



# **AIM SERVICES, INC.**

## **Corporate Compliance Plan**

**2017**

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## **AIM SERVICES, Inc. CORPORATE COMPLIANCE POLICY**

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### **I. Policy**

It is the policy of AIM Services, Inc. (“AIM”) to comply with all applicable federal, state, and local laws and regulations, and payer requirements. It is also AIM’s policy to adhere to the Code of Conduct that is adopted by the Board of Directors, the Executive Director, and the Corporate Compliance Committee.

### **II. Commitment**

AIM is committed to the provision of quality services in community and residential programs through advocacy, education, and trained dedicated professionals whose focus is on assisting individuals to achieve their personal goals while promoting a sense of self-confidence and well-being.

AIM is committed to maintaining and measuring the effectiveness of our Compliance policies and standards through monitoring and auditing systems designed to detect noncompliance by its employees and agents. AIM shall require the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in federal and state health care statutes, regulations, and health care program requirements.

### **III. Responsibility**

It is the responsibility for all employees to report any violations of agency policy, procedure, or regulatory requirements. It is critical that we protect the confidentiality of such reports. Any employee who has a concern regarding the rights and well being of any individual we serve or employ **MUST** notify the supervisor, on-call, or member of administration immediately and should follow-up these concerns in writing. In the case where the Executive Director is involved with the complaint, the employee is directed to contact the Compliance Officer or Sr. Director & Counsel in the Compliance Officers absence, who will contact the President of the Board of Directors. Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

### **IV. Policies and Procedures**

AIM will communicate its compliance standards and policies through required training initiatives to all employees, contracted practitioners, and vendors. AIM is committed to these efforts through distribution of this Compliance Policy and our Code of Conduct and Philosophy.



## **V. Enforcement**

This Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms including discipline of individuals responsible for failure to detect and/or report noncompliance.

## **VI. Agency Response**

Detected noncompliance, through any mechanism, i.e., compliance auditing procedures and/or confidential reporting, will be responded to in an expedient manner. AIM is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan.

## **VII. Due Diligence**

AIM will, at all times, exercise due diligence with regard to all required background checks for all prospective employees, contractors, vendors, and members of the Board of Directors.

## **VIII. Whistleblower Provisions and Protections**

AIM Services Inc. is committed to prompt, complete and accurate billing of all services provided to individuals. AIM and its employees, contractors and agents shall not knowingly make or submit any false or misleading entries on any claim forms. No employee, contractor or agent shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager, which results in the submission of a false or misleading entry on claims and forms or documentation of services that results in the submission of a false claim.

## Code of Ethics and Philosophy

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### I. Philosophy

AIM strives to provide each person served with:

- A feeling of belonging, being "at home," in his/her living situation; involvement in the everyday routine and responsibilities of their household.
- A healthy and safe environment in which to live and learn.
- Maximum independence consistent with his/her skills and abilities in the least restrictive environment.
- The opportunity, support and assistance for learning and developing skills to enhance independence.
- Social skills to interact with friends, other members of the household, neighbors, and people in the community in a meaningful way.
- Necessary medical and other services to enhance his/her capabilities and quality of life.
- Recreational opportunities, activities, and hobbies, based on individual interests.
- Community involvement, integration.

### II. Mission

AIM Services, Inc. is dedicated to supporting the *power of potential* in people with disabilities. Through community and residential programs, advocacy and education, trained dedicated professionals focus on assisting individuals to achieve their personal goals while promoting a sense of self-confidence and well-being.

### III. Expectations

AIM will ensure that all aspects of service provision are performed in compliance with our mission/vision statement, policies and procedures, professional standards, applicable governmental laws, rules, and regulations, and other payer standards. AIM expects every person who provides services to individuals to adhere to the highest ethical standards and to promote ethical behavior. Any person whose behavior is found to violate ethical standards will be disciplined appropriately.

Employees may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of AIM. Employees must disclose any circumstances where the employee or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with AIM; (ii) provides to, or receives from, AIM any consumer referrals; or



(iii) competes with AIM. Employees may not without permission of the Compliance Officer accept, solicit, or offer anything of value from anyone doing business with AIM.

Employees are expected to maintain complete, accurate, and contemporaneous records as required by AIM and OPWDD. The term “records” includes all documents, both written and electronic, that relate to the provision of AIM services or provide support for the billing of AIM services. Records must reflect the actual service provided. Any records to be appropriately altered must have a single line striking the information to be corrected, and initialed and dated by the employee making the revision. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to immediate supervisors, the Compliance Officer or the Executive Director, so each situation may be appropriately dealt with. The Compliance Officer may be reached at (518) 450-2865.

## **The Role of the Compliance Officer**

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### **I. Compliance Officer**

The Board of Directors of AIM designates Renee Hebert as the Compliance Officer (CO). The Compliance Officer has direct lines of communication to the Executive Director, the Board of Directors, and Agency counsel.

### **II. Job Duties**

The Compliance Officer is directly obligated to serve the best interests of our agency, consumers and employees. Responsibilities of the Compliance Officer include but are not limited to:

- Overseeing and monitoring the implementation of the Quality Metrics to Measure Quality Outcomes in accordance with Counsel on Quality Leadership (CQL), specific to Community Services and in support of the entire agency.
- Overseeing and monitoring the implementation of the compliance program.
- Overseeing and monitoring of all external and internal audits.
- Developing, implementing and maintaining policies and procedures (P&P) appropriate to all programs.
- Updating the Compliance Plan as changes occur within AIM, and/or the laws and regulations or governmental and third party payers.
- Reporting on a regular basis to the Governing body, Executive Director and Compliance Committee on the progress of implementation, and assisting these components in establishing methods to improve the organization's quality of service, incident management and to reduce vulnerability to fraud, abuse and waste.
- Reviewing the employees' acknowledgements that they have received, read and understood the Code of Conduct.
- Developing, coordinating and participating in a multifaceted educational and training program that focuses on the elements of the compliance program and seeks to ensure that all appropriate employees, contractors and members of management are knowledgeable of, and comply with pertinent federal and state standards.
- Ensuring that excluded individuals and entities are not employed or retained by the organization.

- Directing Agency internal audits established to monitor effectiveness of both quality and compliance standards.
- Independently investigating and acting on matters related to compliance, quality or allegations, including the flexibility to design and coordinate internal investigations (e.g. responding to reports of problems or suspected violations) and any resulting corrective action with all departments, providers, and sub-providers, agents and, if appropriate, independent contractors.
- Coordinating internal investigations and implementing corrective action.
- Developing policies and programs that encourage managers and employees to report suspected fraud, suspected abuse, serious safety issues and other improprieties without fear of retaliation.
- Providing guidance to management, medical/clinical program personnel and individual departments regarding P&P and governmental laws, rules and regulations.
- Maintaining a reporting system (hotline) and responding to concerns, complaints and questions related to the Compliance Plan.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Plan, Quality Improvement Plan and the Incident Management Program.
- Ensuring that independent contractors (consumer care, vendors, billing services, etc.) are aware of the requirements of the Agency's Compliance Plan.
- Acting as a resourceful leader regarding regulatory compliance issues. Actively seeking up-to-date material and releases regarding regulatory compliance.
- Continuing the momentum of the compliance program and the accomplishment of its objectives.



## **The Structure, Duties, and Role of the Compliance Committee**

### **I. Reporting Structure and Purpose**

Corporate Compliance Committee (“CCC”) members are appointed by the Executive Director and approved by the Board of Directors. Compliance issues are reported by the CCC to the Executive Director and Board, where appropriate. The CCC purpose is to advise and assist the Compliance Officer with implementation of the Compliance Plan.

### **II. Function**

The roles of the Compliance Committee include:

- Analyzing the environment where AIM does business, including legal requirements with which it must comply.
- Reviewing and assessing existing P&P that address these risk areas for possible incorporation into the Compliance Plan.
- Working with departments to develop standards and P&P that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate departments relative to compliance matters.
- Developing internal systems and controls to carry out compliance standards and policies.
- Monitoring internal and external audits to identify potential non-compliance issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.

## **Delegation of Substantial Discretionary Authority**

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### **I. Requirement**

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for AIM is required to disclose any name changes and any involvement in non-compliant activities including health care related crimes. In addition, AIM performs reasonable inquiries into the background of such applicants, contractors, vendors, and Members of the Board of Directors.

The following organizations may be queried with respect to potential employees, contractors, vendors and Members of the Board of Directors:

- a) General services administration: list of parties excluded from federal programs.  
<http://epls.gov/epls/servlet/EPLSSearchMain/2>
- b) HHS/OIG cumulative sanction report.  
<http://exclusions.oig.hhs.gov/search.html>
- c) NYS Medicaid Fraud Database.  
<http://www.health.state.ny.us/nysdoh/medicaid/dqprvpg.htm>
- d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals).  
<http://www.op.nysed.gov/rasearch.htm#name>).

## **Education and Training**

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### **I. Expectations**

Education and training are critical elements of the Compliance Plan. Every employee and agent is expected to be familiar and knowledgeable about AIM's Compliance Plan and have a solid working knowledge of his or her responsibilities under the plan. Compliance policies and standards will be communicated to all employees through required participation in training programs.

### **II. Training Topics - General**

All personnel and members of the Board of Directors shall participate in training on the topics identified below:

- Government and private payer reimbursement principles;
- Government initiatives;
- History and background of Corporate Compliance;
- Legal principles regarding compliance and Board responsibilities related thereto;
- General prohibitions on paying or receiving remuneration to induce referrals and the importance of fair market value;
- Prohibitions against submitting a claim for services when documentation of the service does not exist to the extent required;
- Prohibitions against signing for the work of another employee;
- Prohibitions against alterations to records and appropriate methods of alteration;
- Proper documentation of services rendered; and
- Duty to report misconduct.



### **III. Training Topics - Targeted**

In addition to the above, targeted training will be provided to all AIM supervisors and employees whose job responsibilities include activities related to compliance topics. Supervisors shall assist the Compliance Officer in identifying areas that require specific training and are responsible for communication of the terms of this Compliance Plan to all independent contractors doing business with AIM.

### **IV. Orientation**

As part of their orientation, each employee shall receive training on AIM's Compliance program, Code of Conduct, and any written policies, and specific standards of conduct that affect their position.

### **V. Attendance**

All education and training relating to the Compliance Plan will be verified by attendance and a signed acknowledgement verifying review of the Code of Conduct and applicable policies.

Attendance at compliance training sessions is mandatory and is a condition of continued employment.

## **Effective Confidential Communication**

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### **I. Expectations**

Open lines of communication between the Compliance Officer and every employee and agent subject to this plan are essential to the success of our Compliance Program. Every employee has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

### **II. Reporting Procedure**

If an employee, contractor, or agent witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan, he or she should contact the Compliance Officer, his or her immediate supervisor, or the Executive Director. Reports may be made in person or by calling a telephone line dedicated for the purpose of receiving such notification (518-450-2896), or mailing information to 4227 Route 50, Saratoga Springs, NY 12866.

Upon receipt of a question or concern, any supervisor or director shall document the issue at hand and report to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the Executive Director.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Code of Conduct or its application, the Compliance Officer or designee shall record the facts of the call and the nature of the information sought and respond as appropriate. Agency shall, as much as is possible, protect the anonymity of the employee or contractor who reports any complaint or question.

### **III. Protections**

The identity of reporters will be safeguarded to the fullest extent possible and will be protected against retribution. Report of any suspected violation of this Plan by following the above shall not result in any retribution. Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under the Plan is acting against AIM's compliance policy. Discipline, up to and including termination of employment, will result if such reprisal is proven.

### **IV. Guidance**

Any employee and agent may seek guidance with respect to the Compliance Plan or Code of Conduct at any time by following the reporting mechanisms outlined above.

## **Enforcement of Compliance Standards**

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### **I. Background Investigations**

For all employees who have authority to make decisions that may involve compliance issues, AIM will conduct a reasonable and prudent background investigation, including a reference check, as part of every employment application.

### **II. Disciplinary Action - General**

Employees who fail to comply with AIM's compliance policy and standards, or who have engaged in conduct that has the potential of impairing AIM's status as a reliable, honest, and trustworthy service provider, will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The Compliance Officer shall maintain a record of all disciplinary actions involving the Compliance Plan and report at least quarterly to the Board of Directors regarding such actions.

### **III. Performance Evaluation - Supervisory**

AIM's Compliance Program requires that the promotion of, and adherence to, the elements of the Compliance Program be a factor in evaluating the performance of AIM employees. On an annual basis, supervisors will review with employees their responsibility with regards to AIM's Compliance Program. In addition, all directors and supervisors will:

- a. Discuss with all supervised employees the compliance policies and legal requirements applicable to their function.
- b. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.
- c. Disclose to all supervised personnel that AIM will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

### **IV. Disciplinary Action - Supervisory**

Directors and supervisors will be sanctioned for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the director or supervisor would have led to the earlier discovery of any problems or violations and would have provided AIM with the opportunity to correct them.

## **Auditing and Monitoring of Compliance Activities**

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### **I. Internal Audits**

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of AIM's Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the Corporate Compliance Committee, is an integral component of our auditing and monitoring systems. This ongoing evaluation shall include the following:

- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
- Compliance audits of policies and standards; and
- Review of documentation and billing relating to claims made to federal, state, and private payers for reimbursement, performed internally or by an external consultant as determined by Compliance Officer and Corporate Compliance Committee.

The audits and reviews will examine AIM's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and service recipients), and individual record documentation reviews.

### **II. Plan Integrity**

Additional steps to ensure the integrity of the Compliance Plan will include:

- Annual review with Senior Director and Counsel of all records of communications and reports by all employees or contractors kept in accordance with this Plan.
- The Compliance Officer will be notified immediately in the event of any visits, audits, investigations, or surveys by any federal or state agency or authority, and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing/certifying AIM and/or administering a federally or state-funded program or County-funded program with which AIM participates.
- Establishment of a process detailing ongoing notification by the Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

## **Detection and Response**

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### **I. Violation Detection**

The Compliance Officer, Executive Director, and the Corporate Compliance Committee shall determine whether there is any basis to suspect that a violation of the Compliance Plan has occurred.

If it is determined that a violation may have occurred, the matter shall be referred to legal counsel who, with the assistance of the Compliance Officer, shall conduct a more detailed investigation. This investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged;
- A review of documents; and
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or oral response shall be fully documented.

### **II. Reporting**

At the conclusion of an investigation involving legal counsel, he/she shall issue a report to the Compliance Officer, Executive Director, and Corporate Compliance Committee summarizing his or her findings, conclusions, and recommendations and will render an opinion as to whether a violation of the law has occurred.

The report will be reviewed with legal counsel in attendance. Any additional action will be on the advice of counsel.

The Compliance Officer shall report to the Corporate Compliance Committee regarding each investigation conducted.

### **III. Rectification**

If AIM identifies that an overpayment was received from any third party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel. It is AIM's policy to not retain any funds which are received as a result of overpayments. In instances where it appears an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.



#### **IV. Record Keeping**

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the Executive Director or Senior Director and Counsel.