑ Systems in place will be reviewed to identify any changes that will best ensure that further problems will be unlikely.
 - ❑ Reverse payment on any errors in billing will be made.
- The Standards Program supports the agency in monitoring ethical practices as outlined in the Standards Program Policy including;
 - ❑ Responding to allegations of fraudulent documentation and/or service provision.
 - ❑ Partnering with programs and departments to review services and billing documentation.
 - ❑ Educating Staff and Contractors of regulation and policy changes.

Date Issued: 1/07

Update: 12/08, 7/09, 1/13

Review Date: 2/16

Standards/SCB

The Helpline Process

Policy:

The Helpline process may be used as an opportunity to report a concern outside of the ordinary supervisory structure, for reasons such as fear of reprisal or lack of response or resolution to a concern. The use of this process is not intended to replace established reporting procedures

Guidelines:

- The Helpline is to be used when there is a concern that:
 - ❑ an agency policy or procedure may have been violated
 - ❑ a state, federal or local regulation may have been violated
 - ❑ a staff member or an individual receiving services from the Centers may have not been treated in a manner consistent with the agency's Mission, Vision and/or Guiding Principles.
- The disclosure of the caller's identity will be encouraged for the purpose of gaining further information or providing feedback; however, the caller will have the option to remain anonymous or confidential.
- The Executive Director, and/or Program Director will be made aware of the call/concern.
- When a staff member calls the Helpline he/she will be asked to leave a message in a private mailbox. The Director of Quality Enhancement & Standards listens to all messages in the mailbox. The Director of Quality Enhancement & Standards will complete an assessment of the call and initiate appropriate follow-up.
- Feedback to the caller will be provided when appropriate.
- Training will be provided to all staff regarding the intent and process of the Helpline, and information on process intent and utilization is distributed and reviewed with program participants/families/advocates by the individual programs.
- The Helpline is intended for non-emergency situations. For reports related to health and wellbeing, staff should immediately utilize their program's incident response and reporting procedures.

The Helpline can be reached at: (607) 272-5891 x343.

From within the Centers, a staff member can access the Helpline by pressing Send Message, then x343.

Date Issued: 1/07

Review Date: 8/09

Update: 4/07, 5/06, 1/13, 2/16

Standards/SCB

Standards Program Education

Policy:

Franziska Racker Centers recognizes the importance of ensuring all Staff, Board, and Contractors understand their responsibilities and have access to information regarding compliance issues.

Staff Education Procedure:

- All new Staff, Contractors and Board will receive information regarding Franziska Racker Centers Standards Program Policies and updated information will be made accessible on an on-going basis.
 - New employees will receive the information at New Employee Orientation
 - New Board Members will meet with the Director of Standards to receive the information;
 - and New Contractors will receive information from the Standards Department.
- Information shared will include:
 - Introduction of the Standards Program and Standards Team
 - Requirements and process to report concerns regarding business practices
 - Policies in compliance with the Federal Deficit Reduction Act, Federal False Claims Act & Whistle Blower Provisions and NYS False Claims Act.
 - Federal False Claims Act and Whistleblower protections
 - Accessibility of P&P manual on intranet and internet.
- Periodically all staff will participate in a review of required information from the Standards Program to include the following:
 - Code of Conduct and Ethical Practices Policies
 - Policies related to false claims and whistleblower protections
 - Process of reporting compliance concerns
- Staff will receive updated information from the Standards Program on an as-needed basis.

Date Issued: 3/07

Update: 7/07, 7/09, 1/13

Standards/SCB

Exclusion Screening

Policy:

Franziska Racker Centers is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, The Centers will not employ, contract with, or conduct business with an individual or entity excluded from participation in federally sponsored health care programs, such as Medicaid and Medicare.

Guidelines:

It is the practice of Franziska Racker Centers to:

- conduct an exclusion check on all new Staff to verify that they can participate in federally sponsored health care programs;
- conduct an exclusion check on any individual or entity prior to entering into a contract to verify that they can participate in federally sponsored health care programs;
- conduct exclusion re-checks on all Staff, Contractors, and Board Members.

Procedure:

1. Exclusion checks will be conducted to verify that all Staff and Contractors have not been excluded from [state and] federal healthcare programs. An exclusion check is a search of the following to determine if the individual or entity's name appears on any of the following lists:
 - a. U.S. Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals and Entities available on the website at <http://oig.hhs.gov/fraud/exclusions.html> and
 - b. NYS Medicaid Inspector General – Restricted, Terminated or Excluded Individuals or Entities website at <http://www.omig.state.ny.us/data/content/view/72/52/>

Per federal law, exclusion from participating in any state's public health care program prohibits participation in any other states' program. Accordingly, in addition to the above lists, staff and contractors may be screened using lists made available by other US states and territories.

2. An exclusion check will be performed on all new Staff, prior to entering an agreement with a Contractor, on all new Board Members.
3. An exclusion check will be conducted on all Staff, Contractors, & Board Members on at least a monthly basis.
4. Exclusion checks will be completed on all vendors providing goods or services related to billable activities.
5. If/when any person or party is found on an exclusion list, the effected department director will be notified and the person, entity or service will be reviewed for utilization.
6. The Director of Standards will maintain the results of all exclusion checks for a period of 6 years following the end of the entity's association with the Centers.

Date Issued: 07/07

Update: 10/12, 1/13, 6/13, 2/16

Standards/SCB

Credential Verification

Policy:

To maintain Franziska Racker Centers' commitment to high quality care and services, it is required that Staff and Independent Contractors ("Credentialed Staff", "Credentialed Independent Contractor" respectively) have the required degree, license, or certification as indicated in the job description or contract, and provide proof to the Centers.

Procedure:

- During the hiring process, the hiring supervisor will notify the candidate that he/ she is to submit to the Human Resources Department either an official transcript or a copy of his/her current license or certification.
- Staff will be on a provisional hire status until the Human Resources Department has received the required information. If the information is not received in a timely fashion his/her employment may be suspended or ended.
- Independent Contractors must have his/her information to the Human Resources department prior to finalizing his/ her contract with the Centers.
- When an educational degree is required, it is the responsibility of the individual to have an official transcript from the educational institution sent to the Centers Human Resources Department for verification of that degree.
- When a license or certification is required for a position, it is the responsibility of the individual to provide the Human Resources Department with a copy of the license or certification.
 - It is the responsibility of the staff member to provide Human Resources with an updated copy of his/her license or certification whenever it is renewed.
 - It is the responsibility of the staff member to notify his/her supervisor, or in the instance of a contracted individual the director of the program he/ she are contracted to provide services to, if his/her license or certification has been revoked, expired or any restrictions made to it.
 - It is the responsibility of the staff member to keep his/her certification or license with NYS current.
- If a staff member's certification or license expires or is revoked and he/she is no longer qualified to perform his/her assigned work duties, his/her employment may be suspended or ended.
- If a contractor's certification or license expires or is revoked and he/she is no longer qualified to perform the contracted services, his/her contract with the Centers will be ended.
- Human Resources Department will monitor expiration dates for current license and certifications.

Date Issued: 7/07

Update: 8/08, 1/13

Review Date: 2/16

Standards/SCB

Internal Auditing and Monitoring

Policy:

Franziska Racker Centers is committed to maintaining an environment of integrity in providing effective services. Establishing thorough internal auditing and monitoring systems will assist in monitoring compliance, identify systems that are working well or needing improvement and provide information to the various teams on the quality of services being provided throughout the agency.

Procedure:

Two types of audits will occur for each program – an internal program audit and an audit conducted by the Standards Audit Team.

Internal Program Audit:

1. Leadership in each department will identify *potential* risk areas to assess and monitor in respective programs.
2. Each department will develop audit and monitoring systems for their respective programs to address the following:
 - a. Potential risk areas related to compliance with laws and regulations
 - b. Assure appropriate/accurate billing
 - c. Check on quality of documentation
3. Results of program audits (or summaries) will be forwarded to the Department Director and the Director of Standards. Both Directors will review the results and identify and discuss risk areas.
4. The Department Director will respond with recommendations for addressing problem areas and risk areas to the Director of Standards.
 - a. It is the responsibility of the Department Director/ designee to ensure implementation of the recommendations.
 - b. Payments received as a result of a billing error will be promptly repaid to the appropriate payer.
5. The Standards Audit Team will use recommendation information in preparation for their audits.

Standards Audit:

1. The Standards Audit Team will conduct audits in each program.
2. Leadership, in consultation with Standards, in each department will identify *potential* risk areas in respective programs prior to audits.
3. The Director of Standards will present findings of the audits to the Executive Director, Associate Executive Director and the Department Director.
 - a. All four directors will review findings and plans of correction.
 - b. Risk areas will be identified.
 - c. Payments received as a result of a billing error will be promptly repaid to the appropriate payer.
4. The Department Director will respond in writing to the Director of Standards with plans for correction.
5. The Director of Standards will review the findings of the audits with the Standards Team.
6. The Director of Standards will review the findings of the audits with the Board of Directors.
7. Subsequent audits will include review of the implementation of the plans of correction.

Date Issued: 7/07

Review Date: 7/09, 2/16

Update: 1/13

Standards/SCB

Conflict of Interest

Policy

Franziska Racker Centers is committed to providing supports to individuals based on the person's needs-free from influence of personal gain to either the organization or individual employee. Racker Centers requires all employees and Board members to disclose conflicts of interest at the beginning and throughout their association with the agency.

Guidelines

- A conflict of interest is a situation where an employee, volunteer, or board member has a private or personal interest sufficient to appear to influence the objective exercise of his/her official responsibilities at Franziska Racker Centers.
- A conflict of interest may also arise if—through business, investment or family—an employee, volunteer, or board member has any of the following:
 - An ownership or investment interest in any entity with which Racker Centers has a transaction or arrangement;
 - A compensation arrangement with Racker Centers or with any entity or individual with which the agency has a transaction or arrangement;
Note that compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. Gifts worth a value of more than one hundred dollars (\$100) are deemed substantial.
 - A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the agency is negotiating a transaction or arrangement;
Note that an employee, volunteer, or board member should disclose potential conflict of interest if he/she is taking direct referrals from an organization that refers also to Racker Centers.
 - A familial relationship with another individual associated with Racker Centers. It should be noted that whenever possible an employee or volunteer should not work in the same workgroup with a family member—either with that family member as a co-worker, or person receiving supports and services.
- The mere existence of a relationship with an outside organization does not imply an automatic conflict of interest, but it should be disclosed.
- Potential internal conflicts of interest may arise, as well as those situations that appear to be a conflict of interest to any individual involved, and these must also be reported to a supervisor or to Human Resources.
- If a conflict of interest is disclosed by or known to a board member, that person should recuse themselves from deliberation and voting on any business related to such a conflict. Such recusals should be documented in board minutes.
- Conflict of interest disclosures should be completed by board members upon appointment and be completed annually thereafter. These disclosures should include any business, familial, or personal relationships which could impact, or create the appearance of impacting, their judgment on any related matter.
 - The Executive Director and Board Secretary will be aware of any conflicts.

Update: 7/14, 12/14

Review Date: 2/16

Standards/DW