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Owner Josh Whitmarsh:
 Chief Compliance Officer and COO of OPWDD Operatio
 Area Corporate Compliance
 Applicability CP+CHC
 Tags Auditing, Code of Conduct, Compliance + 11 more

COMPLIANCE PLAN AND REQUIRED ELEMENTS

United Cerebral Palsy Association of the North Country (UCPANC) has adopted and implemented an effective compliance program in accordance with New York Social Services Law § 363-d, 18 NYCRR Part 521 and SubPart 521-1, and 42 U.S.C. § 1396a(a)(68). UCPANC’s compliance program is designed to prevent, detect, and correct non-compliance with Medicaid program requirements, including fraud, waste, and abuse, and to ensure that identified overpayments are timely reported, returned, and explained as required by law. The compliance program applies to all UCPANC risk areas, including billings, payments, medical necessity and quality of care, governance, mandatory reporting, credentialing, ordered services, contractor oversight, and any additional risk areas identified through due diligence and organizational experience. It applies to all Affected Individuals, including employees, executives, governing body members, contractors, agents, subcontractors, and independent contractors, as applicable. UCPANC will complete its required annual Medicaid compliance certification through the Certification Statement for Provider Billing Medicaid (ETIN) process.

1. Written Policies, Procedures, and Standards of Conduct

UCPANC shall maintain written compliance policies, procedures, and standards of conduct that are accessible and applicable to all Affected Individuals. UCPANC shall maintain a formal process for drafting, revising, approving, distributing, and reviewing compliance policies at least annually. These

written policies shall articulate UCPANC's commitment to comply with all applicable federal and state laws, rules, regulations, Medicaid program requirements, and ethical standards; describe the structure and operation of the compliance program; identify the responsibilities of Affected Individuals; provide guidance on identifying and reporting potential compliance issues; describe methods for communicating concerns to appropriate compliance personnel; and describe procedures for investigating, documenting, resolving, and responding to compliance matters. Written policies shall also include non-intimidation and non-retaliation protections for good-faith participation in the compliance program, and disciplinary standards for failure to comply with compliance requirements, agency policies, or applicable law.

UCPANC's written compliance policies include, at a minimum, the following subject areas, as applicable to agency operations: Code of Conduct; Compliance Committee; Conflict of Interest; Compliance Training and Education; Reporting Concerns, Non-Retaliation and Non-Intimidation; Enforcement of Compliance Standards; Internal Auditing and Monitoring; Compliance Investigations; Reimbursement and Billing Practices; Exclusion Screening; Self-Disclosure and Overpayment Reporting; Responding to Government Inquiries; False Claims and Whistleblower Protections; Gifts and Entertainment/Anti-Kickback; Stark Law; Insurance and Health Care Fraud; Record Retention and Documentation; and any other policies necessary to address identified risk areas

2. Designation of the Compliance Officer and Compliance Committee

UCPANC shall designate a Compliance Officer who is accountable to the Chief Executive Officer, or other senior manager designated by the Chief Executive Officer, and who has direct access to the governing body. The Compliance Officer is responsible for the day-to-day operation of the compliance program, including development and coordination of the annual compliance work plan, oversight of compliance activities, and coordination of auditing, monitoring, training, investigations, corrective action, and overpayment reporting processes. The Compliance Officer shall provide quarterly written reports to the Chief Executive Officer, Compliance Committee, and Board of Directors regarding the progress of adopting, implementing, and maintaining the compliance program, significant compliance activities, identified risk areas, investigations, corrective actions, exclusion screening, training completion, and self-disclosures or overpayment activity, as applicable. The Compliance Officer and appropriate compliance personnel shall have access to records, documents, information, facilities, and Affected Individuals necessary to perform compliance responsibilities. UCPANC shall assess at least annually whether any other duties assigned to the Compliance Officer hinder the satisfactory performance of compliance responsibilities and whether sufficient staff and resources are allocated to the compliance function.

UCPANC shall maintain an active Compliance Committee composed of senior leaders and other appropriate personnel. The Compliance Committee shall coordinate with the Compliance Officer in carrying out the compliance program, support implementation of the annual compliance work plan, monitor training completion, review compliance risk areas, review audit and investigation activity, and assist in evaluating the effectiveness of the compliance program. The Compliance Committee shall meet at least quarterly, shall report directly to and be accountable to the Chief Executive Officer and Board of Directors, and shall review its charter at least annually.

3. Training and Education

UCPANC shall maintain and implement an effective compliance training and education program for all Affected Individuals, including employees, executives, governing body members, and applicable

contractors. Compliance training shall occur during orientation for new Affected Individuals and annually thereafter, with additional targeted training provided as needed based on job duties, audit findings, regulatory changes, or identified compliance concerns. Compliance training shall be documented in an annual training plan that identifies required topics, timing and frequency, which categories of Affected Individuals must attend, how attendance is tracked, and how training effectiveness is periodically evaluated. Training shall be provided in a manner that is accessible and understandable to all Affected Individuals.

4. Effective Lines of Communication

UCPANC shall maintain effective lines of communication that are accessible to all Affected Individuals and available to Medicaid recipients of service, and that permit questions to be asked and compliance concerns to be reported confidentially and, where requested, anonymously. UCPANC shall publicize the methods for reporting concerns directly to the Compliance Officer through agency postings, the agency website, and other appropriate means. Reports may be made in good faith without fear of intimidation, retaliation, or reprisal. Concerns may be reported to the Compliance Officer by telephone, mail, email, website-based communication, or other reasonable means.

The Compliance Officer may be contacted at:

315-379-8339

4 Commerce Lane, Canton, NY 13617

corporatecompliance@cpnorthcountry.org

Anonymous reporting hot-line number: 315-379-8335

5. Disciplinary Standards

UCPANC shall enforce compliance standards through well-publicized disciplinary policies that apply fairly and consistently across all levels of the organization, including senior leadership and, where applicable, governing body members and contractors. Any Affected Individual who violates the Code of Conduct, compliance policies, applicable laws or regulations, or who encourages, directs, facilitates, permits, conceals, or fails to report known non-compliant conduct, may be subject to disciplinary action up to and including termination of employment, contract action, removal from responsibilities, or other appropriate corrective measures.

6. Auditing, Monitoring, and Risk Assessment

UCPANC shall maintain a system for routine auditing and monitoring of compliance risks. The Compliance Officer, in coordination with appropriate leadership and the Compliance Committee, shall conduct periodic risk assessments and develop an annual compliance work plan based on identified risk areas, agency operations, audit results, regulatory changes, and organizational experience. Auditing and monitoring activities may include, but are not limited to, billing and reimbursement reviews, documentation reviews, service verification, medical necessity and quality reviews, governance and mandatory reporting reviews, credentialing reviews, contractor oversight reviews, exclusion screening, and follow-up monitoring of corrective action plans. Internal and external audit results, as well as significant compliance findings, shall be shared with appropriate leadership, the Compliance Committee, and the Board of Directors.

UCPANC shall conduct exclusion checks of all applicable Affected Individuals and applicable contractors

on a monthly basis and shall promptly share results with the Compliance Officer and appropriate compliance personnel. UCPANC shall also complete an annual review of the effectiveness of the compliance program to determine whether Medicaid compliance program requirements have been met and whether revisions, corrective action, or additional resources are needed. The results of the annual effectiveness review shall be documented and shared with the Chief Executive Officer, senior leadership, the Compliance Committee, and the Board of Directors.

Currently Assessed Risk Areas:

A. Billing:

1. Monitoring New Patient Codes ensuring staff is not using new patient CPT code more one time within 3-year time span.
2. Mental Health Treatment Plans ensuring patients have an active treatment on file to properly bill counseling visits
3. Monthly Progress Note reviews are conducted for Residential Habilitation, Day Habilitation and Community Habilitation

B. Payments:

1. Cross reference all employees, Board Members and contractors against the OMIG and OIG exclusion lists on a monthly basis to ensure no excluded individuals are providing services.

C. Ordered services:

1. Labs, Diagnostic Imaging and referrals are tracked to ensure work-flow is being followed and the feedback loop is being closed

D. Medical necessity:

1. Auditing and monitoring Dental Treatment Plans to ensure medical necessity for services rendered

E. Quality of care

1. Ensuring staff is offering HIV and HEP C testing to all eligible patients

F. Governance:

1. Reporting to Board Members on a quarterly basis and to the full Board of Directors on an annual basis
2. Board of Directors approves and adopts the Compliance Plan and the Compliance Work Plan

G. Mandatory reporting:

1. Agency follows strict self-disclosure guidelines when over payments are identified regardless of payer

H. Credentialing:

1. Credentialing to ensure providers and nurses have the required documentation to provide services including;
 - a. Verification of identity
 - b. Verification of current licensure, registration, or certification
 - c. Verification of education and training
 - d. National Practitioner Data Bank Query
 - e. Verification of Drug Enforcement Administration registration
 - f. Verification of basic life support training
 - g. Verification of fitness for duty to assess to ensure all clinical staff have the physical and cognitive ability to safely perform their duties
 - h. Verification of immunization and communicable disease status
 - i. Verification of current clinical competence

I. Contractor, subcontractor, agent or independent contract oversight

1. Should the agency have any contractors engaged in the provision of services, their work will be audited/monitored where feedback will be given to the department head
 - a. Audits may include; ensuring contractor does not appear on exclusion list
 - b. Ensuring the contract includes language specific to following the provider's Compliance Plan

J. Other risk areas that are or should reasonably be identified by the provider through its organizational experience

1. Audit/monitor Controlled Substance use through the NYS PMP/I-STOP program to ensure appropriate prescribing of controlled substances
2. Ensuring privacy of information through access log audits validating appropriate use of EMR

7. Responding to Compliance Issues; Corrective Action; Self-Disclosure

UCPANC shall maintain a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems, documenting findings, implementing appropriate corrective action, and reducing the potential for recurrence. Investigations shall be conducted as confidentially as possible and documented in a secure manner. Corrective action may include policy revision, education and retraining, disciplinary action, repayment, claims adjustment or voiding where appropriate, process redesign, enhanced monitoring, and, when required, reporting to governmental authorities. Significant compliance matters and trends shall be reported to the Chief Executive Officer, Compliance Committee, and Board of Directors.

UCPANC shall maintain a system for identifying, quantifying, reporting, returning, and explaining Medicaid over payments in accordance with 18 NYCRR SubPart 521-3 and applicable law. When an overpayment is identified, UCPANC shall exercise reasonable diligence, determine the cause and scope of the issue, take corrective action to prevent recurrence, and report, return, and explain the overpayment to OMIG within 60 days of identification, or by the date any corresponding cost report is due, whichever is later, when required. UCPANC recognizes that voiding or adjusting a claim alone does not satisfy the obligation to report and explain an identified overpayment when OMIG reporting is required.

Deficit Reduction Act, False Claims, and Whistleblower Protections

In accordance with 42 U.S.C. § 1396a(a)(68) and OMIG guidance, UCPANC's written policies and any applicable employee handbook shall include detailed information regarding: the Federal False Claims Act, 31 U.S.C. §§ 3729-3733; the federal administrative remedies for false claims and statements, 31 U.S.C. §§ 3801-3812; the New York False Claims Act, State Finance Law §§ 187-194; New York Social Services Law §§ 145-b and 145-c; New York Social Services Law § 145 and § 366-b; Penal Law Articles 155, 175, 176, and 177; and federal and state whistleblower protections, including 31 U.S.C. § 3730(h), State Finance Law § 191, and Labor Law §§ 740 and 741. UCPANC shall educate Affected Individuals on these laws and on the agency's policies for preventing, detecting, and responding to fraud, waste, and abuse.

The Federal False Claims Act imposes liability on any person who knowingly submits, or causes the submission of, a false or fraudulent claim for payment to the federal government. "Knowing" and "knowingly" include actual knowledge, deliberate ignorance, and reckless disregard of the truth or falsity of the information. Remedies may include treble damages and civil penalties. For violations assessed under the current federal inflation-adjusted schedule, the False Claims Act penalty range is \$14,308 to \$28,619 per claim, plus damages as authorized by law.

UCPANC prohibits retaliation, intimidation, or reprisal against any person who, in good faith, reports a compliance concern, participates in a compliance investigation, assists with an audit or self-evaluation, or makes a protected disclosure under applicable whistleblower laws. Reports of suspected fraud, waste, abuse, misconduct, retaliation, or other compliance concerns shall be reviewed promptly and handled in accordance with UCPANC policy.

Exclusion Screening

UCPANC shall conduct exclusion screening of employees, prospective employees where applicable, volunteers, board members, contractors, consultants, subcontractors, and other applicable Affected Individuals on a monthly basis against applicable federal and state exclusion databases and other adverse-action sources, as appropriate. Individuals or entities identified as excluded, sanctioned, or otherwise ineligible to participate in federal health care programs shall be addressed promptly in accordance with agency policy, including investigation, removal from affected duties where required, and repayment or self-disclosure analysis when warranted.

Governance Oversight

The Board of Directors is responsible for oversight of the compliance program and shall receive regular information sufficient to exercise that responsibility. At minimum, the Board shall receive quarterly reports from the Compliance Officer and periodic reports from the Compliance Committee, and shall review the annual compliance program effectiveness review, major compliance risk areas, significant investigations, corrective actions, training completion, exclusion screening activity, and the annual compliance work plan. The Board shall support the independence, authority, and resources of the Compliance Officer and the effective functioning of the compliance program.

Approval Signatures

Step Description	Approver	Date
CEO	David Bender: Chief Executive Officer	04/2026
BOD Approval	Emma Brackett: Board Secretary [KS]	04/2026
Prepare for Board	Josh Whitmarsh: Chief Compliance Officer and COO of OPWDD Operatio	04/2026
Chief Compliance Officer & COO of OPWDD	Josh Whitmarsh: Chief Compliance Officer and COO of OPWDD Operatio	04/2026
Quality and Compliance Manager	Abigail Van Etten: Quality and Compliance Manager	03/2026

Applicability

Cerebral Palsy of the North Country, Extra Site Community Health Center North Country

Tags

Auditing, Code of Conduct, Compliance, Disciplinary, Education, Elements, Exclusion, Issues, Officer, Policies, Required, Retaliation, Risk, Training