



JEWISH CHILD CARE ASSOCIATION OF NEW YORK
CORPORATE COMPLIANCE PLAN
POLICIES & PROCEDURES

Summer 2013

JCCA is as diligent as possible in compiling and updating the information on its website. However, JCCA does not guarantee the correctness and completeness of the information provided on its website. Equally, JCCA does not guarantee that this information is up to date. For compliance-related questions, please refer to your immediate supervisor or to the Compliance Officer or designee.

JEWISH CHILD CARE ASSOCIATION OF NEW YORK

Corporate Compliance Plan: Policies & Procedures

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JEWISH CHILD CARE ASSOCIATION

Corporate Compliance Plan: Policies & Procedures

Introduction

Background

The Jewish Child Care Association of New York, Inc. (“JCCA” or the “Agency”) is a 501(c) not-for-profit, non-sectarian, and multi-cultural child and family services agency with programs throughout the New York Metropolitan Area. JCCA seeks to conduct itself in accordance with the highest level of business ethics.

JCCA complies with the requirements of New York Social Services Law Section 363-d and 18 N.Y.C.R.R. Part 521, as well as Section 6032 of the 2005 Federal Deficit Reduction Act, and seeks to prevent and detect any fraud, waste, or abuse in its operations. To this end, the Agency maintains a Corporate Compliance Plan (“Plan”), the elements of which are documented in this manual. JCCA strives to educate its workforce on fraud and abuse laws, including the importance of submitting accurate claims and reports to the Federal and State governments.

This Plan not only applies to the Agency’s Medicaid programs, but also covers broader compliance obligations throughout the Agency, from our hiring policies to the management of our finances. JCCA is committed to full compliance with all legal obligations, and to requiring high ethical conduct of all JCCA Representatives (as defined below in Section II.C).

This Plan has been approved by the JCCA Board of Directors, JCCA’s Quality Management and Compliance Committee and JCCA’s Compliance Officer. The Compliance Committee meets monthly to review compliance-related activities and issues. The Compliance Officer periodically reports to the Quality Management and Compliance Committee and to the Board. The Quality Improvement Department, meanwhile, keeps the entire board informed of its activities and findings at regular Board of Directors meetings. The Compliance Officer also prepares annual reports summarizing compliance efforts undertaken during the year and any changes identified as necessary for improving the Plan and Agency effectiveness. The Board of Directors reviews the annual report and gives direction to the Compliance Officer for any necessary actions.

This Plan is published on the Agency’s internal website (“Intranet”), which is accessible to JCCA Employees.

Mission

This Plan supports the goals of JCCA’s mission, which is to meet the child welfare and mental health needs of all children and their families in the New York Metropolitan Area. Agency programs, located throughout the New York Metropolitan Area, serve approximately 16,000

children and their families each year, and include youth services, education, child welfare, mental health, and childcare programs. JCCA's continuum of services is constantly evolving to meet the changing needs and demographics of the communities the Agency serves. Programs are designed to provide a comprehensive body of services that are responsive to the cultural, racial, and linguistic diversity of New York families. All JCCA programs share the central Agency philosophy of embracing family-centered practice, providing quality programming, and helping to ensure that all young people acquire the skills necessary to lead productive and successful adult lives.

JEWISH CHILD CARE ASSOCIATION

Corporate Compliance Plan: Policies & Procedures

Overview

Policy Overview

JCCA is dedicated to maintaining excellence and integrity in support of its mission and all aspects of its operations and professional and business conduct. To this end, the Agency has implemented a Compliance Program applicable to all JCCA Representatives. The Compliance Program is designed to detect and prevent fraud, waste and abuse and create a culture where compliance questions and concerns may be reported, discussed and investigated. As part of the Agency's Compliance Program, we have developed compliance policies to ensure that expectations and standards of conduct are enforced consistently across the Agency.

Agency policies are intended to ensure compliance with all applicable laws, rules and regulations. JCCA has legal and ethical obligations to ensure that any Employee, Volunteer, or other Representative (as defined in Section II.C below) who reasonably suspects or is aware of the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a program—including a Federally or State funded Medicaid program— is required to report such information to the JCCA Compliance Officer. Any JCCA Representative who reports such information will have the right and opportunity to do so anonymously, and will be protected against retaliation and intimidation for offering such information, both under our internal compliance policies and procedures and under Federal and State law. JCCA retains the right to take appropriate action against an Employee, Volunteer or other Representative who has participated in a violation of Federal or State law or internal policy, or who knowingly submits a false claim. (An extensive discussion of the relevant laws may be found in Appendix A).

JCCA is committed to investigating any suspicions of fraud, waste, or abuse promptly and thoroughly, and requires all Employees to assist in such investigations. Failure to report and disclose or assist in an investigation of fraud and abuse is a breach of the JCCA Representative's obligations to JCCA and may result in disciplinary action, up to and including termination of employment or contract.

Procedure Overview

JCCA has instituted various procedures, which are outlined in this Plan, to ensure compliance with Federal and State laws and to assist the Agency in preventing fraud, waste, and abuse in all its programs, including Federally-funded health care programs. To comply with the Deficit Reduction Act and to further the Agency's Compliance Program, JCCA disseminates this Compliance Plan to all Employees and Agents. This is done to ensure that they are aware of relevant Federal and State laws, of their obligation to participate in the Compliance Program, and

that submission of a false claim can result in significant administrative, civil, and criminal penalties under the Federal False Claims Act and other State laws. The policies and procedures listed below were established according to local, state, and federal laws, the regulations of government regulatory agencies, and professional and ethical standards and can be found in the Appendices:

Background Checks Policy
Client Confidentiality Policy
Conflict of Interest Policy
Documentation Policy
Records Retention Policy
Case Review Procedure
Whistleblower Policy
Ethical Fundraising Procedures
Research Policies and Procedures
Research Standards
Non-Discrimination and Anti-Harassment Policy
Nepotism Policy
Vacancy Coverage Policy
Charity Care and Transition Policy

JCCA divisions and their programs also have program-specific policies and procedures, which may be accessed through JCCA's Intranet. Additional policies and procedures will be available through department Vice Presidents and the Human Resources Department as they are updated and approved. Hard copies of policies and procedures are available from the Quality Management department, upon request.

Definitions

These terms will have the following meanings throughout this Plan:

“JCCA” means Jewish Child Care Association of New York, Inc. and all of its divisions and programs, as well as its affiliate, JCCA Edenwald, Inc.

“JCCA Board of Directors” means more than one of JCCA's board members.

“Senior Management” includes all Vice Presidents, Senior Vice Presidents, Chief Financial Officer, Chief Operating Officer, Chief Strategy Officer, Chief Executive Officer.

“Executive Staff” includes the Senior Vice Presidents, the Chief Operating Officer, the Chief Financial Officer, and the Chief Executive Officer.

“JCCA Employees” includes all persons listed in definitions 3 and 4 and those persons employed by Jewish Child Care Association of New York.

“JCCA Agents” are all persons and entities who have contracted with JCCA to provide services, equipment, or other goods.

“JCCA Volunteers” are all persons who volunteer to work in one or more of JCCA’s programs without compensation (monetary or otherwise), but who are subject to all applicable Agency policies.

“JCCA Representatives” are all persons listed in definitions 2 through 7 of this section.

The “Compliance Officer” is a full-time employee of JCCA who reports directly to the CEO and the Board on compliance matters.

“QMCC” is the Quality Management and Compliance Committee, which is a standing staff committee comprised of Senior Management and the Director of Quality Management, the Director of Government Contracts, the Director of Coordinated Community Services, and the Director of Nursing.

“Board QMCC” is the Board Quality Management and Compliance Committee, which is a standing committee of the Board of Directors charged with oversight of JCCA’s Compliance Plan.

“Covered Contractor” is any person who supplies goods or services to JCCA or its clients that are directly or indirectly billed to federal health care programs (e.g. Medicaid, or the State Children’s Health Insurance Program).

JEWISH CHILD CARE ASSOCIATION OF NEW YORK

Corporate Compliance Plan: Policies & Procedures

Code of Conduct and Compliance Standards

SECTION 1

The Code of Conduct

As discussed in the introduction, many federal and state laws and regulations define and establish obligations for the health care industry, as well as related practice concerns in the social services field, with which JCCA Representatives must comply. Any JCCA Representative who violates these laws or regulations not only risks individual criminal prosecution and penalties, civil actions for damages, and administrative exclusion from Medicaid, Medicare, and other federal health care programs, but also subjects JCCA to these same risks and penalties. Any JCCA Representative who violates applicable laws, regulations, or JCCA policies is subject to discipline by JCCA, up to and including immediate termination of his or her employment or affiliation with JCCA. JCCA has adopted the following Code of Conduct as a central part of our Compliance Program. Everyone should adhere both to the spirit and the language of the Code, maintain a high level of integrity in their conduct, and avoid any actions that could reasonably be expected to adversely affect the integrity or reputation of JCCA.

Honesty and Lawful Conduct

All JCCA Representatives are expected to be honest and operate with integrity in all aspects of their work. JCCA Representatives must avoid all illegal conduct. No person should take any action that he or she believes violates (or may violate) any statute, rule, or regulation. In addition, Representatives must comply with the Code and compliance policies and procedures, strive to avoid the appearance of impropriety, and never act in a dishonest or misleading manner.

Cooperation with the Compliance Program

We require everyone to cooperate fully with the Compliance Program because the Program is effective only if everyone works together to ensure its success and understands the requirements under the law and the Code. In particular, JCCA Representatives must cooperate with all inquiries concerning improper business, documentation or billing practices, respond to any reviews or inquiries, and actively work to correct any improper practices that are identified.

Questions and Concerns

This Compliance Plan cannot cover every situation that you might face. As a result, if you are unsure of what the proper course of conduct might be in a specific situation, or if you believe

that the Code of Conduct or any compliance standards or policies may have been violated, then you are expected to contact your supervisor, a member of senior management or the Compliance Officer. You may contact the Compliance Officer at any time, either in person, by telephone or in writing, with any compliance-related question or concern you may have. Questions or concerns may be raised anonymously, if you wish. All reports will be held in the strictest confidence possible, consistent with the need to investigate the matter. Contact information for the Compliance Officer is listed in Section 3 below.

No Retaliation or Intimidation

It is absolutely forbidden for JCCA Representatives to retaliate, intimidate or otherwise conduct reprisals against anyone who has reported a suspected violation of a law or regulation, the Code of Conduct, or any Compliance Program standards, policies or procedures. It is also forbidden for JCCA Representatives to retaliate, intimidate or otherwise conduct reprisals against anyone who has participated or cooperated in an investigation of such matters. Intimidation and retaliatory actions violate this Code and will not be tolerated.

SECTION 2

JCCA's general standards and procedures for corporate compliance are:

Quality of Care and Services Principles

JCCA is fully committed to providing the highest quality of services in accordance with all applicable laws, rules and regulations. As part of this commitment, JCCA will ensure that necessary quality assurance systems are in place and functioning effectively. In keeping with JCCA's mission and values, the following quality of care and services principals have been incorporated into the JCCA Compliance Program:

- All clients will receive services without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
- When applicable, all clients and their families will receive information that is necessary to give informed consent for any proposed service.
- All clients will receive considerate and respectful care in a clean and safe environment.
- JCCA will conduct background checks pursuant to federal and state law (which includes, but is not limited to, criminal history record checks and databases containing information on exclusions from participation in any federal health care program) on all personnel involved in client care.
- All individuals employed by JCCA will have the proper credentials, experience and expertise required to discharge their responsibilities.

Credentialing

JCCA complies with all applicable federal and state laws, rules and regulations governing the credentialing process. This is a key element to ensuring that JCCA provides the highest quality care and services to its clients. Each Program has processes in place for the on-going and continuous credentialing and competency reviews of clinical and non-clinical staff. .

Mandatory Reporting

As part of its commitment to providing the highest quality of care and services, JCCA complies with all applicable federal and state mandatory reporting laws, rules and regulations. To this end, JCCA will ensure that all incidents and events that are required to be reported by programs are done so in timely manner, and will monitor compliance with such requirements.

Manage Agency Assets Effectively

JCCA administrators and supervisors must utilize appropriate internal accounting controls in the discharge of duties in order to ensure and safeguard the Agency's assets and financial reports and records. The established accounting practices and procedures, found in the Finance Manual, strive to assure the complete and accurate recording of all transactions. The Agency has adopted controls in accordance with applicable industry standards and governmental requirements. JCCA Representatives are expected to adhere to these established controls in the discharge of all responsibilities related to the management of funded services. JCCA Representatives must keep accurate books, records, and accounts and must accurately reflect the nature of transactions and payments. This includes, but is not limited to, financial transactions, and other documents used in the normal course of business. No false or artificial entries shall be made for any purpose. JCCA records and reports facts accurately, honestly and objectively, and does not hide or fail to record any funds, assets, or transactions.

Protect Agency Certification

JCCA Representatives are prohibited from making false statements, including, but not limited to, false statements with respect to the conditions or operations of any program that participates in the Medicaid program or other third-party payment programs.

Protect Agency Licensure

JCCA programs and divisions are licensed and contracted by many State agencies, including the New York City Administration for Children's Services, New York State Office of Children and Family Services, the New York City Department of Youth and Community Development, the State of New Jersey Department of Human Services Division of Youth and Family Services, the New York City Department of Health and Mental Hygiene, the New York State Department of Health, the New York State Office of Mental Health, and the New York State Office for People with Developmental Disabilities.

JCCA Representatives are expected to act in compliance with all regulations governing the program in which they work. JCCA Representatives are required to be familiar with regulations governing their particular areas of responsibility. The Quality Improvement ("QI") Department receives and synthesizes new regulations or expectations for executives, senior division management, or Agency compliance staff to understand any possible issues of noncompliance.

Accurate and Honest Billing

In conformity with JCCA's mission and values, bills will only be processed and submitted based upon the client's clinical condition, services actually rendered, and sufficient and adequate documentation of such services. All personnel responsible for billing will be trained in the appropriate rules governing billing and documentation and will follow all regulations governing

billing procedures. Personnel will not knowingly engage in any form of up-coding of any service in violation of any law, rule, or regulation. JCCA takes all reasonable steps to ensure that our billing software reliably and accurately codes and bills all services according to the most recent federal and state laws and regulations. Examples of behavior that violates JCCA's billing standards and must be reported to the Compliance Officer include, but are not limited to: billing for services not rendered; inflating costs for services provided; or billing Medicaid for services if the JCCA Representative knows the person who received the services is not entitled to Medicaid.

Compliance with Federal and State Laws Regarding the Submission of Claims

JCCA Representatives must comply with all applicable federal and state laws and regulations governing the submission of billing claims and related statements. A detailed description of: (i) the federal False Claims Act; (ii) the federal Program Fraud Civil Remedies Act; (iii) state civil and criminal laws pertaining to false claims; and (iv) the whistleblower protections afforded under such laws is provided to all personnel in a separate policy. (See Appendix A) Personnel will receive training on these laws as part of JCCA's Compliance Program and should consult with the Compliance Officer (who may confer with JCCA's legal counsel, as needed) if they have questions about the application of these laws to their job.

Gifts and Benefits

JCCA Representatives may not offer, pay or receive any gifts or benefits that would compromise JCCA's integrity (or even create an appearance that compromises JCCA's integrity), or under circumstances where the gift or benefit is offered, paid or received with a purpose of inducing or rewarding business between the parties. The guiding principle is simple: JCCA Representatives may not be involved with gifts or benefits that are undertaken to influence any business decision.

Conform to Fundraising Standards

JCCA raises funds in accordance with applicable local, state and federal requirements and registers fundraising activities with New York State, as outlined in the Fundraising Manual. JCCA Representatives also abide by the Association of Fundraising Professionals (AFP) Standards of Professional Practice, which are adopted and incorporated into the AFP Code of Ethical Principles. (See the Agency's Fundraising Manual for details).

Adhere to Grant-writing Standards

JCCA raises funds in accordance with applicable local, state and federal requirements. Upon funder request or proposal, JCCA discloses descriptive and financial information for revenue-generating activities including fee-for-service programs. JCCA will ensure that all solicitation materials are accurate and correctly reflect the organization's mission and use of solicited funds. All grants are consistent with the Agency's mission and are reviewed prior to signature for all applicable significant terms and conditions.

JCCA only uses the grants it receives for the intended purpose it describes in its grant application, unless it is permitted to change the purpose by the funder and determines that it is appropriate to do so. JCCA adheres with all relevant laws, rules, and regulations, as well as any terms and conditions set by its funders.

All services provided by JCCA under a grant are routinely monitored for compliance with terms of the contract and expected outcomes. JCCA shall obtain explicit consent by donors before altering the conditions of contributions. Any instances of non-compliance are addressed through improvement plans. JCCA shall ensure proper stewardship of philanthropic contributions including timely reports on the use and management of such funds. (See Appendix J for the Agency's for further information on the Agency's Ethical Fundraising Policy.)

Adhere to Research Standards

JCCA has an internal review board that oversees Agency research in order to ensure the protection of clients and staff. See Appendix L (Research Standards) for the Agency's standards.

Uphold Fairness and Comply with Labor and Employment Laws

JCCA strives to comply with all applicable labor laws and statutes regarding employer-Employee relationships and the workplace environment. JCCA does not discriminate in hiring, promotion, awarding contracts, or in any other way, regarding race, religion, sexual orientation, or any other legally-protected class. The principle rules governing examinations, appointments, promotions, transfers, reinstatements, and other similar actions are found in JCCA's Agency-wide Policies. (See Appendix O for the Agency's Non-Discrimination and Anti-Harassment Policy.)

Comply with Environmental Health and Safety Requirements

JCCA strives to provide a workplace compliant with Federal and State laws that govern workplace and occupational safety. Promotion of occupational safety and avoidance of job-related hazards ensure a safe work environment and minimal loss of work days.

Exercise Control of Medications

JCCA strives to comply with all applicable laws and regulations, as well as Agency policies and procedures that apply to the prescription of medications and controlled substances. While each division or program has medication-related procedures tailored to the needs of the population it serves, JCCA does maintain a unified procedure for Medication Management Protocols for its Westchester campus, Foster Home Services, and Group Homes divisions. These protocols are accessible through JCCA's Intranet.

Comply with Confidentiality Provisions of the Health Insurance Portability & Accountability Act (HIPAA)

JCCA Representatives have access to considerable confidential information regarding the children and families we serve in our various programs. It is the Agency's responsibility to ensure that the Agency's clients' rights to privacy are well protected and that confidential case material is handled in an appropriate manner. Any disclosures of client records could be the basis for legal action against JCCA and the JCCA Representative disclosing the information. Therefore, JCCA Representatives do not, without the proper authority, give or release information concerning clients to third parties, including family and friends. For more information see the Client Confidentiality Policy in Appendix B.

Maintain Appropriate Documentation

JCCA is committed to protecting the integrity of information by ensuring that client records are timely, accurate, and complete. Offenses such as forging signatures, falsifying the provision of services, and falsifying or altering information in the client record will result in disciplinary measures up to and including termination and referral for criminal prosecution. For more information, see the Documentation Policy in Appendix F.

Conflicts of Interest

JCCA Representatives must exercise the utmost good faith in all transactions that touch upon their duties and responsibilities for, or on behalf of, the Agency. Even the appearance of illegality, impropriety, a conflict of interest, or duality of interests can be detrimental to the Agency and must be avoided. All members of the Board of Directors, Senior Management, Executive Staff and any Employees who are in a position to influence any substantive business decision must complete an annual Conflict of Interest Disclosure Statement, disclosing all direct and familial interests which compete or do business with the Agency.

Comply with Standards on Political Participation & Governmental Relations

JCCA strives to comply with all federal and state laws that govern political participation, governmental relations, and any other business relationships with any political candidates or office holders. In accordance with government regulations for 501(c)(3) organizations such as JCCA, a substantial part of the Agency's activities do not attempt to influence legislation.

SECTION 3

Designation of the Compliance Officer

The Director of Quality Management is JCCA's Compliance Officer. The Compliance Officer reports directly to the Agency's Chief Executive Officer ("CEO") and the Board of Directors, has the full support and assistance of the Board, CEO, and Senior Management, and is provided with adequate resources and access to relevant documents and other information necessary to design, implement, and monitor an effective Compliance Plan. The Compliance Officer's compliance duties are supported by JCCA's Quality Improvement Department. The Director of Quality Management periodically reports directly to the Board on activities of JCCA's Corporate Compliance Plan (as detailed in the introduction to this manual).

The duties of the COMPLIANCE OFFICER are to:

- Oversee and monitor JCCA compliance activities, including day-to-day operations
- Report periodically to the CEO and Board of Directors regarding the progress and implementation of the Plan
- Ensure that Employees and other Representatives of JCCA are able to report suspected improprieties without fear of intimidation or retaliation, and implement processes to investigate, resolve, and document all reported issues of non-compliance
- Assist the CEO and Board of Directors in establishing methods to improve JCCA's efficiency and quality of services, and monitor JCCA's vulnerability to fraud and abuse
- Periodically review this Compliance Plan and recommend revisions as necessary to meet changes in the business and regulatory environments
- Develop, coordinate, and participate in an educational and training program that focuses on the elements of compliance as set forth in this Plan; ensure that all JCCA Representatives are knowledgeable about and comply with applicable components of the Plan
- Work closely with legal counsel to review and update the education, training, and conduct standards as necessary to reflect current local, state, and federal laws
- Receive and investigate reports of possible illegal conduct or other conduct that violates JCCA policies regarding Medicaid services and billing

- Independently investigate and act on compliance-related matters and any resulting corrective actions with all relevant JCCA departments
- Develop policies and programs that encourage staff to report suspected fraud and abuse and other improprieties without fear of retaliation or intimidation
- Ensure that the contents of this Plan have been effectively communicated to all JCCA Representatives as appropriate
- Establish and administer a communication system that is available to all JCCA Representatives to report any suspected illegal conduct or other conduct violating the Plan
- When appropriate, notify the relevant government agency of possible illegal or inappropriate conduct.
- The individuals listed below have the duties of Compliance Officer. The designee will take on the responsibilities of the Compliance Officer when Ms. Sutfin is not available.

Name	Title	Email	Telephone
Samantha Sutfin (Compliance Officer)	Director of Quality Management	sutfins@jccany.org	917-808-4850
Shaina Weisbrot (Designee)	Assistant Director of Quality Improvement	weisbrots@jccany.org	917-808-4854

SECTION 4

Training and Education

All JCCA Representatives will receive this Plan and other information necessary to ensure compliance with JCCA standards— JCCA Board Members upon their appointment and JCCA Employees during staff orientation, as well as dissemination to all current JCCA Representative through e-mail. Each JCCA Board Member and Employee will be retrained on compliance standards annually by QI staff and sign a form acknowledging their receipt of such training. The Compliance Officer and QI Department are available to any JCCA Board Member, Employee, or Agent who has questions about this Plan. JCCA Board Members, Employees, and Agents will be informed of any changes in these standards as they occur, and these changes will be made available on the Agency's Intranet.

JCCA provides compliance training to all Agency directors. This training addresses the False Claims Act and State laws regarding punishment for the making of false claims or statements, as well as JCCA's Whistleblower Policy. Agency Directors and Executives are expected to provide this training to staff members and to document that the training was provided annually. In addition, all Employees will be provided with access to a hard copy and/or electronic version of JCCA's False Claims Act and Whistleblower Policies. JCCA administrative staff works with the Compliance Officer to ensure that JCCA's Agency-wide Policies handbook contains information about the False Claims Act and relevant state laws; the handbook is posted on the Intranet and is updated periodically. The Compliance Officer ensures that, in connection with the execution of each contract by JCCA with a Covered Contractor, the Covered Contractor receives a description of JCCA's False Claims Act Policy, as well as other pertinent JCCA policies designed to detect and prevent fraud and abuse.

Medicaid Compliance Training

The Compliance Officer, either directly or through his or her designee (the Assistant Director of Quality Improvement), periodically provides training on compliance issues, expectations, and Plan operation to all JCCA Representatives and Covered Contractors.

The Chief Strategy Officer or designee provides training on the Compliance Plan to the Board annually at one of its regularly scheduled meetings.

The Director of Quality Management and the Assistant Director of Quality Improvement provides training on the Compliance Plan to Senior Management annually at the regular meeting of the Continuous Quality Improvement Program (the monthly administrative meeting of senior management). The Director of Quality Management and Assistant Director of Quality Improvement provide training on the Compliance Plan at new staff orientation.

Billing and Coding Training

Billing and coding training is a collaboration between the Finance Department, Government Contracts, and the Quality Improvement departments. Staff meets periodically with senior managers from these departments to troubleshoot and ensure that standards are being maintained. In addition, the department heads for each of these departments, as well as the Compliance Officer, participate in Agency compliance meetings.

Updating

The Compliance Officer, in collaboration with the Assistant Director of Quality Improvement, will be responsible for ensuring that training is updated regularly to include new laws, regulations, and policies.

SECTION 5

Communication Lines to the Compliance Officer

JCCA Representatives and Covered Contractors have four ways to report suspected compliance concerns. These concerns include, for instance, improper referral arrangements, the preparation or submission to Medicaid (or any other state or federal health care program) of any claim or report that appears to be false or fraudulent, or any other conduct that appears to violate the False Claims Act or any other fraud and abuse law (see Appendix A). All internal reporting mechanisms are kept confidential to the extent possible, consistent with the need to investigate the reported issue.

First, JCCA Representatives, Covered Contractors, and other persons may bring a report to their immediate supervisors, who in turn will ensure that the report is directed to the Compliance Officer. Second, anyone may report their concerns directly to the Compliance Officer, the Vice President for Human Resources, or other Executive Staff.

Third, the Agency has established an anonymous telephone reporting line for anonymous and confidential good faith reporting of potential compliance issues as they are identified. Calls to this line go directly to a voice mailbox monitored by the Compliance Officer. The number for this line is (917)808-4775.

All reports received will be documented, evaluated and investigated as necessary. JCCA Representatives or Covered Contractors are expected to contact the Compliance Officer or his or her designee (the Assistant Director of Quality Improvement), whenever they have questions as to whether any practice violates the Code of Conduct, the False Claims Act or any other applicable law, rule or regulation, or the standards, policies and procedures contained in the Compliance Plan. (See the Whistleblower Policy in Appendix I).

SECTION 6

Disciplinary Policy, Standards, and Procedures

POLICY

JCCA encourages good faith participation in our Compliance Program. To this end, it is expected that all JCCA Representatives, will report to the Compliance Officer any actual or potential compliance issues or concerns that exist, and will assist in their resolution.

JCCA has developed this disciplinary policy to ensure that all JCCA Representatives are aware of and meet their obligations under JCCA's Compliance Plan and any laws or regulations applicable to JCCA. The standards and procedures of this policy are outlined below. If it is concluded, after a full and complete investigation, that any of the standards specified below have been violated, appropriate disciplinary sanctions will be imposed, in accordance with the procedures described below.

DISCIPLINARY STANDARDS & PROCEDURES

Standards

All JCCA Representatives are expected to:

- Adhere to relevant Federal and/or State laws and regulations, any applicable staff conduct policies, the Compliance Plan, and other compliance-related policies and procedures that may from time-to-time exist;
- Report a violation, or suspected violation, of Federal and/or State laws and regulations, any applicable staff conduct policies, the Compliance Plan, or other compliance-related policies and procedures that may from time-to-time exist;
- Report suspected problems; and
- Cooperate in the investigation of a potential violation or issue;
- The following constitute violations of standards. Representatives should not:
- Encourage, direct, facilitate, or permit, either actively or passively, non-compliant behavior;
- Fail to detect and report a compliance violation by a supervisor(s), if such failure reflects inadequate supervision or lack of oversight;
- Assist in, participate in, facilitate or ignore a breach of the Compliance Plan;
- Assist in, participate in, facilitate, or ignore fraud, waste, or abuse issues relevant to our payers (including, but not limited to, Medicaid, other federal and state health care programs, and commercial insurers), businesses, services or operations;

- Refuse to cooperate in the investigation of a potential violation or compliance issue;
- Retaliate against or intimidate anyone who in good faith participates in the Compliance Program;
- Engage in other illegal or inappropriate conduct.

Procedures for Investigations

Conduct a Full and Complete Investigation

When there is an allegation that a Compliance Plan standard has been violated, the Compliance Officer and the Vice President of Human Resources will promptly undertake a full and complete investigation, with the assistance of internal personnel or external resources as necessary and appropriate (See Section 9 for details.)

Determine Disciplinary Sanctions

If the investigation determines that a Compliance Plan standard has been violated, disciplinary sanctions will be imposed promptly. Disciplinary sanctions will be determined by the Vice President of Human Resources, in consultation with the Compliance Officer, program administrator(s), or other appropriate personnel, as well as legal counsel or other external resources as necessary and appropriate. The nature and extent of disciplinary sanctions imposed in a given case will depend on a variety of factors, including, but not limited to, the following:

- The severity of the violation;
- Whether the violation was committed intentionally, recklessly, negligently, or mistakenly;
- Whether the individual has committed any other violations in the past, and if so, whether those violations are similar to the one currently at issue;
- Whether the individual has previously been disciplined, and if so, the nature of the disciplinary sanction imposed;
- Whether the individual self-reported his or her misconduct before discovery inside or outside of JCCA, or before such discovery was reasonably likely;
- Whether the individual attempted to hide or “cover up” his or her misconduct;
- Whether (and the extent to which) the individual cooperated with the Compliance Officer (and/or his or her designee) in connection with the investigation of the misconduct; and
- Any other facts or circumstances relevant to the matter.

Enforce Disciplinary Sanctions Fairly, Consistently and Firmly

JCCA will fairly, consistently, and firmly enforce JCCA's Compliance Plan and any sanctions or disciplinary actions imposed will be taken without regard to the individual's title or position at JCCA. The following outlines the types of sanctions that may be imposed for violating JCCA's compliance standards:

Board Members will be subject to sanctions which may include, but not necessarily be limited to: education, verbal or written warnings, suspension, or removal from their position. It is JCCA's policy that the due process requirements of all applicable bylaws, contracts, and agreements (if any) will be respected, as are all other laws, rules, and regulations that apply in a given situation.

Employees (including Senior Management and Executives) will be subject to sanctions which may include, but not necessarily be limited to: education, verbal or written warnings, suspension with or without pay, or termination. It is JCCA's policy that JCCA Employees' rights to due process under applicable laws, rules, and regulations (if any) will be respected, as are employee or other applicable contractual arrangements (if any), and all other laws, rules, and regulations that apply in a given situation.

JCCA Agents and Covered Contractors will be subject to sanctions which may include, but not necessarily be limited to: verbal or written admonition, contractual or financial penalties or termination of the contractor's relationship with JCCA. It is JCCA's policy that contracts governing its relationships with JCCA Agents and Covered Contractors, and all applicable laws, rules, and regulations governing the relationship, will be respected.

The above is not intended, and will not be viewed, as a limitation on JCCA's right or ability to impose more than one disciplinary sanction in a particular situation, to impose any other or additional disciplinary sanctions that may be appropriate and permissible in a particular situation, or to take any other actions, measures, or sanctions that may be appropriate and permissible in a particular situation.

Retain Records

The Compliance Officer or designee will maintain a record of all investigations conducted under this Policy, including all disciplinary sanctions imposed. As per JCCA's Records Retention Policy (see Appendix G), all such records will be maintained for no fewer than ten years from the date of the conclusion of the investigation or the imposition of the disciplinary sanction(s), or for such longer period of time as may be required by applicable law.

SECTION 7

Routine Identification of Risk Areas

JCCA employs several strategies to ensure that it minimizes any risk to compliance standards, and that it identifies any compliance risk if it occurs. The most important tool is careful, accurate record keeping and data entry during day-to-day operations. In addition, JCCA relies on regular training of new JCCA Representatives and existing staff on compliance risks and on contractor education. Annual audits are conducted by external auditors.

Quality Improvement staff conducts regular internal auditing. These regular audits cover the submission of accurate claims and cost reports, and evaluation of potential or actual non-compliance, credentialing of providers and persons associated with providers, mandatory reporting, governance, and quality of care. Quality Improvement staff conduct additional audits to ensure that all case records and accompanying billing are maintained in accordance with good case practice and record keeping.

The following are the areas identified to be most at-risk for non-compliance. Note that this list is not intended to be exhaustive, but rather informative for JCCA Representatives and Agents so that they may be aware of key compliance issues that affect day-to-day operations.

Billing

One of JCCA's most important legal obligations is to submit accurate and appropriate bills to Medicaid and other third party payers. While the Compliance Plan does not reference every potential billing issue that may arise, critical billing compliance issues include the following:

- Billing for items or services not actually rendered
- Billing for medically unnecessary services
- Duplicate billing, i.e., billing for the same services two or more times
- Up-coding claims to reflect a higher level of service intensity than actually provided
- Unbundling two or more services that must be billed together under applicable reimbursement rules
- Billing for more than a single visit on the same day, to the extent prohibited by applicable reimbursement rules

- Failing to maintain sufficient documentation to demonstrate that services were performed and to support third party reimbursement
- Failing to comply with applicable regulatory requirements, including but not limited to signed treatment plans, timely treatment plan reviews, progress notes, etc.
- Billing for services provided by unqualified personnel or by personnel who lack the level of licensure required by applicable law or the relevant payer. This includes ensuring that all mental health services are provided by appropriately credentialed personnel as required by New York State Office of Mental Health regulations and that Medicaid is not billed for services provided by unqualified personnel
- Failure to provide a sufficient level of professional supervision for services as required by applicable reimbursement rules
- Untimely, absent, or forged physician certifications on plans of care
- Inadequate management and oversight of subcontracted services, which results in improper billing
- Duplication of services provided by physicians and other mental health providers
- Failure to bill other appropriate payers prior to billing Medicaid
- Failure to return overpayments of which JCCA becomes aware
- Failure to refund credit balances that are due to clients
- Other compliance areas that may arise over time

The failure to adhere to these and other billing requirements may subject JCCA to substantial liability. Among other things, knowingly submitting false or fraudulent claims for payment to a government agency may constitute a violation of the Civil False Claims Act, 31 U.S.C. § 3729 (a), and/or the New York State False Claims Act.¹

Improper billing may also trigger civil and criminal liability under other Federal laws, including the Criminal False Claims Acts (18 U.S.C. §§ 286 and 287), Criminal False Statements Related

¹ A person acts “knowingly” under this law not only if he or she has actual knowledge of a false or fraudulent claim, but also if the person acts with deliberate ignorance or reckless disregard of the truth or falsity of that claim. Penalties under the Civil False Claims Act include treble damages (i.e., damages of three times the amount of the false claim) and penalties of up to \$12,000 per claim.

to Health Care Matters (18 U.S.C. § 1035), Health Care Fraud (18 U.S.C. § 1347), and Civil Monetary Penalties Acts (42 U.S.C. § 1320a-7a). In addition, liability may be imposed under New York State criminal laws and Medicaid statutes (e.g. N.Y. Social Services Law § 366b; Penalties for Fraudulent Practices; NYS Penal Law Article 177; and NYS Penal Law Article 15, Larceny). (See the Discussion of Relevant Laws in Appendix A for details.)

Cost Reports

JCCA may be required to submit cost reports to government agencies as a condition of receiving reimbursement under the Medicaid program. All cost reports must be accurate and complete. Any expenses reflected on cost reports must have been actually incurred and properly allocated among the relevant programs. To the extent the submission of inaccurate or incomplete cost reports results in the payment of excessive reimbursement, it may trigger liability under the Civil False Claims Act, criminal laws, and the other statutes and regulations referenced above.

JCCA may also be required to submit cost reports as a condition of receiving public or private grants. The same obligations of timeliness, accuracy, and completeness are applicable to the submission of these cost reports.

Compliance with Anti-referral Laws (See Section 12 for more information)

1. Kickbacks and Referrals. JCCA must be in compliance with various federal and state anti-kickback laws. These laws make it unlawful to pay or give anything of value to any individual on the basis of the value or volume of patient referrals. JCCA does not pay incentives to any person based upon the number of clients admitted to our programs, or the value of services provided, nor do we pay physicians, or anyone else, either directly or indirectly, for client referrals. All financial relationships with other providers who have referral relationships with JCCA are based on the fair market value of the services or items provided.

The payment or remuneration for the referral of patients or items or services covered by any federal health care program (e.g., Medicaid) violates the Federal anti-kickback statute (42 U.S.C. § 1320a-7b). New York State law contains a similar prohibition (N.Y. Social Services Law § 366-f).

There are a number of statutory exceptions to the Anti-kickback statute as well as a series of regulatory “safe harbors.” If each aspect of an arrangement meets every requirement of an applicable exception or “safe harbor” (i.e., fits “squarely” within), it will be protected from prosecution under the law.

All contracts, leases, and other financial relationships with providers with whom JCCA has a referral relationship will be reviewed to ensure compliance with the federal and state Anti-Kickback Laws, and compliance with any applicable Safe Harbor or Exception under those laws.

The anti-kickback laws and the Civil Monetary Penalties Law also prohibit the routine waiver of clients' cost sharing obligations. Cost sharing may be waived only on a case-by-case basis due to a client's inability to pay or JCCA's inability to collect payment after reasonable efforts. Any such waivers must be made in accordance with JCCA charity care and collection policies. (See Charity Care and Transition Plan Policy in Appendix M and Waiver of Coinsurance Policy in Appendix N)

This area of law is complex, and when conducting its compliance risk assessments, if in doubt, JCCA will seek competent legal advice.

2. Stark Law The Federal Ethics in Patient Referrals Act, commonly referred to as the "Stark Law," prohibits physicians from making referrals for certain "designated health services" reimbursed by Medicaid to entities with which the physician (or their immediate family member) have a financial relationship, unless the relationship fits within a Stark Law exception (42 U.S.C. § 1395nn). New York State has adopted a similar law modeled on Stark Law (N.Y. Public Health Law § 238-a). Designated health services are Clinical laboratory services; physical therapy, occupational therapy, and outpatient speech-language pathology services; radiology and certain other imaging services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment, and supplies; prosthetics, orthotics, and prosthetic devices and supplies; home health services; outpatient prescription drugs; and inpatient and outpatient hospital services.

JCCA's compliance risk assessment process will include reviews of its financial relationships and legal advice will be sought if and when it becomes aware of any JCCA Employee or Agent associated with the Agency who may also have an interest in another service entity.

Procurement Procedures

JCCA strives to ensure that any acquisition or leasing of goods or services is carried out in accordance with the Agency's best interests. JCCA Employees responsible for procurement may not accept anything of value from actual or potential vendors, except to the extent permitted by applicable procurement policies as stated in the Finance Manual. See Appendix K for the Agency's Bid and Procurement Policy.

Tax Exemption Requirements

JCCA is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and NYS law. Accordingly, the Agency must carry out its activities consistent with the charitable purpose upon which its tax-exemption is based. It is improper for any JCCA Representative to receive or use the organization's funds for any private purpose. The Agency strives to keep wages, or other compensation paid, commercially reasonable and consistent with fair market value. Any new activities that go beyond the Agency's traditional mission should be carefully

scrutinized by the Compliance Officer and legal counsel to ensure they do not jeopardize the organization's tax-exempt status.

JCCA Representatives strive to ensure that the Agency's sales tax exemption is used only for legitimate Agency business and service transactions in accordance with federal and state law.

Conflicts of Interest

JCCA Employees are required to avoid conflicts of interest. Where potential or actual conflicts exist, Employees are expected to consult with the Compliance Officer and abide by the Agency's Conflict of Interest Policy (see Appendix D). All Board Members, Senior Management, and Executive Staff are required to file a conflict of interest disclosure statement annually and to thereafter disclose potential conflicts of interest that may arise on an on-going basis. Board Members disclose these conflicts of interest to the Chair of the Board, the Board of Directors and The Compliance Officer. Employees disclose these conflicts of interest to the Compliance Officer, who presents them to the Quality Management and Compliance Committee. All Board decisions involving a potential conflict of interest are made in accordance with the Conflict of Interest Policy and applicable law (N.Y. Not-for-Profit Corporation Law § 715).

SECTION 8

Monitoring and Auditing Systems

Audits

Quality Improvement staff coordinates and conducts internal audits. External auditors annually conduct financial and programmatic audits.

Contracts

All contracts and other arrangements with counties, physicians, laboratories, providers, referral sources and other persons are approved by JCCA's designated signatories and reviewed by the Agency's legal counsel as necessary to verify legal compliance.

Utilization Review

Each program billing Medicaid undergoes regular Case Record Review. Quality Improvement staff reviews these records randomly to ensure that: all required paperwork is complete; clients meet eligibility criteria for the program; the services being delivered (as documented in the progress notes) are necessary and consistent with the assessment and identified treatment plan; and there is a continuing need for services at this level of care. In addition to Medicaid program reviews, record reviews are conducted for quality improvement purposes by independent program staff or auditors as appropriate.

Monitoring Techniques

Monitoring techniques used for identifying risks and issues include:

- Routine identification of risk areas
- Case record reviews
- Identification of patterns in problem areas
- Targeted reviews for high-risk situations
- External audits

SECTION 9

Government Investigations and Other Legal Matters

JCCA strives to achieve full compliance with all State and Federal laws and will cooperate with all reasonable demands made in any government investigation. JCCA also seeks to address any problems before the need for government investigation or other legal actions arises, and to protect the legal rights of the Agency and JCCA Representatives. Any JCCA Employee who receives a subpoena or legal document or inquiry regarding JCCA business should immediately notify his or her supervisor or director, who will contact legal counsel. No records may be given in response to a subpoena or other governmental demand without prior approval of the Director of Quality Management.

If a response is given to a request for information from government regulatory or enforcement agencies, the response must be accurate and complete. JCCA Representatives are not to destroy, alter or change any Agency records in response to a request for such records. Such action will subject the Representative to immediate disciplinary action and possible criminal prosecution.

JCCA will seek, whenever possible, to coordinate requests by government agencies to interview Employees or contractors. The Compliance Officer or designee will coordinate such interviews. The Agency expects the full cooperation of all JCCA Representatives in connection with such interview requests.

In the event that a government agency appears at a JCCA facility with a search warrant, legal counsel should be contacted immediately and the government investigator should be asked to wait for legal counsel to arrive before commencing any search. If the government investigator refuses to wait for legal counsel, JCCA Representatives may not impede the search.

The individual served with the search warrant should request a copy of both the search warrant and accompanying Affidavit. A search warrant contains limits as to what areas may be searched and what property may be seized. It is important to be aware of these limits in order to confine the search to its proper boundaries.

It is also important to not consent to the search. JCCA Representatives should be cooperative with the investigators, but let them know that the Agency objects to the search, that a search warrant is unnecessary due to the Agency's willingness to voluntarily cooperate with the government investigation and that the search violates the Agency's rights.

The manner in which the search is being conducted should be carefully monitored and recorded. This includes such information as the names and backgrounds of the investigators; times, dates and scope of the search; areas searched; and a detailed list of items seized. Permission should be requested by the Agency to video the search; if this request is refused, then the refusal should be

specifically documented. Investigators should not be left alone in any area during the execution of a search warrant.

SECTION 10

Compliance Protocols for Investigation, Review, and Implementation of Corrective Action

I. INVESTIGATION

Upon receiving a report of possible unethical or illegal conduct, the Compliance Officer will contact compliance counsel and Senior Management. The Compliance Officer will work under the supervision and direction of outside compliance counsel, as necessary, to investigate whether a compliance concern exists or whether the Code of Conduct, compliance policies or applicable legal rules have been violated, and take all necessary and appropriate actions. All JCCA Representatives are expected to cooperate in this investigation. Every investigation will be given a separate “compliance number” which will be placed on all documents or reports generated in connection with a particular investigation.

In addition, for reports that include possible improper billing or related conduct, the investigation may also include selecting for review a small, random sampling of bills, along with the supporting medical documentation. Only bills that are still “in the pipeline” and being processed will be selected. If the review of these bills warrants, the sample will be expanded to additional bills “in the pipeline” for a more accurate assessment of the problem. As necessary, retrospective reviews of claims will also be conducted.

During these reviews, the Finance Department will hold and not submit for payment any bills that appear to be improper until all questions regarding them have been resolved. If it is determined at the conclusion of the inquiry that any bills were submitted in error to the government or any other payer, any payments received will be refunded.

After review and investigation, the Compliance Officer will prepare a written report of findings that will be given to legal counsel for appropriate action. JCCA Representatives will cooperate fully with any investigations undertaken by the Compliance Officer, his or her designee, or JCCA legal counsel.

II. CORRECTIVE ACTION & RESPONSES TO SUSPECTED VIOLATIONS

Whenever a compliance problem or billing error is uncovered, regardless of the source, the Compliance Officer will ensure that appropriate and effective corrective action is implemented. Such problems include, but are not limited to, evidence that JCCA is billing in a manner identified in Section 7A of this Plan; or involving suspect financial relationships with physicians or other practitioners who have a referral relationship with JCCA. In discharging this responsibility, the Compliance Officer will consult with Senior Management, the Compliance Committee, and compliance counsel as necessary and appropriate, to correct the problem.

The Compliance Officer and his or her designee will ensure that any corrective action and response is designed to prevent or reduce the violation or problem from reoccurring based on a

“root-cause” analysis of the problem. In addition, the corrective action plan will include, when applicable, a review of the effectiveness of the corrective action following its implementation. If such a review establishes that the corrective action plan has not been effective, then additional or new corrective actions will be implemented. The corrective actions will be coordinated with the Compliance Officer, and may include, but not be limited to, the following:

- A. Notification and discussion with the offending person of the violation and how it should be avoided in the future;
- B. Remedial education, either formal or informal, which ensures that the offending person understands the applicable rules and regulations;
- C. A follow-up review which ensures that the problem is not reoccurring;
- D. A cycle or cycles of remedial education and focused audits for personnel;
- E. Refund(s) of any past payments that resulted from improper billing;
- F. Imposition of discipline (as set forth below and in the Compliance Plan Disciplinary Policy);
- G. Suspension of all billing of the services provided by a practitioner (as set forth below); and
- H. Voluntary disclosure of the violation or problem to an appropriate governmental agency.

If it is determined that a larger, systemic problem may exist, then the Compliance Officer will consider modifying or improving JCCA’s compliance or billing practices. This might include creating new procedures or modifying existing procedures, to ensure that similar errors will not reoccur in the future. Other corrective actions that may be considered might also include working with a specific program (through that program’s director or the division’s Vice President) to formulate new or revised policies or procedures for that program and conducting formal or informal training on specific issues for an entire program. Possible changes or additions to procedures will be reviewed with the Compliance Committee and, if necessary, with the Board of Directors.

III. SUSPENSION OF BILLING

If, following an internal review, a practitioner has refused or is unable to correct identified documentation, coding or billing errors, and if such errors create a risk that improper claims will be submitted to governmental and other third-party payers, the matter will be referred to the Compliance Committee, which may suspend billing for services provided by that physician or practitioner. If the errors relate only to billing for a particular service, the Finance Department

will suspend billing for that specific service only. Any suspension of billing will remain in place until the Compliance Committee obtains adequate assurances that the physician's or practitioners deficient practices have been corrected and that the risk of continued submission of improper claims has been eliminated.

IV. DISCIPLINE

All JCCA Representatives must strive for high standards of operational integrity.

JCCA's enforcement standards are intended to reduce JCCA's vulnerability to legal and administrative sanctions and demonstrate our commitment to compliance. If the responses to violations instituted by the Compliance Officer or designee, as outlined above, are inadequate to correct a pattern of non-compliance, and if the Compliance Officer concludes after an appropriate investigation that staff conduct policies or Compliance Plan standards or policies have been violated, then appropriate discipline, including discharge, may be imposed. Disciplinary action will be taken and will be fairly and firmly enforced in accordance with the Compliance Plan's Disciplinary Policy, Standards and Procedures (Section 6 of this Plan).

SECTION 11

Compliance Reviews of Staff Credentials

POLICY

A. All Staff

JCCA is committed to ensuring that all individuals employed by, or who contract with, JCCA have the proper credentials, experience, and expertise required for the discharge of their responsibilities. JCCA is committed to ensuring that all such individuals are thoroughly vetted and screened.

B. Professional Staff

JCCA is committed to ensuring that all individuals employed by, or who contract with, JCCA have the proper credentials, experience, and expertise required for the discharge of their responsibilities. To this end, JCCA is committed to using good faith efforts to not employ or contract with physicians, nurses, psychologists, social workers or other practitioners who are not currently licensed and registered with the State to practice their profession.

PROCEDURES

In order to ensure compliance with the above policy, JCCA will, at minimum, take the following actions:

A. All Staff (including new Employees/Contractors)

All candidates for employment are required to disclose on the employment application whether they have been convicted of any criminal offense. For all non-professional prospective employees or contractors, who will have regular and substantial unsupervised or unrestricted physical contact with JCCA's clients receiving mental health services, the Human Resources Department will conduct criminal history record checks ("CHRC"). (Professionals licensed pursuant to Title 8 of the New York State Education Law are exempt from the criminal history record check requirement.) Non-exempt prospective Employees may be hired on a temporary basis pending receipt of a "clean" CHRC report, but may not have unsupervised physical contact with clients.

Human resources will perform an SCR check, criminal history check, drug testing (as appropriate), and request fingerprinting (as appropriate) of all staff, including new staff. (In some circumstances, an Employee may consent to random drug testing as a condition of continued employment.)

B. New Credentialed Employees/Contractors

Before hiring or retaining any credentialed individual, the Human Resources Department or its designees will appropriately query available websites, including, but not limited to the following (as applicable):

NYS Office of Professional Conduct and Physician Discipline website

NY State Education Department website:

For disciplinary action against professional licensees;

For license verification;

The Exclusion databases (as described in Section 14 and Appendix D of this document); and

Other available information or resources, which may also be used from time to time as necessary and appropriate.

Human Resources will also receive a copy of new staff's diploma(s) and license (if he or she is credentialed).

C. Annual Reviews

Human Resources will perform appropriate website searches (or searches/diligence of other appropriate information or resources) no less than annually on all individuals and entities employed by, or contracted with, JCCA. In addition, JCCA will require each current Employee to certify that: (a) he or she has not been convicted of a crime; and (b) (as appropriate) his or her New York State license and registration to practice his or her profession are current.

D. Corrective Action

Employees have an obligation to inform the Agency of arrests within 48 hours of the arrest (including vehicular arrests/DUI). Should JCCA determine that: (a) any proceeding or investigation is pending against any individual; (b) any individual is or has been convicted of a crime; or (c) an individual's New York state license and/or registration is not current, then the following action will be taken:

- The Compliance Officer will be immediately notified, based on a recommendation from Human Resources.
- If the determination relates to an individual that has an existing relationship with JCCA, the individual will be immediately suspended from providing any

services to, or on behalf of, JCCA pending the outcome of an investigation. In addition, any billing by or related directly or indirectly to, that individual will be immediately suspended.

- An investigation of the matter will be immediately undertaken (with the assistance of compliance counsel, as necessary). An interim plan will be put in place, and once the matter is resolved, appropriate corrective and disciplinary action will be promptly implemented in accordance with the policies and practices of the Human Resources Department (including, but not limited to, the return of monies improperly received and the termination of the relationship).
- If the determination relates to an individual that does not have an existing relationship with JCCA, that person will not be hired or retained, or otherwise become affiliated with JCCA.

E. Documentation Retention

Records of the above reviews and any investigations, corrective action and/or disciplinary action taken will be maintained by the Compliance Officer or by Human Resources in the individual's personnel file.

SECTION 12

Anti-Referral Laws and Relationship with Other Health Care Providers

II. COMPLIANCE WITH ANTI-REFERRAL LAWS

The Federal and State Anti-Kickback statutes prohibit giving or receiving any remuneration (which includes, without limitation, money, goods, and services) in exchange for a referral or as an inducement to provide health care services paid for by Medicare or Medicaid. The physician self-referral laws (the “Stark” laws) forbid referrals between physicians and health care entities that have certain prohibited financial relationships. Under the Stark laws, a physician cannot refer patients to entities furnishing “designated health services,” which are payable under Medicare or Medicaid, if the physician or his or her immediate family members have a financial interest in that entity. A prohibited financial relationship includes an ownership or investment interest and any compensation arrangement.

In compliance with these laws, JCCA does not pay incentives to any person based upon the number of clients admitted to our programs or the value of services provided, nor does JCCA pay physicians, or anyone else, either directly or indirectly, for client referrals. The decision to refer clients is a separate and independent clinical decision made by the health care provider. JCCA does not accept any form of remuneration in return for referring its clients to other health care providers. JCCA discharges or refers clients to other providers based on clients’ documented medical needs for the referred services and the ability of the referred provider to meet those needs. JCCA respects and honors a client’s freedom to choose a provider.

III. RELATIONSHIPS WITH OTHER HEALTHCARE PROVIDERS

In compliance with the Anti-Referral laws, all contracts, leases, and other financial relationships with other providers who have a referral relationship with JCCA are based on the fair market value of the services or items being provided or exchanged, and not on the basis of the volume or value of referrals of Medicaid business between the parties.

JCCA does not engage in any practice that violates the Anti-Referral laws or tends to create an appearance of illegality or impropriety, including, but not limited to:

Free Services. JCCA does not provide free services or items to, or accept free services or items from, another provider with whom a referral relationship exists.

Fair Market Value. JCCA does not pay or charge excessive amounts above fair market value for providing equipment, space or personnel services, to or from, another provider. The Agency does not pay or charge amounts below fair market value for providing equipment, space, or personnel services, to or from, another provider.

Joint Ventures. JCCA enters into joint ventures with other providers only in accordance with applicable Safe Harbors or exceptions that are permissible under the Anti-Referral laws. JCCA

never enters into agreements into which benefits are conferred on one party in a manner that could be interpreted as an inducement to refer.

IV. MARKETING ACTIVITIES

All marketing activities and advertising are based on the merits of the services provided and not on any promise, expressed or implied, of remunerations for referrals. In addition, all marketing activities and advertising are truthful and not misleading, and are supported by evidence to substantiate any claims made. JCCA's best advertisements pertain to the quality of its services. Personnel should not disparage the service or business of a competitor through false or misleading representations.

SECTION 13

Non-Intimidation and Non-Retaliation Policy

JCCA does not retaliate or intimidate JCCA Representatives, Covered Contractors, or anyone else with whom the Agency has contact, for good faith participation in the Compliance Plan, including but not limited to, reporting potential issues, assisting in the investigation of issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials. Any actual or threatened retaliation or act of intimidation should be reported to the Compliance Officer at (917) 808-4775. (See JCCA's Whistleblower Policy in Appendix I and JCCA's Non-Discrimination and Anti-Harassment Policy in Appendix I).

SECTION 14

Disqualified/Excluded Individuals

No individual who has engaged in illegal or unethical behavior and/or who has been convicted of health care-related crimes is allowed to occupy positions within JCCA which involve the exercise of discretionary authority, including management staff.

Any applicant for an employment position with this Agency, and any JCCA Agent, will be required to disclose whether he or she has changed his or her name and whether he or she has ever been convicted of a crime, including health care-related crimes. In addition, JCCA will reasonably inquire into the status of each prospective employee and agent as per Section 11 of this manual. (See also the “Background Checks Policy” in Appendix C.)

JCCA will terminate the employment of any person and contract of any agent or contractor who is not willing to comply with the Plan.

The Agency will terminate Employees or its relationship with Agents, who are convicted or excluded from participation in Federal health care programs. JCCA may remove from direct responsibility or involvement in any Federally- or State-funded health care program any Employees or Agents with pending criminal charges relating to health care.

If the Agency learns that a JCCA Representative has become excluded from eligibility to participate in federal health care programs, JCCA will, at minimum, remove that individual/entity from responsibility for, or involvement with, JCCA’s business operations related to federal health care programs. JCCA will also remove such individual/entity from any position for which his/her/its compensation, or the items or services furnished, ordered or prescribed by such individual/entity, are paid in whole or in part, directly or indirectly, by a federal health care program or otherwise with federal funds until such time as the individual/entity is reinstated into the applicable federal health care program(s) and no longer excluded.

The Agency has processes in place to determine whether an individual or entity has been excluded by the federal Department of Health & Human Services’ Office of Inspector General, the General Service Administration, and/or the New York State Medicaid Inspector General (see the Compliance Reviews for Excluded or Ineligible Individuals/Entities Policy in Appendix D).

SECTION 15

Concluding Note

This Plan has been prepared to outline the principles of legal and ethical business conduct embraced by JCCA. It is not an exhaustive list of the legal or ethical questions a staff member might face in the course of business. Therefore, this manual must be used with common sense and good judgment. As a reminder, if any JCCA Representative is in doubt or has a specific question, he or she should contact his or her supervisor, the Assistant Director of Quality Improvement, or the Compliance Officer.

JEWISH CHILD CARE ASSOCIATION OF NEW YORK

Corporate Compliance Plan: Policies & Procedures

Appendices

Appendix A - Discussion of Relevant Fraud and Abuse Laws

Many Federal and State acts, statutes, and laws address false claims and statements, as well as whistleblower protections. Broadly, these acts, laws and statutes may be categorized as False Claims Acts. Other fraud and abuse laws include, but are not limited to the Anti-Kickback Laws, “Stark” (physician self-referral) laws, and the Federal Patient Protection and Affordable Care Act. A discussion of these laws and their role in preventing and detecting fraud, waste, and abuse in Federal health care programs follows below.

False Claims

Following is a brief summary of federal and New York State laws regarding false claims and whistleblower protections:

Federal Laws

The Federal False Claims Act (31 USC §§ 3729-3733)

The federal False Claims Act (“FCA”) provides, in pertinent part, that:

- (1) (a) In general. Subject to Paragraph (2), any person who –
- (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
 - (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
 - (C) conspires to commit a violation of subparagraphs (A), (B), (D), . . . or (G);
 - (D) has possession, custody, or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property; . . . or
 - (G) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases 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 \$10,000,² plus 3 times the amount of damages which the Government sustains because of the act of that person.

(2) Reduced Damages.

If the court finds that – (A) the person committing the violation of this subsection furnished officials of the United States responsible for investigating false claims violations with all information known to such person about the violation within 30 days after the date on which the defendant first obtained the information; (B) such person fully cooperated with any Government investigation of such violation; and (C) at the time such person furnished the United States with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to such violation, and the person did not have actual knowledge of the existence of an investigation into such violation, the court may assess not less than 2 times the amount of damages which the Government sustains because of the act of that person.

(3) Costs of civil actions.

A person violating this subsection shall also be liable to the United States Government for the costs of a civil action brought to recover any such penalty or damages.

(b) Definitions.

For purposes of this section:

(1) the terms “knowing” and “knowingly” (A) mean that a person, with respect to information – (i) has actual knowledge of the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information; and (B) require no proof of specific intent to defraud;

(2) the term “claim” (A) means any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that – (i) is presented to an officer, employee, or agent

² Although the statutory provisions of the FCA authorize a range of penalties between \$5,000 and \$10,000, as of the effective date of this policy, those amounts have been adjusted for inflation and increased by regulation to not less than \$5,500 and not more than \$11,000. 28 *CFR* § 85.3(a)(9). The amounts of these penalties are subject to change in the future.

of the United States; or (ii) is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest, and if the United States Government (I) provides or has provided any portion of the money or property requested or demanded; or (II) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded;

(3) the term "obligation" means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment; and

(4) the term "material" means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

* * *

(d) Exclusion.

This section does not apply to claims, records, or statements made under the Internal Revenue Code of 1986.

31 U.S.C. § 3729.

While the FCA 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 FCA imposes liability on any person who submits a claim to the federal government, or submits a claim to entities administering government funds 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 FCA 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) are 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 health care facility that obtains interim payments from Medicaid 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 Medicaid 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) of the FCA 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 he or she 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, and 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, and not by prosecution in the federal court system.

New York State Laws

New York State False Claim laws fall under the jurisdiction of both New York’s civil and administrative laws as well as its criminal laws. Some apply to recipient false claims and some apply to provider false claims. The majority of these statutes are specific to health care or Medicaid. Yet some of the “common law” crimes apply to areas of interaction with the government and so are applicable to health care fraud, Civil and Administrative Laws

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

The New York False Claims Act is similar to the federal FCA. It imposes penalties and fines on individuals and entities who knowingly file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. It also has a provision regarding “reverse false claims” similar to the federal FCA, such that a person or entity will be liable in those instances in which the person obtains money from a state or local government to which the person may not be entitled, and then uses false statements or records in order to retain the money.

The penalty for filing a false claim under the New York False Claims Act is \$6,000 -\$12,000 per claim, plus three times the amount of the damages which the state or local government sustains

because of the act of that person. In addition, a person who violates this act is liable for costs, including attorneys' fees, of a civil action brought to recover any such penalty.

The New York False Claims 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 \$10,000 per violation. If repeat violations occur within 5 years, a penalty up to \$30,000 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 needs of the individual or that of his or her family shall not be taken into account for 6 months if a first offense, 12 months if a second offense (or if benefits wrongfully received are over \$3,900) and 5 years for any subsequent offense.

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

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.

Any person who, with intent to defraud, presents for payment a 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.³

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:

§ 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.

§ 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.

§ 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.

§ 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

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

Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.

Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a Class E felony.

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

Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a Class D felony.

Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a Class C felony.

Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a Class B felony.

Aggravated insurance fraud is committing insurance fraud more than once. It is a Class D felony.

Penal Law Article 177 -- Health Care Fraud

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

Health care fraud in the 5th degree – a person is guilty of this crime when, with intent to defraud a health plan, he or she knowingly and willfully provides material false information or omits material information for the purpose of requesting payment from a health plan. It is a class A misdemeanor.

Health care fraud in the 4th degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving more than \$3,000. It is a class E felony.

Health care fraud in the 3rd degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over \$10,000. It is a class D felony.

Health care fraud in the 2nd degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over \$50,000. It is a class C felony.

Health care fraud in the 1st degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over \$1 million. It is a class B felony.

Whistleblower Protection

The Federal and State False Claims Acts, as well as the New York Labor Law § 740 and the New York Labor Law § 741, provide whistleblower protection as follows:

Federal Laws

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

The federal FCA provides protection to qui tam relators (individuals who commence a False Claims action) 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.

New York State Laws

Multiple New York State laws provide whistleblower protection, as follows:

NY False Claim Act (State Finance Law § 191)

The NYSFA 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 constitute 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.

The Federal Civil Monetary Penalties Law

The Federal Civil Monetary Penalties Law ("CMPL") is yet another broad law used to combat health care fraud and abuse. It too covers a wide variety of conduct.

One aspect of the CMPL that has recently generated much interest concerns incentives offered to Federal health care program beneficiaries. Specifically, the relevant provision of the CMPL prohibits any person (including an organization, agency or other entity) from offering or transferring remuneration (i.e., anything of value) to an individual who is eligible for benefits under Medicare or a State health care program (as defined under the law) under circumstances where the person knows or should know that to do so is likely to influence the individual to order or receive items or services from a particular provider, practitioner, or supplier that are payable (in whole or in part) under Medicare or a State health care program.

Importantly, the CMPL specifically defines "remuneration" to mean, among other things, "transfers of items or services for free or at other than fair market value." There are a number of exceptions to the definition of "remuneration" under the CMPL.

Other areas covered by the CMPL include, but are not limited to, knowingly presenting or causing to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency (as defined in the law), a claim for a medical or other item or service that the person knows or should know was not provided as claimed (including any person who engages in a pattern or practice of presenting or causing to be presented "upcoded" claims), or for a medical or other item or service and the person knows or should know the claim is false or fraudulent. The CMPL also prohibits arranging or contracting (by employment or otherwise) with any individual or entity that the person knows or should know is excluded from participation in a Federal health care program (as defined in the law), for the provision of items or services for which payment may be made under such program.

Violation of the CMPL may result in substantial monetary penalties, an assessment of up to three times the amount claimed for each service, and possible exclusion from Federal and State health care programs.

Anti-Kickback Laws

Anti-kickback laws also exist at the Federal and State levels, as follows:

Federal Law

Under the Federal anti-kickback law, it is a crime to knowingly and willfully solicit, receive, offer, or pay any remuneration (including any kickback, bribe or rebate), directly or indirectly, overtly or covertly, in cash or in kind: (i) in return for or to induce the referral of an individual for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or (ii) in return for or to induce the purchasing, leasing, ordering or arranging (or the recommending of such) of any good, facility, item, or service for which payment may be made in whole or in part under a Federal health care program.

The term “Federal health care program” under this law generally means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government. It also includes certain specified State health care programs. Some of the better known “Federal health care programs” include the Medicare and Medicaid programs, Tricare, the Veterans programs, programs receiving funds relating to Maternal and Child Health Services Block Grants, programs receiving funds relating to Block Grants to States for Social Services and a State Children’s Health Insurance Program.

The “One Purpose” Rule. The Federal anti-kickback law has been broadly interpreted by a number of courts – and the United States Department of Health and Human Services, Office of Inspector General (“OIG”) – to prohibit remuneration which is offered or paid when the circumstances show that one purpose of the arrangement is to induce referrals or otherwise engage in the prohibited conduct – even if the arrangement has other, wholly legitimate, business aspects.

Exceptions / “Safe Harbors.” There are a number of statutory exceptions, as well as a series of regulatory “safe harbors,” under the Federal anti-kickback law. If each purpose of an arrangement meets every requirement (i.e., fits “squarely” within) an applicable exception or “safe harbor,” it will be protected from prosecution under the law.

The Potential Penalties. Violation of the Federal anti-kickback law may result in significant fines (of up to \$25,000) and/or imprisonment (of up to five years) for both sides of an illegal kickback arrangement. In addition, conviction under the Federal anti-kickback law may also lead to exclusion from Federal health care programs (and certain State health care programs), as well as to the imposition of substantial civil monetary penalties and damages, among other possibilities.

Violation of the Federal Anti-Kickback Law Can Form the Basis of an FCA Action. A claim submitted for items or services resulting from a violation of the Federal anti-kickback law constitutes a false or fraudulent claim for purposes of the FCA.

New York State Law

New York State's anti-kickback laws are similar to the Federal anti-kickback law (and, indeed, compliance with the Federal law may well equate to compliance with New York's law). In general, New York's laws prohibit a Medicaid provider or any person acting in concert with a Medicaid provider from soliciting, receiving, accepting, agreeing to receive or accept, or offering, agreeing to give, or giving any payment or other consideration in any form: (i) for the referral of services for which payment is made under the Medicaid program, or (ii) to purchase, lease, or order any good, facility, service or item for which payment is made under the Medicaid program. Jail time, fines, or other consequences may be imposed when these laws are violated.

"Stark" Laws

"Stark" laws, or physician self-referral laws, exist at the Federal and State level. Details follow below.

Federal Law

The Federal physician self-referral law prohibits a physician from making a referral for certain specified "designated health services" that are paid for by Medicare or Medicaid (and may prevent the State from receiving federal money for those services) to an entity with which the physician (or his or her immediate family member) has a "financial relationship" (i.e., an ownership interest, an investment interest, or a compensation arrangement) unless an exception to the law is squarely met. If the referral is prohibited, so too is the submission of any claim for payment by the entity that receives the prohibited referral.

The Federal Stark law presently covers the following "designated health services": (i) clinical laboratory services; (ii) physical therapy services; (iii) outpatient speech-language pathology services; (iv) occupational therapy services; (v) radiology and certain other imaging services; (vi) radiation therapy services and supplies; (vii) durable medical equipment and supplies; (viii) parenteral and enteral nutrients, equipment, and supplies; (ix) prosthetics, orthotics, and prosthetic devices and supplies; (x) home health services; (xi) outpatient prescription drugs; and (xii) inpatient and outpatient hospital services.

Circumvention Schemes are Prohibited.

In addition to the conduct directly prohibited by the law, the Federal Stark law also prohibits "circumvention schemes" (i.e., those arrangements that are designed to obtain referrals indirectly that cannot be made directly).

Strict Liability.

Unlike the Federal anti-kickback law, the Federal Stark law is a strict liability rule (i.e., it does not matter if the parties intended to violate the law: either you are in compliance with the law or you are not).

Exceptions.

The Federal Stark law contains a number of statutory and regulatory exceptions that are similar (although not identical) to the “safe harbor” regulations under the Federal anti-kickback law.

The Penalties.

The penalties for violating the Federal Stark law include: (i) the denial of, or the requirement to refund, any payments for services that resulted from an unlawful referral; (ii) civil monetary penalties of up to \$15,000 for each service for which a person presents or causes to be presented a bill or claim that they know or should know results from a prohibited referral, or for which a required refund has not been made, plus an assessment of up to three times the amount claimed in lieu of damages; and (iii) exclusion from the Medicare and Medicaid programs, as well as other Federal or State health care programs. For “circumvention schemes,” a civil monetary penalty of up to \$100,000 for each such arrangement or scheme may be imposed on any physician or entity that knows or should know that the scheme or arrangement has a principal purpose of assuring referrals by the physician to a particular entity that could not be directly made under the law. Other consequences for violating the law are also possible.

New York State Law

The New York State physician self-referral law (commonly referred to as the “State Stark Law”) prohibits a practitioner from making a referral to a health care provider for clinical laboratory services, pharmacy services, radiation therapy services, x-ray or imaging services, or physical therapy services if the practitioner or a member of his or her immediate family has a financial relationship (i.e., an ownership interest, an investment interest, or a compensation arrangement) with that provider, unless a statutory or regulatory exception is met (again, there are a number of varied exceptions that exist).

Unlike its Federal counterpart, the State Stark law covers all payers. If the referral is prohibited, so too is any demand for payment. New York’s law also covers any arrangement or scheme designed to make prohibited referrals indirectly that could not be made directly. A provider or practitioner (or any other person or entity) that collects any amount under a prohibited referral is jointly and severally liable to the payer for any amounts that are collected. In addition, disciplinary action (up to possible license revocation) by the appropriate State licensing authority, as well as other legal consequences, is possible for violations of the State law. As with the Federal Stark law, the State Stark law is a “strict liability” rule (i.e., the intent of the parties is irrelevant).

Federal Patient Protection and Affordable Care Act Overpayments

PPACA requires that if a person has received an overpayment, the person must “report and return” it to the Secretary [of the United States Department of Health and Human Services], the State, an intermediary, a carrier, or a contractor, as appropriate, at the correct address. In

addition, the person is required to notify the entity to which the overpayment is returned in writing “of the reason for the overpayment.” PPACA mandates that overpayments have to be reported and returned by the later of: (a) the date which is 60 days after the date on which the overpayment was identified, or (b) the date any corresponding cost report is due, if applicable.

If an overpayment is retained after the deadline for reporting and returning it, it is deemed to be an “obligation” for purposes of the Federal False Claims Act.

The term “overpayment” under PPACA means any funds that a person receives or retains under Medicare or Medicaid to which the person, after applicable reconciliation, is not entitled. For the purposes of this law, the term “person” means a provider of services, a supplier, a Medicaid managed care organization [as defined], a Medicare Advantage organization [as defined], or a Prescription Drug Program sponsor [as defined].

Appendix B – Client Confidentiality Policy

The following JCCA Policies and Procedures regarding access and utilization of either Case or Personnel record(s) must be adhered to by all JCCA Representatives.

Case Record Confidentiality:

- All records are to be stored in locked file cabinets when the office is closed and locked. No hard-copy case records are to be held overnight by any JCAA Representative in their offices.
- The case record is the property of JCCA, and is maintained for the benefit of the client, the staff, and the Agency.
- All information in the case record is confidential, and may not be shared with anyone outside the Agency, except as specified in JCCA's policies on Release of Information.
- Any individual who uses a case record must sign for that record before it can be removed from the record file.
- No case record may be removed from the Agency unless it is determined that it is the subject of a proper subpoena or appropriately mandated by a funder or licensing agency. Any request for a waiver of policy must be reviewed by the Assistant Director of Quality Improvement or by the Compliance Officer.

Confidentiality of Personnel Records:

Agency personnel files are maintained in the Human Resources Department, which is located within JCCA's Executive Office. Human Resources records are kept confidentially in a locked file room and maintained by this department's staff. Administrative and supervisory staff may only review a JCCA Employee's record upon approval of the Vice President of Human Resources.

No original records may be removed from JCCA's Human Resources administrative offices. Any requests for JCCA Employee information will be provided upon request as copies of the original file. Review of staff records may only take place within the confines of the Human Resources Department, with Human Resources staff present.

JCCA Employees may see their own records at their request. All information in the personnel record is available for them to review, except for original references. JCCA Employees may make an appointment and review their record within the Human Resources Department.

RELEASE OF CLIENT INFORMATION:

JCCA keeps detailed records about Agency clients, including identifying information, placements, and psychological, medical and educational histories.

JCCA releases information only in accordance with the procedures set out below, which cover requests for information from children and their families currently in care, former clients, courts, community-based practitioners, general social service agencies, hospitals, schools and other service providers. JCCA releases information only in accordance with the procedures set out below. Employees may not use or disclose protected health information for any purpose or in any manner not authorized by this policy.

Release of client information for general research on the part of academicians or authors is not permitted.

Procedures:

- All requests for release of information for information in case records must be submitted in writing, this includes even requests for confirmation that the client is involved with any JCCA department.
- If a case is active or on trial discharge, requests made by the Client for case record information should be addressed to program staff.
- If a case is closed, requests made by a Client should be addressed to the Agency's Quality Management Department.
- If a request comes from an attorney, it should be forwarded to the Agency's Quality Management Department.

If an Agency worker or clinician is in any doubt about the nature of a request, they should contact the Agency's Director of Quality Management to ensure that information is only released appropriately.

Educational Records

Workers may provide educational material to schools or the school system, including the CSE. Only strictly educational material such as educational evaluations and report cards—not clinical evaluations—may be released to a child's school. Children's educational records are in many instances open to parents, in contrast to foster or preventive care case records, which New York State Social Service Law prohibits clients or their families from accessing directly.

Clinical Material and Medical Records

Subject to the procedures listed below, clinical staff may share clinical and medical information, with hospitals, other social service agencies (such as the Social Security Administration), private clinicians, and the clients to whom the records belong. Clinical material can be defined as “protected health information”. Protected health information includes all information that relates to the past, present or future physical or mental health of an individual as well as for the provision of health care to an individual and identifies or could reasonably be used to identify the individual. This includes information maintained or transmitted in any form, therefore, electronic information, paper records and oral communications are all subject to this policy.

Procedures:

Disclosure of information to non-licensing individuals or agencies is not permitted without the proper consent. The request must be accompanied by the written consent of the client if he or she is over eighteen years old and if not, by his or her parent or guardian, using the HIPAA form (available on the Intranet in the Medical Forms & Guidelines folder).

The consent must specify the information to be released, the name of the person to whom the information is given, the purpose for which the information is to be used, the date the consent takes effect, the date the consent expires and a statement that the person or family served may withdraw consent at any time. HIPAA forms must be stored within the file of the client and a copy should be provided to the Quality Management Department. Each JCCA program has a designated gatekeeper who screens all clinical materials and medical records prior to release.

Except for sealed adoption records, all information may be released to the licensing body over the program in question without the client’s consent. In specific other instances, covered entities may use and disclose protected health information without a patient’s written authorization for the following purposes:

- Treatment, which includes the provision by or the coordination of health services among health care providers, the referral of a patient from one provider to another or the coordination of health services between a provider and third parties
- Payment, which includes billing, claims management, collections, health plan eligibility verification and other activities associated with the receipt of reimbursement for health care services
- Health care operations, which mean the following activities undertaken by or on behalf of a covered entity: conducting quality assessment and improvement reviews, evaluating the qualifications and performance of health care professionals and related activities and arranging for an audit.

The use and disclosure of protected health information is also permitted without patient authorization for a variety of purposes necessary for the effective operation of the health care

system or the protection of the public interest. These reasons include, among others, to meet any requirements imposed by state or federal law, for public health purposes, to cooperate with audits and other oversight activities undertaken by government agencies and for law enforcement purposes. If the Gatekeeper is uncertain as to whether the purpose of a particular use or disclosure constitutes treatment, payment or health care operations, they should consult with the Director of Quality Management.

Screening of Clinical Information Prior to Release to Other Agencies/Consent for Release of information

The information contained within the child's case record is considered confidential. This confidentiality extends not only to information about the child and the family but also to the names, addresses and telephone numbers of all concerned.

Disclosure of information is not permitted without the proper consent. Each JCCA program has a designated gatekeeper who screens all clinical materials prior to release. The gatekeeper determines whether the material can be sent, using the guidelines outlined in this policy. Once the gatekeeper determines what material can be released, then he or she will inform the worker, who will release the necessary information to obtain the appropriate services for clients. The clinician should review, and as appropriate edit in order to allow for minimum necessary disclosure, before the information is released. Clinical reports can only be edited by the writer of the report. Minimum necessary disclosure means that the Agency staff should make a reasonable effort to only release the information that is necessary, permissible and will accomplish the intended purpose of the request. Once the gatekeeper has determined what material can be released, then he or she will inform the worker, who will release the necessary information. When the disclosure is for treatment purposes there is an exception. In this case, providers do not need to make a 'minimum necessary' determination. Incidental uses or disclosures of protected health information that arise out of authorized activity do not violate the minimum necessary rule if the covered entity employs reasonable safeguards.

Any identifying information for siblings, foster parents, milieu staff and biological family, etc. must be redacted from the child's record by the appropriate JCCA Agent.

Exceptions:

One of the most important exceptions covers psychotherapy notes, which are defined as notes recorded by a mental health professional documenting or analyzing conversations with a patient that are kept separate from the rest of the patient's medical record. Psychotherapy notes may be used or disclosed without a patient's authorization only in extremely limited circumstances, which do not include treatment by providers other than the originator of the notes, payment activities or health care operations. Government agencies do not have the right to review psychotherapy notes except for limited purposes.

Any questions pertaining to this policy should be directed to the Director of Quality Management.

Maintaining Confidentiality Around HIV Related Issues

All HIV related information is kept confidential and disclosure is strictly limited.

Procedures:

- 1) The HIV section of the medical record begins with a warning statement for all persons to whom the confidential HIV information is disclosed.
- 2) Agency staff are provided with a child's HIV related information if they are included in the "need to know" category. This is defined as those people who require this information for placement, other case management or case planning purposes, and those who have access to records for purposes of administration, supervision, monitoring, or provision of services to the child or family.
- 3) When a child is transferred from one agency to another, the personnel of the receiving agency who is responsible for placement or case planning purposes should be provided with HIV information.
- 4) If possible, resource parents must be informed of a child's HIV status if it is known before the child is placed, regardless of the child's age. Resource parents may redisclose this information only to provide health care, treatment and supervision of the foster child.
- 5) Adoptive and prospective adoptive parents must be informed of the child's HIV status and may redisclose without restriction after adoption.
- 6) The parent or guardian must be notified of the child's HIV status if the child does not have capacity to consent and is placed under Articles 3 or 7 (JD and PINS, respectively) of the Family Court Act or placed voluntarily. Conversely, if the child has capacity to consent, the parent or guardian cannot be notified without the written permission of the child. Any redisclosure may take place when a child with capacity sign a written release for specific disclosure.

Foster Care Case Records

New York State law defines all information related to foster care placement as confidential, and limits the circumstances in which it may be disclosed. The New York State Social Service Laws prohibit direct access to the non-medical portion of foster care case records by clients and their families.

Procedures:

All requests for Foster Care case records should be forwarded to the Agency's Quality Improvement Department. QI provides a written response to the request (but not necessarily the disclosure) within 30 days.

Clients themselves (or their next of kin if deceased) may request, and JCCA will provide, a written summary of foster care case records. A written, signed, and notarized request must be submitted. It is JCCA's responsibility to obtain the following information: the Client's date of birth, their parents' names, siblings' names, where they were 'placed' and when. Their information must be entered into the disclosure log.

Foster Care case records may be released to the licensing body without the client's consent.

A court order is required before any disclosure of any case record material to anyone outside of the family court system, including attorneys, probation departments, and the military. Please note that a justice of the Supreme Court or a judge of the court of claims may issue such an order. Any staff member who receives a court order directing the release of documents or a subpoena seeking documents should submit it to the Quality Improvement Department immediately. For all other individuals seeking Client records, the following procedures outline the specific guidelines for disclosing information:

- a) If requestor is a court, probation department, or attorney, fax the document to Jim Abramson for instructions. Update the disclosure log with date sent.
- b) If requestor is the SSA, ask for JCCA's Consent for Release of Information form. Send the most recent psychiatric and psychological and maybe educational evaluation, if it would help SSA reach a decision. Do not send other agencies' material. Update the disclosure log with date sent.
- c) If requestor is a hospital or other agency, ask for the HIPPA and for JCCA's Consent for Release of Information form. Update the disclosure log with date sent.

JCCA must protect the privacy of others, such as foster parents, milieu staff and biological parents, by redacting identifying information as it appears in any child's record.

Upon receiving a request, check the disclosure files for the agency's past communication with the requestor, if any. Find the microfilm record and order the box from Office Services.

All other requests for access to the files of former clients who are deceased, e.g., from attorneys seeking to settle a will, are referred to the Agency attorney.

Adoption Records

Section 114 of the New York State Domestic Relations Law requires judges to seal adoptive children's case records as part of the adoption order. JCCA does not release entire records to individuals who were adopted through JCCA and are now requesting their record (s).

An adoptee or the next of kin of a deceased adoptee may request, and JCCA will provide, a summary of non-identifying information, parents' known medical histories, and the circumstances of the adoption.

Without a court order, no other information may be released to any third party.

JCCA refers adoptees who wish to pursue the possibility of reunion with either biological parents or siblings to the New York State Adoption and Medical Information Registry.

All other requests for access to the files of former clients who are deceased, e.g., from attorneys seeking to settle a will, are referred to the Agency attorney.

All Other Agency Client Records

Requests for all other types of client records should be submitted to the Agency's Quality Improvement Department for processing.

Appendix C – Background Checks Policy for All Applicants and Employees

JCCA conducts reference checks on all final candidates for employment. All offers of employment are also contingent on a satisfactory background check. Information reviewed will relate to licensure, education, verification of employment, convictions, guilty pleas or no contest pleas (for a misdemeanor or felony, including, but not limited to, any crime involving violence, dishonesty, fraud, theft, drugs, or the misappropriation of goods, driving while intoxicated, or driving under the influence of alcohol), exclusion from Federal, State, and City healthcare programs, and Social Security number verification.

This policy applies to all applicants for employment, as well as current employees, as determined by the Agency.

Falsification of information, misrepresentation, or omission of facts by an applicant or employee may be cause for not hiring or termination of employment.

The Agency reviews databases maintained by the Office of the Inspector General, the General Services Administration and the Office of the Medicaid Inspector General (OMIG), on a monthly basis, to determine if any employee has been excluded from a federally funded health care program. An employee's exclusion from programs will result in termination of employment. (See Appendix D, Compliance Reviews for Excluded or Ineligible Individuals/Entities, for more information).

Employees are required to self-report criminal convictions or exclusion from health care programs. Failure to self-report criminal convictions or exclusions may result in termination of employment.

In compliance with Federal regulations, notifications will be sent to the Centers for Medicare and Medicaid Services upon hiring an individual who, during the twelve (12) months preceding his or her employment with the Agency, worked for an organization that served as a Medicare fiscal intermediary or carrier for the Agency.

Appendix D – Compliance Reviews for Excluded or Ineligible Individuals/Entities

JCCA is committed to using good faith, reasonable efforts to not employ, contract with, or accept orders or referrals from, individuals or entities that are currently excluded, debarred or suspended from, or otherwise ineligible to participate in Federal health care programs or in Federal procurement or non-procurement programs.

This Policy applies to: (1) all employees and candidates for employment with JCCA; (2) all physicians and other practitioners who refer clients for services to JCCA (hereinafter collectively referred to as “referring providers”); and (3) all vendors and contractors who do, or seek to do, business with JCCA (hereinafter collectively referred to as “vendors”).

DEFINITIONS

Ineligible Person: An “Ineligible Person” means an individual or entity who/which has been excluded, debarred, suspended, terminated from, or is otherwise ineligible to participate in, any Federal health care program or any Federal procurement or non-procurement program and has not been reinstated after the period of exclusion, debarment, suspension, termination or ineligibility.

Federal Health Care Program: A “Federal Health Care Program” is defined as any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government (other than the Federal Employees Health Benefits Program), or any State health care program. For example, some of the better known Federal Health Care Programs include, but are not limited to, Medicare, Medicaid, Tricare and the Veterans programs.

Exclusion Lists: The “Exclusion Lists” include the following three Internet sources that must be checked in accordance with this Policy to determine whether any employees, referring providers, vendors, or other persons providing services on behalf of JCCA are Ineligible Persons:

http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp (the United States Department of Health and Human Services, Office of Inspector General’s (“OIG”) List of Excluded Individuals/Entities);

<https://www.sam.gov/portal/public/SAM/> (the General Service Administration’s (“GSA”) System for Award Management which contains the Excluded Parties List); and

<http://www.omig.state.ny.us/data/content/view/72/52/> (the New York State Office of the Medicaid Inspector General’s (“OMIG”) List of Restricted, Terminated or Excluded Individuals or Entities).

Other sources and lists may also be checked as JCCA deems necessary and appropriate. For example, if a potential employee's resume or application for employment indicates that he/she worked in any other state(s), or if a vendor has worked, or does work, in any other state(s), the equivalent state-specific lists, if available, should also be checked.

PROCEDURES

In order to ensure compliance with the above Policy, JCCA will, at minimum, take the following actions:

RESPONSIBILITY FOR SCREENING PROCESS

Employee Screening. Screening of employees will be conducted by the Human Resources Department for all current and prospective employees.

Referring Providers. The Director of Quality Management will perform screening of all referring providers.

Vendor Screening. Screening of vendors will be conducted by the Quality Management Department for all current and prospective vendors. Screening of all current and prospective vendor's staff who will or may be providing services to, or on behalf of, JCCA will be performed by the respective vendor.

PROCEDURES FOR DETERMINING INELIGIBILITY

Employees and Referring Providers.

Candidates For Employment. All candidates for employment are required to disclose on their employment application whether he or she is an Ineligible Person. Any applicant who is an Ineligible Person will not be hired, appointed, retained or otherwise become affiliated with JCCA.

New Employees and Referral Sources. Before hiring or contracting with any individual, or accepting orders or referrals from a referring provider, the HR Department will, at minimum, check their names against each of the Exclusion Lists. If an individual name appears on any of the Exclusion Lists: (1) any offer of employment made to him or her will be withdrawn; and/or (2) he or she will not serve as a referral source to JCCA unless satisfactory evidence is presented that:

- He or she is not the individual who appears on the Exclusion List(s); or
- The matters leading to their appearance on the Exclusion Lists(s) have been finally resolved and it is clear that the individual is no longer an Ineligible Person.

Monthly Checks of Current Employees and Referral Sources. At least monthly, the Compliance Officer or designee will check the names of all current employees, and referring providers

against each of the Exclusion Lists. If an individual's name appears on any Exclusion List, the procedures set forth in this Policy will be followed.

In addition to conducting monthly checks of each of the Exclusion Lists, JCCA will require each current employee to certify on his or her annual performance evaluation that he or she is not currently, and has not been at any time since the date of the last such certification, an Ineligible Person.

Vendors

Requests for Proposals. When possible, Requests for Proposals ("RFPs") should ask the proposed vendor to disclose whether it, or any of its employees or contractors who will be providing services on behalf of JCCA, is an Ineligible Person. If this question is asked in an RFP, an appropriate response is mandatory before a vendor may qualify to do business with JCCA. Any questions regarding a vendor's response, or a failure to respond to the question, should be promptly brought to the attention of the Compliance Officer. Whether the question is asked in the RFP or not, any vendor that is ultimately selected will be checked against each of the Exclusion Lists as set forth below.

Preliminary Exclusion Checks of Potential Vendors and Its Staff. Prior to doing business with, or entering into a contract with, any potential vendor (including a vendor that has previously had a contract with JCCA), the Assistant Director of Quality Improvement will check the vendor's name against each of the Exclusion Lists. If the proposed vendor appears on any of the Exclusion Lists, the Compliance Officer will be notified. JCCA may not enter into a contract with the vendor unless the vendor provides satisfactory evidence that:
It is not the individual/entity that appears on the Exclusion List(s); or
The matters leading to its appearance on the Exclusion Lists(s) have been finally resolved and it is clear that the individual/entity is no longer an Ineligible Person.

In addition, prior to doing business with, or entering into a contract with, any potential vendor, such vendor must certify to JCCA that it has checked all of its employees or contractors who will be providing services on behalf of JCCA, against each of the Exclusion Lists and that none appear on the Exclusion Lists.

Monthly Checks of Current Vendors and Its Staff. On a monthly basis, the Compliance Officer or designee will check the names of all current vendors against each of the Exclusion Lists. If the vendor's name appears on any Exclusion List, the procedures set forth in this Policy will be followed.

JCCA will require its vendors to timely perform the required monthly checks of each of the Exclusion Lists for all of the vendors' existing employees or contractors who are providing services on behalf of JCCA and to maintain documentation demonstrating compliance with this requirement. If the vendor or any of its staff becomes an Ineligible Person, the vendor will be

required to immediately disclose such information to the Compliance Officer, or his or her designee.

Recommended Contract Provisions. In order to require the vendors to perform the monthly checks of its employees and contractors who are providing services on behalf of JCCA, contracts/agreements with the vendors should include a representation/warranty that the vendor and its staff are not Ineligible Persons. In addition, contracts/agreements should also include a provision requiring the vendors to check each of the Exclusion Lists before hiring staff and every 30 days thereafter for all of its current employees and contractors who are providing services on behalf of JCCA. To this end, it is recommended that any vendor agreement/contract that JCCA is expected to sign also include provisions which:

Require the vendor to timely perform the required checks of each of the Exclusion Lists for all of its employees and contractors who are providing services on behalf of JCCA and to maintain documentation that it will make available at JCCA' request;

Require the vendor to immediately disclose to the Compliance Officer or his or her designee if it, or any of its staff or contractors, becomes an Ineligible Person at any time during the term of the agreement/contract or at any time relating to its performance of services for JCCA; and

Give JCCA the right to immediately terminate the agreement/contract in the event the vendor or any of its staff or contractors becomes an Ineligible Person at any time during the term of the agreement/contract.

To the extent this language is not in any existing agreements/contracts, they should be amended to include this language, or a letter agreement reflecting these provisions should be executed with the vendor(s).

RESPONSE TO A DETERMINATION OF INELIGIBILITY

Should any of the disclosure or review processes set forth above result in the determination that any individual/entity is, or has been, an Ineligible Person, then the following procedures will be followed:

Notification of the Compliance Officer. The Compliance Officer will be immediately notified. Interview with Ineligible Person. The Compliance Officer will meet with the individual/entity who has been named on the Exclusion List(s), and if they dispute the finding, will permit them to provide evidence that:

He/she/it is not the individual/entity that appears on the Exclusion List(s); or

The matters leading to the appearance on the Exclusion Lists(s) have been finally resolved and it is clear that the individual/entity is no longer an Ineligible Person.

Removal Requirement. If the Ineligible Person cannot provide sufficient evidence that he/she/it is not an Ineligible Person, the Compliance Officer, in consultation with the applicable program and legal counsel will, at minimum, remove that individual/entity from responsibility for, or involvement with, JCCA's business operations related to Federal Health Care Programs. JCCA

will also remove such individual/entity from any position for which his/her/its compensation, or the items or services furnished, ordered is prescribed by such individual/entity, are paid in whole or in part, directly or indirectly, by a Federal Health Care Program or otherwise with Federal funds until such time as the individual/entity is reinstated into the applicable Federal Health Care Program(s) and no longer an Ineligible Person.

Suspension of Billing. In addition to removing the Ineligible Person from his/her/its job responsibilities, any billing by or on behalf of JCCA that is related (whether directly or indirectly) to the services provided by, or as a result of an order or referral from, that individual/entity will be immediately suspended.

Internal Investigation and Corrective Actions. The Compliance Officer will immediately undertake an investigation of the matter, with the assistance of counsel (as necessary), and appropriate corrective and disciplinary action will be promptly implemented, including, but not necessarily limited to: suspension without pay or termination of an individual's employment or contract; termination of a vendor's contract; not accepting referrals from such individual; the prompt return of monies improperly received, in accordance with applicable law; and/or disclosure or reporting to the appropriate government agency or agencies, in accordance with applicable law.

Proposed Ineligibility. If JCCA has actual notice that an individual/entity is the subject of an action that proposes to make the individual/entity an Ineligible Person, JCCA will take all appropriate actions to ensure that the responsibilities of such individual/entity have not and will not adversely affect either the quality of care rendered to any Federal Health Care Program beneficiary or the integrity of any claim submitted to any Federal Health Care Program.

Reports. At least annually and more frequently as appropriate, the Compliance Officer will report to JCCA's Governing Board whether the results of the checks of the Exclusion Lists revealed any Ineligible Persons, and if so, what corrective or other action was or will be instituted.

Appendix E – Conflict of Interest Policy

The Jewish Child Care Association (JCCA) engages in diverse activities, some of which involve business and other financial matters. The activities of JCCA are managed by its Board of Directors. It is the stated policy of JCCA that all members of the Board of Directors adhere to the highest standards of ethics and behavior, and that even the remotest appearance of impropriety is avoided.

Accordingly, no Board Member will participate in any matter taken up by the Board that involves affects or conflicts with his or her personal business associations, affiliations, employment, interests, and the like. Board Members and consultants of JCCA are prohibited from having direct or indirect financial interest in the assets, leases, business transactions, or professional services of the Agency.

No JCCA Board Member, officer, or employee shall use such a position or employment or any knowledge or information gained there from so as to create a possible conflict between the interest of JCCA and the interest of such Board Member, officer, or employee. No financial loans may be given by JCCA to any Board Members.

Full disclosure shall be made by any JCCA Board Member, officer, or employee in advance to the JCCA Board of Directors of all material facts pertaining to any matter subject to possible conflict of interest which is proposed to be submitted to the Board for action. Any Board Member, officer, or employee disclosing such potential conflict shall not be counted in determining the existence of a legal quorum for meetings related to this conflict, and shall not vote on said matter, and shall not use any influence to obtain favorable Board action thereon, even if otherwise permitted by law. The minutes of the meeting will reflect the disclosure made by such a Board Member, the quorum situation, and the non-voting of the member.

Previously Resolved

JCCA will not provide preferential treatment for service based on an individual's status as a member of the Board, Advisory Board, JCCA personnel, or consultants (July 9, 2002).

JCCA Board Members may not accept honoraria or any other form of remuneration from JCCA (July 9, 2002).

Appendix F – Documentation Policy

Effective Date: 05/19/05

Revision Date(s): 09/14/05

Program(s): Agency-wide

Reference(s): 18 NYCRR 428

Policy

Staff is responsible for maintaining client records that are accurate, complete, and current.

Procedure

Documentation standards apply to all elements of client records that are generated by JCCA staff, including, but not limited to, progress notes, incident reports, and all other elements of the case record.

All case events involving JCCA personnel providing service to the family must be accurately documented.

Documentation must be complete. No relevant content may be purposefully omitted within the guidelines dictated by confidentiality regulations.

Entries and reports must be dated and signed by the author. Recording of authorship in electronic systems such as FACES and Connections is acceptable.

An entry should never be made in the case record in advance of the service provided to the client. Pre-dating or backdating an entry is prohibited.

All documentation must **accurately** reflect the events that occurred; **absolutely no falsification is permitted.**

Corrections may only be done in a manner that does not obliterate the original entry. Use of white-out is not permitted. Erasure is not permitted. If an error has been made, a single line should be drawn through the error, and the correction should be dated and initialed.

All documentation is to be completed in a timely manner (see separate policies by type of document, such as progress notes and incident reports, in the relevant program manual.)

All entries must be reviewed by the supervisor in a timely manner.

JCCA may only bill for services when the responsible clinician provides sufficient documentation. Thus, if the documentation is unclear or conflicting as to the appropriate diagnosis, services provided, or any other aspect of the case record, the responsible practitioner will be contacted and is expected to timely respond to any documentation inquiry presented.

Violation of the policy will result in initiation of disciplinary action.

Compliance Assurance Reviews

On a regular basis, JCCA will conduct Compliance Assurance reviews aimed at ensuring compliance with the applicable documentation rules and guidelines. These reviews will include the following:

On a continuing basis, the Compliance Officer or a designee will ensure that a review of a sample of case records is conducted. These reviews will check the sufficiency of the documentation on which coding/billing is based, as well as other relevant compliance or quality assurance issues. Practitioners will be given feedback as to the accuracy and appropriateness of their medical record documentation.

On an occasional basis, JCCA will also retain an outside consulting firm to conduct an independent review of the accuracy of practitioner documentation practices.

JCCA may only bill for services when the responsible clinician provides sufficient documentation. Thus, if the documentation is unclear or conflicting as to the appropriate diagnosis, services provided, or any other aspect of the case record, the responsible practitioner will be contacted and is expected to timely respond to any documentation inquiry presented.

If any of these reviews or audits uncovers a potential pattern of documentation errors, or any other compliance issue, then the Compliance Officer will take immediate corrective action as detailed in Section 10 of the Compliance Plan.

Appendix G – Records Retention Policy

JCCA shall destroy or dispose of documents when they are no longer needed for its business purposes in accordance with Federal and New York State law. The listing under specific categories, below, provides general time frames, but persons designated by the CEO shall dispose of records from time to time as they determine in accordance with these guidelines.

If any JCCA Representative believes or has been informed by the Agency, that specific Agency records are relevant to litigation, or potential litigation, then these records must be preserved until it is determined that the records are no longer needed. This supersedes any previously or subsequently established destruction schedule for those records.

Corporate Records

Corporate records, including materials of the Board of Directors, The Executive Committee of the Board and the Annual Meeting should be retained for at least ten (10) years. Other records, such as the Certificate of Incorporation, shall be retained in perpetuity.

Accounting Records

Accounting records will be maintained according to requirements set out in Agency contracts and law. At a minimum, the information to support the Agency's Federal Information Returns (Form 990) will be retained for seven (7) years after the return is filed and the Agency's original IRS Form 1023 will be retained permanently.

Type of Document	Minimum Requirement
Accounts receivable & payable ledgers & schedules	7 years
Copies of authorization for payment	6 years
Audit Records	Permanently Retained
Bank statements, deposit records, electronic funds transfer evidence, cancelled checks and reconciliation	7 years
Checks for important payments or purchases	Permanently Retained
Expired contracts, mortgages, notes and leases	7 years
Donation Records	7 years
Tax Records	7 years
Expense Analyses & Distribution Schedules	7 years
Year-end Financial Statements and General Ledgers	Permanently Retained
Garnishments	7 years

Grants, un-funded	1 year
Grants, funded	7 years after closure
Insurance Policies	3 years after expiration
Insurance and Reimbursement Related Records	9 years
Medicare, Medicaid or insurance carrier claim records, including schedule of payments, copy of claim, listing of invalid or rejected claims, vendor payment list, list of claims submitted for payment and list of checks received	7 years
Payroll Records and Summaries, including payments to pensioners	10 years

All detail payroll records will be maintained to support the pension calculation of Agency employees.

All other records will be destroyed at the earliest possible date consistent with the management needs of the Agency. Data and records stored electronically will be purged, to the extent possible, at the same time hard copies are destroyed.

Personnel Records

All personnel records may be destroyed at the earliest possible date consistent with obligations to Employees, Agency system standards, and the management needs of JCCA. Data and records stored electronically will be purged from the systems, to the extent possible, at the same time hard copies are destroyed. Personnel files of existing employees will be reviewed on a schedule established by the CEO or designee, and material that is no longer relevant will be removed and destroyed.

Type of Document	Minimum Requirement
Employee Applications	3 years
Employee Medical Records	Kept for the duration of employment, plus 30 years
Accident Reports or Claims	7 years
Employee Demographic Records	3 years
Employee Discrimination Reports (EEOC, ADA, etc)	Permanently Retain
Employee applications and other personnel records relating to hires, re-hires, promotions, transfers, demotions, trainings, layoffs, recall, termination or discharge	3 years from record creation or personnel action

I-9s	3 years after hire date
Personnel Files, terminated employees	7 years after termination

Correspondence, Letters, Memos, and Reports

In the course of conducting its business, JCCA staff develops, obtains, and issues a variety of written and electronic materials. Copies shall be retained so long as they are needed or useful to JCCA. Obsolete materials shall be disposed of periodically to save unnecessary storage costs. The CEO or designee shall consult with staff as appropriate to determine ongoing needs. Copies of key materials shall be retained as an historical file as appropriate. These include annual reports, published materials, and other materials so designated by the Board of Directors, the CEO, or his or her designee(s).

Client Records

Client records, including medical records, are confidential and are stored on-site in JCCA facilities in locked file cabinets while cases are active. Once cases are closed, they are stored in perpetuity in the Agency warehouse space. Boxes of closed cases are coded by number, and the correspondence of names to codes is stored in electronic form. Only the CEO, Director of Quality Management and designees may access the electronic file.

	Type of Document	Minimum Requirement
Case Records from 1950 or before	Application for services, eligibility forms, case history, authorization of assistance or services and correspondence	Permanently Retained
Case Records from 1951 or After	Adopted child records, including pre-adoption history, medical reports on birth mother and child, correspondence	Sealed and Permanently Retained
	Adoption Subsidy Case Record	6 years after adoption subsidy is terminated
	Regarding any of these issues: abuse or maltreatment of a child, a family adopting a child, child health, medical assistance, protective services, day care, child's medical records including their application for services, eligibility forms and authorization of services and	Can be destroyed after the youngest child involved in the record turns 28

	correspondence	
	Preventive Services	6 years after the 18 th birthday of the youngest child in the family, then record should be expunged
	Foster Care	30 years after the discharge of the child from foster care
	Detention home, shelter or similar facility, including: admission/release notice, copy of court order, copy of physical examination, psychiatric evaluation, accusation of staff abuse, list of personal property and clothing inventory	Destroy after child turns 21
	Long Term Placement Records, where county social services conducts review and placement functions	6 years
	Denied or withdrawn application for services, to adopt child or to offer foster care, including related records	6 years
	Records showing applications, requests for services or participation in a program	6 years after last entry
	Foster Home Case Activity Log	6 years after termination of foster home certification or license
	Report concerning the death of a child whose care and custody or guardianship have been transferred to this Agency	Keep Permanently
	Investigative records, when investigation into child's death is conducted by a local or regional fatality review team	10 years after completion of investigation and preparation of final report
Before February 12, 1996	SCR Reports that are unfounded	Destroy or expunge information
After February 11, 1996	SCR Reports that are	Sealed and retained for 10

	unfounded	years after receipt of report and then must be destroyed or expunge information
	All Indicated SCR Reports	Retained for 10 years after the youngest child mentioned in the report turns 18 and then must be destroyed or expunged

Appendix H – Case Review Procedure

Summary:

QI staff selects cases at random every month and assigns them to individuals on a different supervisory chain. Workers from another team read those case records, including progress notes going back six months, and complete the case record review instrument. Program directors review the instruments and return them to QI staff. Program staff also uses the instrument to prepare records for the PAMS review.

Programs: Foster, Residential, Mental Health and Preventative Services, and Family Day Care programs

Policy:

All congregate, foster care, mental health and preventive services, and day care program staff are to review a sample of case records to assess the appropriateness of documentation and service delivery. Case record reviews are to be performed at least quarterly, and findings are to be submitted to the Quality Improvement department for summary, analysis, and dissemination of findings to program directors and supervisors.

When assigning a case record for review, all efforts are made to ensure that program staff and/or supervisors review case records that are outside their direct line of reporting.

Procedures:

The process of reviewing case records varies slightly by program, as does the number of case records that are required for review:

- **Bridges to Health:** Supervisors randomly select and review a minimum of 1 case record every month.
- **Gateways:** Program director randomly selects and reviews 1 case record every month until all 12 program cases have been reviewed.
- **Family Day Care:** Program director randomly selects records each month and assigns record reviews across workers.
- **Foster Home Services & Group Homes:** Quality Assurance coordinator randomly selects 50 case records each month and assigns them to assorted program staff and directors for review.
- **Mental Health and Preventative Services:** Quality Improvement specialist randomly selects and reviews 10% of the records from a different program each month.

- **Pleasantville Cottage School & Edenwald:** Every supervisor along with the director of permanency randomly selects and reviews a minimum of 1 case record every month.
- **Pleasantville Diagnostic Center:** Every administrative supervisor randomly selects and reviews a minimum of 1 case record every month.

Across all programs, reviewer reviews findings with specific case workers and their supervisors before submission to the Director of Quality Management. Reviews are then summarized by Quality Improvement staff quarterly, and results are disseminated to program directors, their supervisors, and executive staff. If necessary, Quality Improvement submits requests for corrective actions and implementation timelines to program directors.

Appendix I– Whistleblower and Non-Retaliation/Non-Intimidation Policy

Effective Date: 06/13/06
Revision Date(s): 06/01/09, 12/__/12

Program(s): Agency-wide

Reference(s): False Claims Act (31 USC §§ 3729-3733); Federal Program Civil Remedies Act of 1986 (31 U.S.C. § 3801); New York State False Claims Act (Article 13 of the State Finance Law); Social Services Law (Sections 145-b, 366-b), Penal Law (Articles 175-177); Section 403 of the Insurance Law; Sections 740 and 741 of the Labor Law; Deficit Reduction Act of 2005

Policy

A key element of JCCA’s Compliance Program is the ability of its’ Representatives to express problems, concerns or opinions without fear of retaliation, intimidation or other reprisal. At the same time, JCCA Representatives have an affirmative duty to report issues or concerns that come to their attention through the appropriate channels. Failure to do so can result in disciplinary action up to and including termination of employment or termination of contract. In addition to reporting potential compliance issues, JCCA Representatives can participate in the Compliance Program by assisting in the investigation of issues, assisting in self-evaluations and audits, implementing remedial actions and/or reporting to appropriate officials as provided in Labor Law §§ 740 and 741.⁴

JCCA will not intimidate or take disciplinary or retaliatory action against a JCCA Representative who in good faith raises a compliance concern or otherwise participates in the Compliance Program. Intimidation or retaliation in any form by any individual associated with JCCA is strictly prohibited and is itself a serious violation of the Code of Conduct.

Procedure

If a JCCA Representative or Covered Contractor has a reasonable belief that JCCA or any JCCA Representatives or Covered Contractors has engaged in any action that violates any applicable law, rule or regulation – including those concerning any aspect of practice, harassment, accounting, and auditing – or any action that constitutes a fraudulent practice, that JCCA Representative or Covered Contractor is expected to report such information to JCCA management immediately. In general, the JCCA Representative or Covered Contractor should report the concern to his or her supervisor or program director, Senior Management, who will bring the concern to the Compliance Officer.

⁴ A full discussion of the State Labor Law provisions and other available whistleblower protections is included in Appendix A.

JCCA has established an anonymous telephone reporting line for anonymous and confidential good faith reporting of potential compliance issues as they are identified. The number is (917)808-4775. This line goes to a voice mailbox monitored by the Compliance Officer.

Examples of the types of activity that must be reported by JCCA Representatives and Covered Contractors include, but are not limited to, the following:

- Billing Medicaid or other third-party payers for clients to whom JCCA has not rendered services
- Inflating or otherwise misrepresenting JCCA's costs on cost reports filed with government agencies or private funders
- Billing Medicaid for services rendered to a client if the Employee or Covered Contractor is aware that the client or his or her family has obtained Medicaid coverage fraudulently
- Submitting inaccurate or misleading data or reports to government agencies
- Theft or other misuse of Agency funds or property by Employees or Covered Contractors
- Violations of JCCA compliance policies or other guidance
- Violations of laws, regulations or government contracts
- The Compliance Officer or his or her designee will respond promptly to all reports, with further investigation conducted where needed to resolve disputed facts. In conducting investigations, JCCA will strive to keep the identity of the individual providing information about perceived violations as confidential as possible while conducting an adequate review and investigation. The Compliance Officer will notify JCCA's Board of Directors of allegations under investigation.

JCCA will not retaliate against a JCCA Representative or Covered Contractor in the terms and conditions of employment or contract because that individual: (a) reports in good faith what the JCCA Representative or Covered Contractor believes to be a violation of the law; or (b) participates in good faith in any resulting investigation or proceeding. Retaliation and intimidation are prohibited even if it is determined that the allegedly improper conduct was proper or did not occur, provided that the report was made in good faith. If the JCCA Representative or Covered Contractor has been involved in the issue being reported, reporting the issue will not eliminate the possibility of consequences following from that involvement. JCCA reserves the right to take disciplinary action against any JCCA Representative or Covered Contractor who maliciously files a report he or she knows to be untrue.

In addition, JCCA will not, with the intent to intimidate or retaliate, take any action harmful to any JCCA Representative or Covered Contractor who has provided to law enforcement personnel or a court truthful information related to the commission or possible commission by the organization or any of JCCA Representatives of a violation of any applicable law or regulation.

Anyone who commits or condones any form of retaliation will be subject to discipline up to, and including termination of employment or contract.

The affected JCCA Representative or the Covered Contractor should report any actual or threatened retaliation to the Compliance Officer or the Assistant Director of Quality Improvement. The Compliance Officer or his or her designee will investigate such allegations in the same manner as other investigations carried out under this policy.

Appendix J – Ethical Fundraising Procedures

JCCA encourages the solicitation and acceptance of gifts for purposes that will help the agency to further and fulfill its mission. The following policies and guidelines govern acceptance of gifts made to JCCA or for the benefit of any of its programs. These policies and guidelines govern the acceptance of gifts by JCCA and provide guidance to prospective donors and their advisors when making gifts to JCCA. The provisions of these policies shall apply to all gifts received by JCCA for any of its programs or services.

Policy

JCCA raises funds in accordance with applicable local, state and federal requirements and registers fundraising activities with New York State. Upon donor or funder request, JCCA discloses descriptive and financial information for revenue-generating activities including fee-for-service programs. In accordance with this policy, enumerated below is a list of JCCA's responsibilities:

- JCCA will ensure that all solicitation materials are accurate and correctly reflect the organization's mission and use of solicited funds.
- JCCA shall ensure that donors receive informed, accurate, and ethical advice about the value and tax implications of potential contributions. Donors should be encouraged to contact their own tax expert or the IRS for advice.
- JCCA shall ensure that contributions are used in accordance with donors' intentions.
- JCCA shall ensure proper stewardship of philanthropic contributions including timely reports on the use and management of such funds.
- JCCA shall obtain explicit consent by donors before altering the conditions of contributions.
- JCCA will assure that agreements with outside fundraising consultants or contractors are in writing.
- JCCA will maintain accounting segregation for restricted funds.
- JCCA will annually analyze fundraising costs relative to benefits achieved and adjust activity to assure that a reasonable relationship exists.
- JCCA staff shall abide by the Association of Fundraising Professionals (AFP) Standards of Professional Practice, which are adopted and incorporated into the AFP Code of Ethical Principles.

Gifts: Unrestricted and Restricted

JCCA will accept unrestricted gifts, and gifts for specific programs and purposes (restricted), provided that such gifts are not inconsistent with its stated mission, purposes, and priorities. JCCA will not accept gifts that are too restrictive in purpose, including those that violate the terms of the corporate charter, gifts that are too difficult to administer, or gifts that are for

purposes outside the mission of JCCA. The Fund Development Advisory Committee of JCCA in discussion with the CEO shall make all final decisions on the restrictive nature of a gift and its acceptance or refusal.

The Fund Development Advisory Committee

Roles and Responsibilities

The Fund Development Advisory Committee of Jewish Child Care Association provides guidance and support to the Fund Development program in setting and meeting its annual and long-term objectives. The committee, in conjunction with the Board of Trustees and with the assistance of the Fund Development staff, is responsible for participation in the identification, cultivation and solicitation of prospective individual, corporate and foundation donors as well as providing introductions to potential supporters.

Committee Composition

The committee is composed of volunteers who, through personal and professional contacts, can assist JCCA in attracting financial support from individuals, corporations and foundations. The membership should reflect a balance of areas of expertise, geography and ethnic and gender diversity.

The Chairman and President of JCCA or designees and the Chief Executive Officer or designee shall be an ex-officio member of the committee. The Senior Vice President of Fund Development will provide staff support. The President of the Board shall appoint the chairperson of the committee annually, with concurrence of the Board.

The committee will consist of five to ten members, at least four of whom will be members of the Board of Trustees. The committee chairperson will appoint committee members for one-year terms that coincide with the JCCA fiscal year. Members may serve more than one term, although some annual change in the composition and diversity of the committee is encouraged.

Functioning of the Committee

The full committee shall meet at least four times during the fiscal year. The committee will operate in sub-committees for specific tasks, meeting as necessary. Written advance notice of scheduled meetings shall be sent to members, along with an agenda. A written summary will be provided to members following each meeting.

Donor Relations

Donor Intent. Donors' wishes will be considered to the extent possible, as long as their intended use of funds is in keeping with the purpose of JCCA and with the policies and priorities of the agency. JCCA will not accept a gift for which it is incapable of honoring donor intent.

Acknowledgment. All gifts, regardless of value, form or stipulations shall be acknowledged by JCCA in the form of a written substantiation, including a gift receipt in a timely manner.

Recognition. Formal recognition of donors includes methods that convey appreciation to the donor and provide opportunities for public acknowledgment.

Public Notice. JCCA will respect a donor's wish to remain anonymous.

Confidentiality. The fund development unit shall maintain confidentiality concerning all correspondence regarding contributions, gift records, prospect information, and other data on donors, and will ensure that this donor information is used on a need-to-know basis only for the support of fund development for JCCA. Under no circumstances shall data be released for the primary purpose of private enterprise or gain.

Types of Gifts

The following gifts are generally acceptable:

Gift Property

Cash
Publicly Traded Securities
Life Insurance Policies
Life Insurance Beneficiary Designations
Real Estate
Tangible Personal Property

Form of Delivery

Outright Gifts
Planned Gifts such as:
Bequests under a Will or Trust
Charitable Gift Annuities
Charitable Remainder Trusts
Charitable Lead Trusts

In general, all gifts shall be considered relative to JCCA's potential liability, future cash requirements, and potential for unrelated business income tax. The following criteria govern the acceptance of each gift form:

1. **Cash.** All gifts by check, credit card or electronic fund transfer shall be accepted regardless of amount. Checks shall be made payable to Jewish Child Care Association or JCCA. In no event shall a check be made payable to an individual who represents JCCA. Gifts can be made online at www.jccany.org/donate and will be processed as a credit card donation.
2. **Bequests.** Donors and supporters of JCCA will be encouraged to make bequests to JCCA under their will and trusts.
3. **Securities.** The Development Office shall accept publicly traded securities but not closely held restricted securities. Publicly Traded Securities Procedures are found in the attachment section.

4. **Life Insurance Beneficiary Designations.** Donors and supporters of JCCA will be encouraged to name JCCA as beneficiary or contingent beneficiary of their life insurance policies. Such designations shall not be recorded as gifts to JCCA until such time as the gift is received.
5. **Planned Gifts.** JCCA may accept designation as remainder beneficiary of a charitable remainder trust and charitable lead trusts.
6. **Real Estate.** Gifts of real estate may include developed property, undeveloped property, or gifts subject to a prior life interest. Prior to acceptance of real estate, the Fund Development Advisory Committee will make a recommendation to the Executive Committee to accept a real estate gift after all due diligence has taken place. This will include at least the following items:
 1. Is the property useful for the purposes of JCCA?
 2. Is the property marketable?
 3. Are there any restrictions, reservations, easements, co-ownership arrangements, or other limitations associated with the property?
 4. Are there carrying costs, which may include insurance, property taxes, mortgages, or notes, etc., associated with the property?
 5. Does the environmental audit reflect that the property is not damaged or subject to environmental liability?
 6. If JCCA accepts mortgaged property, it will accept it subject to the terms of any existing mortgage.
 7. JCCA must determine that it will use the property, or that there is a market for sale of the property, allowing sale within a reasonable amount of time.
 8. JCCA must calculate the costs to safeguard, insure, and pay to maintain the expenses of the property (including property tax, if applicable) during the holding period.
 9. Gifts of Bequest under a will or trust, Charitable Gift Annuities, Charitable Remainder Trusts, Charitable Lead Trusts, Life Insurance Policies, Gifts of Real Estate and Tangible Personal Property will be recorded as part of JCCA's Planned Giving Program and will be recognized and listed in the 1822 Society.

Grant-Writing Policy/Procedure

Policy:

All grants are consistent with the agency's mission and are reviewed prior to signature for all applicable significant terms and conditions. This is an Agency-wide Policy affecting all departments that research, apply for or administer grants.

Protocol:

All grant proposals submitted to a funding source must first be authorized for submission by the Agency's appointed four official signatories. Only **the CEO, CSO, COO or CFO** may sign grant applications. In addition, these four signatories or an approved designee are the only people authorized to sign and accept grant awards.

The Agency must be able to track and manage grants at all stages of the grant process from funding research through project closeout. To accomplish this requirement, the Department of Fund Development and Government Contracts has been established. They are responsible for:

1. Coordinating the tracking of grant applications, awards and major project management decisions associated with awarded grants.
2. Assisting departments with the interpretation of city, county, state federal or other private grants policies.
3. Assisting with the resolution of disputes between the Agency and funding sources.

The Departments of Fund Development and Government Contracts is an Agency-wide point of contact for funding research and the writing of grant proposals. The role of these Departments is to generate funding ideas, help to identify funding opportunities, participate in program planning and proposal writing and managing the day-to-day functions associated with a successful grant award. These Departments are also responsible for ensuring that programs are implementing the awarded grant projects according to the terms and conditions of each grant award.

Appendix K – Bid and Procurement Policy

The purpose of this policy is to create a process for purchasing goods and services that will increase efficiency, promote fairness, accountability and provided necessary supplies and services in a timely and cost effective manner.

Methods for Procurement

Procurements shall be made using one of the following methods: (a) small purchase procedures (b) competitive sealed bids, (c) competitive negotiations, (d) non-competitive negotiations

A. Small Purchases

Purchases which cost between \$500 and \$1,000 will require three quotations of rate, price, etc. A **purchase requisition** will be prepared showing the parties contacted and prices obtained. For purchases of less than \$500, efforts will made to get the lowest and best price, but written records of such efforts are not necessary.

Purchases of supplies, equipment and serves which cost between \$1,000 and \$10,000 will require written estimates but no legal advertisement is required. The Finance Department will solicit written responses from at least three vendors, and if no such responses are available, a statement explaining the procurement will be prepared and filed.

B. Competitive Sealed Bids

Bidding will be employed when detailed specifications for the goods or services to be procured can be prepared and the primary basis for award is cost. When the cost of a contract, lease or other agreement for materials, supplies, equipment or contractual services, other than those personal or professional, exceeds \$10, 000 an Invitation for Bids (IFB) notice will generally be prepared.

The IFB will include a complete, accurate and realistic specification and description of the goods or services to be procured, the bid deposit, payment bond and bond performance required (if applicable), the location where bid forms and specifications may be secured, the time and place for opening bids, and whether the bid award will be made on the basis of the lowest price or the lowest evaluated price. If the lowest evaluated price is used, the measurable criteria to be used must be stated in the IFB. The IFB notice must also contain language which calls to the attention of bidders all applicable requirements that are based on City and State Contract Requirements.

Sealed bids will be opened at the time and place stated in the IFBs. The bids will be tabulated at the time of bid opening. The results of the tabulation and the bid procurements will be examined for accuracy and completeness. The Agency will make the decision as to whom the contract shall

be awarded. After the bid award is made by the Agency, a contract will be prepared for execution by the successful bidder. After the contract is signed, all bid deposits (if applicable) will be returned to all unsuccessful bidders.

JCCA may cancel an Invitation for Bid or reject all bids if it is determined that such is in the best interests of the Agency. Bidders will be notified in writing of such cancellation or rejection. The Agency may allow a vendor to withdraw a bid is requested at any time prior to the bid opening. Bids received after the time set for bid opening shall be returned to the vendor unopened.

C. Competitive Negotiations

JCCA will use competitive negotiations, regardless of contract amount, upon a written determination that:

1. Specifications cannot be made specific enough to permit the award of a bid on the basis of either the lowest bid or the lowest evaluated bid price (in other words, bidding is not feasible).
2. The services to be procured are professional in nature.

D. Noncompetitive Negotiations

Noncompetitive negotiations may be used for procurements in excess of \$10,000 when bidding or competitive negotiations are not feasible. The Agency may purchase goods and services through noncompetitive negotiations when it is determined in writing by (INSERT) that competitive negotiation or bidding is not feasible and that:

An emergency exists which will cause harm or an unsafe situation as a result of the delay caused by following competitive purchasing procedures, or

1. The product or service can be obtained only from one source, or
2. The contract is for the purchase of perishable items purchased on a weekly or more frequent basis.

Contracts and Agreements

Generally, all procurement in excess of \$200 for Janitorial, water treatment etc. will be memorialized and supported by a written contract. Where it is not feasible or is impractical to prepare a contract, a written finding to this effect will be prepared and some form of documentation regarding the transaction will also be prepared. All contracts will contain language which allows the Agency the opportunity to cancel any contract for cause. Said cause

shall include (but not be limited to) demonstrated lack of ability to perform the work specified, unwillingness to complete the work in a timely fashion, cancellation of liability insurance or worker's compensation, failure to pay suppliers or workers, unsafe working conditions caused by the contractor, failure to comply with New York State wage laws (where applicable), failure to keep accurate and timely records of the job, or failure to make those records available to the JCCA (on request) or any other documented matter which could cause a hardship for the JCCA if a claim should arise or the work not be completed on schedule at the specified cost.

Documentation

All source documents supporting any given transaction (receipts, purchase orders, invoices, RFP/RFQ data and bid materials) will be retained, a copy sent to the Finance Department and filed in an appropriate manner. Where feasible, source documents pertinent to each individual procurement shall be separately filed and maintained. Where it is not feasible to maintain individual procurement files, source documents will be filed and maintained in a reasonable manner (examples include chronologically, by vendor, by type of procurement, etc.). Whatever form of documentation and filing is employed, the purpose of this section is to ensure that a clear and consistent audit trail is established. At a minimum, source document data must be sufficient to establish the basis for selection, basis for cost, (including the issue of reasonableness of cost), rationale for method of procurement and selection of contract type, and basis for payment.

Code of Conduct

Conflict of Interest

No JCCA employee or agent will take part or have an interest in the award of any procurement transaction if a conflict of interest, real or apparent, exists. A conflict of interest occurs when the JCCA employee partners of such individuals, immediately family members or an organization which employs or intends to employ any of the above has a financial or other interest in any of the competing firms.

No JCCA employee may acquire a financial interest in or benefit in any way from any activity which uses any portion of JCCA funding, nor shall they have an interest in any contract, subcontract or agreement for themselves or any family members, nor shall they ever occupy such JCCA locations.

Acceptance of Gratuities

No JCCA employee shall solicit or accept gratuities, favors or anything of monetary value from contractors, potential contractors, subcontractors or potential subcontractors.

Penalties

Any JCCA employee who knowingly and deliberately violates the provisions of this code will be open to civil suit by JCCA without legal protection of JCCA. Furthermore, such a violation of

these procurement standards is grounds for dismissal by JCCA. Any contractor or potential contractor who knowingly and deliberately violates the provisions of these procurement standards will be barred from future transactions with JCCA.

Appendix L – Research Policies and Procedures

The JCCA Staff Research Committee (SRC) is constituted to serve two purposes. First, it serves as an Internal Review Board (IRB) to safeguard the rights and well being of participants in research that is undertaken in JCCA programs. The second goal of the SRC is to develop and stimulate research at JCCA.

The SRC follows the IRB guidelines set by the Federal Research Regulations (45 CFR 46). Membership consists of at least five members (both male and female), including representatives from multiple disciplines at JCCA, as well as one member who is not affiliated with JCCA and one member who is not a child care professional. The Director of Quality Management serves as the Committee Chair. The SRC reports to the Chief Strategy Officer.

The SRC encourages research that furthers our knowledge about the children whom we serve and how best to serve them. We require that research conducted at JCCA adhere to a high standard of scientific rigor, and that measures are taken to ensure that the privacy and welfare of our children and staff are not compromised. We require also that projects completed at JCCA strive to be minimally intrusive, so as not to inconvenience our children or staff unduly. The following summary outlines the specific guidelines that we have established to achieve our goals and ensure our standards.

1. All proposals to conduct research at JCCA must be submitted in writing to the Director of Quality Management and include the following:
 - a. A statement of a specific research question being examined. Studies should include a rationale for the research question with respect to relevant literature. The exception to this requirement is for the program evaluation or needs assessment research, which must include only a description of study goals.
 - b. A description of the research design and method, with explicitly stated hypotheses (exceptions to this requirement may be made for exploratory studies and program evaluation/needs assessment);
 - c. An estimate of the JCCA staff time that will be required (including time of the researcher);
 - d. A description of the kind (e.g., conduct disordered adolescents) and number of clients to be included in the study, along with an explanation of why this particular population was chosen;
 - e. The amount of time required for each client;
 - f. A statement of the potential risks and benefits of the study both to the participants and the Agency;
 - g. Procedures for providing informed consent, including a copy of the actual parent/adult consent form. Likewise, procedures for obtaining informed assent from children must be included along with the research proposal. In addition, a

8. Expedited reviews may be undertaken by the Committee Chair in proposals involving no more than minimal risk to participants. Examples of this include student projects that use records only and do not involve actual client contact; in such cases the Chair would ensure that procedures were in place to protect client confidentiality. Committee members would be informed of all expedited review decisions.
9. All approved research will be conducted under the overall supervision of the Director of Quality Management or his or her designee. The researcher will submit progress reports to the committee at frequent intervals (to be established following project evaluation) outlining the progress of the research, any divergences from the original design that are contemplated, any problems that have arisen, and projections for future progress. Any changes from the original study design must be approved by the Chair.
10. The team or division head responsible for a client's overall care has the absolute right to state that any particular child is too fragile or might be harmed by a given project. Any such child will not be included in the study.

At the conclusion of the research, the researcher's DRAFT final report will be submitted to the SRC and the researcher will be asked to make a formal presentation of study findings prior to the publication of the final report. The researcher agrees that the final report will protect the confidentiality of the clients and the Agency. If the SRC desires, the Agency will be identified in the final report.

Appendix M – Research Standards

Student/staff-initiated research is welcome at JCCA. However, the Agency requires that students/staff doing **any** projects that use Agency clients, or data from Agency facilities, fulfill the criteria that the Agency has established to protect its clients, staff, and the Agency. These include:

Before any research is begun, all research projects must have **written proposals submitted to the Director of Quality Management for approval**. These proposals do not have to be particularly complicated (one page is often sufficient for a project that is being done to fulfill a course requirement), but they must demonstrate how the student will satisfy the requirements for human subjects reflected in 2-4 below. Projects of larger scope, or that directly use clients, must be approved by JCCA's internal review board, the Staff Research Committee.

All projects that involve clients or staff must include a **consent form** that fully discloses what participation will involve, that participation is voluntary and will not affect treatment in any adverse way, and that makes it clear that confidentiality will be preserved (see below).

All proposals for projects using human subjects must indicate how the **subjects' rights** are to be protected. This includes the specification of how confidentiality will be ensured.

Case material may NEVER leave JCCA premises. Names of clients may NEVER be revealed; either for research or for any other purposes (e.g., case presentations). Aliases must be used when discussing cases outside JCCA. If a client is known to have AIDS or to be HIV-positive, this may not be disclosed (it is acceptable to refer to clients as having a "chronic medical condition" in case presentations).

The Director of Quality Management is available to help any researcher understand and meet the criteria listed above. If a researcher has any questions about them or wishes to discuss anything else about research, the Director of Quality Management is available at 917-808-4850.

Appendix N – Nepotism Policy

Members of an employee's immediate family will be considered for employment on the basis of their qualifications. Immediate family may not be hired if employment would:

- Create a supervisor/subordinate relationship with a family member
- Have the potential for creating an adverse impact on work performance
- Create either an actual conflict of interest or the appearance of a conflict of interest

To avoid a conflict of interest or the appearance of one, family members may not be employed within the same JCCA program; however, they may work at the same facility.

This policy must also be considered when assigning, transferring, or promoting an employee. For the purpose of this policy, immediate family includes: spouse, parent, child, sibling, in-law, or household member.

JCCA Employees who become immediate family members while employed are treated in accordance with the above guidelines. If a conflict arises as a result, the JCCA Employee with the least seniority will be transferred to a similar position in another program as soon as practicable thereafter, unless the employee with more seniority voluntarily requests to transfer.

Appendix O – Vacancy Coverage Policy

Program directors, division directors, Vice Presidents and Sr. Vice Presidents are restricted from providing direct case coverage or services within their program(s) for additional compensation without the express approval of the CEO.

Any such additional assignments if approved are to be time limited until an appropriate staff member is hired to fill a vacancy or a staff member returns from an extended leave.

Any work performed in this capacity is to be conducted outside of his/her normal work schedule, All Payroll Change Requests (PCR's) are to be verified and signed by the individual's direct supervisor, prior to submission to payroll.

All arrangements with senior staff are to be in writing and submitted to the Human Resources department for inclusion in his/her personnel file.

Appendix P – Non-Discrimination and Anti-Harassment Policy

The Jewish Child Care Association (JCCA) is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practice, including harassment. Therefore, JCCA expects that all relationships among persons in the work place will be business-like and free of bias, prejudice, and harassment.

EQUAL EMPLOYMENT OPPORTUNITY:

It is the policy of JCCA to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, national origin, religion, sex, age, disability, citizenship, marital status, sexual orientation, or any other characteristic protected by law. JCCA prohibits and will not tolerate any such discrimination or harassment.

DEFINITIONS OF HARASSMENT:

Sexual harassment constitutes discrimination, and is illegal under federal, state, and local laws. For purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example: (i) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (ii) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (iii) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include a range of subtle and not-so-subtle behaviors, and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess, or sexual deficiencies; leering, catcalling, or touching; insulting or obscene comments or gestures; display or circulation in workplace of sexually suggestive objects or pictures (including through e-mail); and other physical, verbal, or visual conduct of sexual nature.

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, national origin, age, disability, citizenship, sexual orientation, marital status, or any other characteristic protected by law, or that of his/her relatives, friends, or associates, and that:

- has the purpose or effect of creating an intimidating, hostile, or offensive work environment;
- has the purpose or effect of unreasonably interfering with an individual's work performance;
- or otherwise adversely affects an individual's employment opportunities

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating, or hostile acts; denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail).

INDIVIDUAL AND CONDUCT COVERED:

These policies apply to all applicants and employees, and prohibit harassment, discrimination, and retaliation, whether engaged in by fellow employees, by supervisor or manager, or other representatives and volunteers (e.g., an outside vendor or consultant).

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings and business-related social events.

RETALIATION IS PROHIBITED:

JCCA prohibits retaliation against any individual who reports discrimination or harassment, or who participates in an investigation of such reports. Retaliation against an individual for reporting harassment or discrimination, or for participating in an investigation of a claim of harassment or discrimination, is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action.

REPORTING AN INCIDENT OF HARASSMENT, DISCRIMINATION, OR RETALIATION:

JCCA strongly urges the reporting of all incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe they have experienced conduct that they believe is contrary to JCCA's policy or who have concerns about such matters should file their complaints with their Division Director, the Vice President of Human Resources, or any member of the Human Resources Department.

Early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment. Therefore, while no fixed reporting period has been established, JCCA strongly urges the prompt reporting of complaints or concerns so that rapid and constructive action be taken.

The availability of this complaint procedure does not preclude individuals who believe they are being subjected to harassing conduct from promptly advising the offender that his or her behavior is unwelcome and requesting that it be discontinued.

THE INVESTIGATION:

Any reported allegations of harassment, discrimination or retaliation will be investigated promptly. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

RESPONSIVE ACTION:

Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling and/or disciplinary action such as warning, reprimand, reassignment, temporary suspension without pay or termination, as JCCA believes appropriate under the circumstances.

Finally, these policies should not, and may not, be used as basis for excluding or separating individuals of a particular gender, or any other protected characteristic, from participating in business or work-related social activities or discussions in order to avoid allegations of harassment. The law and the policies of JCCA prohibit disparate treatment on the basis of sex or any other protected characteristic, with regard to terms, conditions, privileges, and perquisites of employment. The prohibitions against harassment, discrimination, and retaliation are intended to complement and further these policies, and not to form the basis of an exception to them.

Appendix Q – Charity Care and Transition Plan Policy

POLICY:

It is policy to ensure access to all qualified clients who are in need of services at the Brooklyn Child and Adolescent Guidance Center, including those individuals deemed “urgent cases” who will be seen within 5 days of their referral. All clients who qualify for uncompensated care will receive services. “Uncompensated care need” means the following:

Self pay, including partial pay or no pay visits clients;

Required or optional mental health clinic procedures provided but NOT covered under a clinic’s agreement with a third-party payer;

Unreimbursed clinic visits/procedures appropriately provided to an insured recipient by a clinic staff member not approved for payment by a third party payer in contract with the clinic; or

Unreimbursed clinic visits/procedures appropriately provided to an insured recipient by a clinic staff member when the procedure is not reimbursed by a third party payer who is not in contract with the clinic.

PROCEDURE:

A screening is offered to all referrals to determine eligibility, regardless of ability to pay.

Should the client not have any insurance in effect, the clerical staff will assist with appropriate referral or assistance in obtaining insurance.

JCCA staff will offer assistance to all uninsured clients with applying for Child Health Plus or a similar insurance plan.

Should the insurance of a client change to one that is not currently in effect at the clinic, the staff will take part in finding another appropriate facility that is a participating provider of that insurance company. No client will be denied services until an appropriate provider has been located and is available to provide services for the client. A client who, while in treatment, loses his or her insurance will not be denied services.

JCCA has an appropriate sliding fee scale based upon the client’s ability to pay. A sliding fee scale ranging from \$100 to \$0, available to those who cannot afford to pay any amount, is available in the administrative office. Should an uninsured qualified client request services at the clinic, the administrative staff will offer the client to set an appropriate fee.

Appendix R - Policy And Procedure On Waiving/Reducing Coinsurance And Deductible Amounts

From time-to-time, JCCA may consider waiving, in whole or in part, our clients' coinsurance or deductible obligations in connection with the services we provide. However, there are certain legal considerations that govern when it may be appropriate to do so. Accordingly, all waivers/reductions of coinsurance or deductible obligations will be offered/given only in accordance with this Policy.

POLICY

There are a variety of laws that govern our interactions with Federal health care program beneficiaries.⁵ The Practice's contractual obligations to private insurers, as well as other laws, may also affect our ability to waive or reduce coinsurance or deductible obligations of privately insured patients. In order to comply with those laws and contractual obligations, it is the Agency's policy that waivers/reductions of coinsurance or deductible amounts may be offered to clients only when all of the following conditions are met:

No Advertising/Soliciting. The waiver or reduction is not offered as part of any advertisement or solicitation by the Practice or any of its personnel;

May Not Be Routinely Offered. The waiver or reduction is not routinely offered (that is, waivers/reductions may not be our general business practice and may only be offered occasionally); ***and Good Faith Determination of Financial Need or Reasonable Collection Efforts Required.*** The Agency: waives or reduces the coinsurance or deductible only after we have (a) determined in good faith that the individual is in financial need/indigent **or** (b) failed to collect the coinsurance or deductible amounts after making reasonable collection efforts (that is, after such efforts, JCCA exercises its business judgment not to pursue the full legal remedies available to it to collect the amount(s) it is owed).

PROCEDURE:

If a client requests that a co-insurance or deductible amount be waived, the client must apply to JCCA for assistance, explain the nature and extent of the financial hardship, and provide JCCA with written documentation of his or her financial need. All documentation of financial need must be filed in an easily accessible central location.

⁵ For purposes of this Policy, "Federal health care program" means any plan or program that provides health benefits (directly, through insurance or otherwise) and that is funded in whole or in part by the United States Government. "Federal health care program" also includes any State health care program. Thus, for example, "Federal health care programs" include (but are not limited to) Medicare and Medicaid. If you have a question about whether a client is a "Federal health care program" beneficiary, you are required to contact the Compliance Officer.

If appropriate documentation is not obtained, the client must be billed pursuant to the Agency's normal procedures. Coinsurance or deductible amounts will then be written off only if our normal procedures have failed to result in collection of those amounts.

All requests for waivers of coinsurance and deductible amounts will be determined on an individual basis and must be pre-approved by the Compliance Officer or the Vice President of Mental Health and Preventive Services.

FAILURE TO FOLLOW THIS POLICY AND PROCEDURE

A failure to follow this Policy and Procedure may result in disciplinary action in accordance with the terms of our Compliance Program.

Any questions concerning compliance with this Policy must be directed to the Compliance Officer.