

# United Cerebral Palsy Association of the North Country

## 2026 Compliance Work Plan

### Overview

United Cerebral Palsy Association of the North Country, Inc. (UCPANC), dba Community Health Center of the North Country & Cerebral Palsy Association of the North Country, reviews, revises, and implements a compliance work plan on a yearly basis. This work plan outlines the Agency’s commitment to reducing fraud, waste, and abuse across all programs. UCPANCs Compliance program provides centralized oversight and coordinates activities to detail how the 7 elements of an effective compliance program will be carried out. Effective compliance programs not only promote compliance with laws, but also promote a culture of ethical conduct among all affected individuals.

### Element I – Written Policies and Procedures

UCPANC incorporates legal and ethical obligations related to the compliance program requirements in our policies and procedures	All compliance policies are written, reviewed, and revised yearly by the Compliance Committee and Department, as well as the UCPANC Board of Directors
	Policies shall be reviewed for effectiveness by the Compliance Committee
	Updates to compliance policies will be completed by the Compliance Officer and approved by the Board of Directors annually

## **Element 2 - Designation of a Compliance Officer**

<p>UCPANC must designate a Compliance Officer with a vested responsibility for the day-to-day operation of the compliance program.</p> <p>A Compliance Committee must be maintained and coordinate with the Compliance Officer.</p>	<p>UCPANC will ensure the Compliance Officer:</p> <ul style="list-style-type: none"><li>• Has overall responsibility to oversee compliance with established standards</li><li>• Shall have the opportunity to meet with the Board of Directors solely when felt necessary</li><li>• Will chair the Compliance Committee</li><li>• Has authority to extend to all billing functions, clinical service, and program service practices</li><li>• Will work closely with department leaders to foster and enhance compliance with all applicable service regulations</li><li>• Attends various educational and informational trainings throughout the year that help facilitate implementing updates in a timely manner.</li></ul>
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	<p>The Compliance Committee:</p> <ul style="list-style-type: none"> <li>• Reports to the CEO and Board of Directors</li> <li>• Provides quarterly reports on identified risk areas and compliance concerns to the Board of Directors</li> <li>• Is responsible for advocating for sufficient funding, resources, and staff to fully perform compliance responsibilities</li> <li>• Analyzes the regulatory environment including legal requirements with which it must comply</li> <li>• Works with departments to develop strategies that address specific risk areas</li> <li>• Reviews investigative reports, internal &amp; external audits, and corrective action plans</li> <li>• Maintains a charter outlining the following:             <ul style="list-style-type: none"> <li>○ Duties</li> <li>○ Responsibilities</li> <li>○ Membership</li> <li>○ Designation of a Chair</li> <li>○ Meeting Frequency</li> </ul> </li> </ul>
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## **Element 3 – Compliance Training for all Affected Individuals**

<p>Compliance training will take place upon hire and annually for all affected individuals</p>	<p>Every employee will attend new employee orientation where they will receive compliance education from the Compliance Officer</p>
	<p>All staff education will be tracked using Litmos, which will assist in evaluating the effectiveness of the compliance program by:</p>

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	<ul style="list-style-type: none"><li>• Showing completion rates for education modules</li><li>• Show post-test grades showing the effectiveness of the education</li></ul>
	<p>New hires will have an opportunity to interact with the Compliance Officer and ask clarifying questions at orientation or through multiple lines of communication including email, phone, and in-person</p>
	<p>All affected individuals will complete and/or attest to receiving compliance training on a yearly basis. Affected individuals include:</p> <ul style="list-style-type: none"><li>• All staff regardless of title</li><li>• Board members: Training for all members will be completed by Compliance Officer annually and within 90 days of appointment to the Board</li><li>• Vendors and contractors: Department heads are responsible for notifying the compliance department of any vendors taking part in the provision of services via the quarterly department update to compliance. The Compliance Plan will be made available to contractors taking part in the provision of services</li><li>• Medicaid service recipients will have access to the Compliance Officer and educational materials via the agency websites and postings in public areas</li></ul>
	<p>UCPANCs training plan will:</p> <ul style="list-style-type: none"><li>• Outline the 7 elements of an effective compliance program</li><li>• State the timing and frequency of the training</li><li>• Track attendance</li><li>• Evaluate the effectiveness of the training through tests given at time of orientation as well as annual training.</li></ul>

## Element 4 – Lines of Communication

<p>UCPANC has established an anonymous compliance reporting process and a strict non-retaliation/non-intimidation policy to protect employees and others who report problems and concerns in good faith or participate in an investigation</p>	<p>An anonymous compliance hotline number, (315) 379-8335, is posted in common areas throughout the programs with instructions on how to report compliance concerns</p>
	<p>For individuals that do not wish to remain anonymous, they are encouraged to email "<a href="mailto:corporatecompliance@cpnorthcountry.org">corporatecompliance@cpnorthcountry.org</a>", call the Compliance Officer directly, or come to the Compliance Officer's office</p>
	<p>Compliance concerns may also be mailed to:</p> <p style="text-align: center;">Community Health Center of the North Country Attn: Corporate Compliance 4 Commerce Lane Canton, NY 13617</p>
	<p>Individuals who feel as though they are being targeted by the Compliance Officer/Committee are encouraged to contact the Chief Human Resource Officer or the Human Resources Department</p>
	<p>Anonymous lines of communication are tested monthly to ensure they are working properly by the Compliance Department</p>

## Element 5 – Disciplinary Standards

<p>UCPANC must enact disciplinary standards that address potential violations and encourage good-faith participation in the compliance program</p>	<p>Disciplinary standards are published and disseminated to all employees</p>
	<p>Disciplinary standards will be enforced fairly and consistently and will apply to all levels of personnel</p>
	<p>The Compliance Officer and Chief Human Resource Officer shall work in collaboration with the appropriate</p>

	supervisor/manager in determining disciplinary action related to a confirmed instance of non-compliance
	Discipline will be appropriately documented in the disciplined employee’s personnel file which is retained by Human Resources

## **Element 6 – Systems for Identifying Risk / Routine Auditing and Monitoring**

<p>UCPANC must enact a system for the following:</p> <ul style="list-style-type: none"> <li>➤ Identifying compliance risk areas</li> <li>➤ Routine auditing and monitoring</li> <li>➤ Annual compliance plan review</li> <li>➤ Checking monthly for excluded providers</li> </ul>	An agency audit schedule is revised and approved on a yearly basis by the Compliance Committee
	Review of OIG/OMIG work plans and utilize to build out the annual audit schedule
	When deficiencies are found, utilize the corrective action plan form for remediation with the department Manager/Director
	Utilize an external vendor, Verify Comply, to check for excluded providers monthly across all affected individuals
	Add quality monitors based on identified risk areas found throughout the year
	Review the compliance plan annually to ensure it is up to date with all applicable laws and regulations
	<p>Risk Areas:</p> <ol style="list-style-type: none"> <li>1. Billing:             <ol style="list-style-type: none"> <li>a. Monitoring New Patient Codes ensuring staff is not using new patient CPT code more one time within 3-year time span.</li> <li>b. Mental Health Treatment Plans ensuring patients have an active treatment on file to properly bill counseling visits</li> </ol> </li> </ol>

	<ul style="list-style-type: none"><li>c. Monthly Progress Note reviews are conducted for Residential Habilitation, Day Habilitation and Community Habilitation</li><li>2. Payments:<ul style="list-style-type: none"><li>a. 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.</li></ul></li><li>3. Ordered services:<ul style="list-style-type: none"><li>a. Labs, Diagnostic Imaging and referrals are tracked to ensure workflow is being followed and the feedback loop is being closed</li></ul></li><li>4. Medical necessity:<ul style="list-style-type: none"><li>a. Auditing and monitoring Dental Treatment Plans to ensure medical necessity for services rendered</li></ul></li><li>5. Quality of care<ul style="list-style-type: none"><li>a. Ensuring staff is offering HIV and HEP C testing to all eligible patients</li></ul></li><li>6. Governance:<ul style="list-style-type: none"><li>a. Reporting to Board Members on a quarterly basis and to the full Board of Directors on an annual basis</li><li>b. Board of Directors approves and adopts the Compliance Plan and the Compliance Work Plan</li></ul></li><li>7. Mandatory reporting:<ul style="list-style-type: none"><li>a. Agency follows strict self-disclosure guidelines when overpayments are identified regardless of payer</li></ul></li><li>8. Credentialing:<ul style="list-style-type: none"><li>a. Credentialing to ensure providers and nurses have the required documentation to provide services including;<ul style="list-style-type: none"><li>i. Verification of identity</li><li>ii. Verification of current licensure, registration, or certification</li><li>iii. Verification of education and training</li><li>iv. National Practitioner Data Bank Query</li></ul></li></ul></li></ul>
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	<ul style="list-style-type: none"> <li>v. Verification of Drug Enforcement Administration registration</li> <li>vi. Verification of basic life support training</li> <li>vii. Verification of fitness for duty to assess to ensure all clinical staff have the physical and cognitive ability to safely perform their duties</li> <li>viii. Verification of immunization and communicable disease status</li> <li>ix. Verification of current clinical competence</li> </ul> <p>9. Contractor, subcontractor, agent or independent contract oversight</p> <ul style="list-style-type: none"> <li>a. 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             <ul style="list-style-type: none"> <li>i. Audits may include; ensuring contractor does not appear on exclusion list</li> <li>ii. Ensuring the contract includes language specific to following the provider's Compliance Plan</li> </ul> </li> </ul> <p>10. Other risk areas that are or should reasonably be identified by the provider through its organizational experience</p> <ul style="list-style-type: none"> <li>a. Audit/monitor Controlled Substance use through the NYS PMP/I-STOP program to ensure appropriate prescribing of controlled substances</li> <li>b. Ensuring privacy of information through access log audits validating appropriate use of EMR</li> </ul>
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## **Element 7 – Systems for Responding to Compliance Issues**

<p>UCPANC must respond to all reported compliance issues in a timely manner</p>	<p>Responses to reported compliance issues will occur promptly</p>
	<p>Investigations must take place and corrective actions put in place where necessary</p>

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	Compliance investigations will be reviewed by the Compliance Committee
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