



Southeast Bronx Neighborhood Centers, Inc.
Empowering Children, Families, and Communities

2023-2024

CORPORATE COMPLIANCE WORK PLAN

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INTRODUCTION

Southeast Bronx Neighborhood Centers, Inc. (SEBNC) seeks to operate in accordance with the highest level of business and community ethics and in compliance with all applicable laws and regulations. SEBNC is committed to preventing, detecting, and correcting any unintentional or deliberate conduct that is inconsistent with these principles. The Corporate Compliance Officer or designee will review a sampling of individual's records to ensure that operations employees are documenting services accurately, contemporaneously, and consistent with all applicable laws, administrative memorandums, OPWDD guidelines/regulations and OMIG Audit Protocols and checklists. The term "records" includes all documents, both written and electronic, that relate to the provision of services or provide support for the billing of services. Records must reflect the actual service(s) provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document and the reason for the alteration, if not apparent. No person shall ever sign the name of another person on any document. Backdating and predating documents is unacceptable and will lead to disciplinary action, up to and including termination. SEBNC's Corporate Compliance Work Plan is intended to make sure the seven areas of compliance are established, monitored, reviewed and;

- 1) Prevent and monitor accidental and intentional non-compliance with applicable laws related to corporate compliance;
- 2) Detect such non-compliance as it occurs;
- 3) Take action against those involved in non-compliant behavior;
- 4) Remedy the effects of non-compliance and;
- 5) Prevent future non-compliance
- 6) Training for front and mid-level management staff (at least annually)
- 7) Training for SEBNC's Board members (at least annually)

SEBNC'S current risk areas: program and billing documentation

SEBNC'S method to test compliance: random sampling testing of program documentation that substantiates each billing claim for a predetermined time period; committee meetings; testing of billing units; testing elements of life plan to include list of waiver services; testing of conflict-of-interest policy and procedures, etc.

ADMINISTRATIVE RESPONSIBILITY

The Board of Directors are responsible for governing compliance expectations, practices, identify risk issues and plans for corrective action. The primary responsibility for reviewing records is assigned to SEBNC's front-line management staff. The Corporate Compliance Officer will manage and monitor SEBNC's Corporate Compliance Plan by conducting a sample review of the front-line management staff's findings. The Corporate Compliance Officer will report compliance activities and potential compliance issues to SEBNC's Executive Director, Doreen Myles, who reports directly to the President of the Board of Directors. SEBNC's program managers are responsible for the following:

- Review and prepare findings report for every program using OMIG Audit Protocols and OPWDD Regulations/Administrative Memorandum.
- Report instances of suspected compliance issues and communicate initial findings with operations staff then develop a final report to be given to the Corporate Compliance Officer for action.

REPORTING COMPLIANCE ISSUES

- Training materials will inform employees that they must report any activity they believe to be inconsistent with policies or legal requirements to the Corporate Compliance Officer. The training materials will provide a contact method(s) to address compliance issues to the Compliance Officer.
- SEBNC will establish a reporting procedure by which the front-line management's record review and findings are documented and reported to the necessary internal and external stakeholders.

- The Program Director or his/her designee are responsible to follow-up on any items that may be appropriately addressed or reconciled before becoming an official finding.
- The Corporate Compliance Officer will have a role in making recommendations on actions to be taken and subsequently share the findings and recommendations with the Executive Director.
- After review by the Executive Director, the Corporate Compliance Officer will issue the report to the Chief Financial Officer. In accordance with procedure, corrective action may require reversal of billing, provision of training; reassignment of duties or functions; personnel action or external disclosure to the appropriate oversight body.

COMPLIANCE RISK AREAS

It is the duty of the Corporate Compliance Officer to identify the most significant compliance risk areas on an ongoing basis and direct the necessary organizational activities to maximize compliance. SEBNC staff are encouraged to contact their supervisor or the Compliance Officer if they have any questions regarding these risk areas or other potential compliance issues.

TOP PRIORITIES: Consider all previously cited and identified compliance issues as “Areas of RISK.” Currently, SEBNC’s response to the Office of the Medicaid Inspector General’s (OMIG) audit findings is the top compliance priority. OMIG’s audit findings from their limited fiscal review of 2023 revealed the compliance risk areas listed below, which are directly related to program documentation in SEBNC’s IDD division. Since OMIG’s review, SEBNC has aggressively implemented the necessary changes and internal procedures to address the following identified risk areas as listed in OMIG’s “Audit Findings Detail” issued to SEBNC:

- **Missing or inadequate Life Plan**
- **Unauthorized Day Habilitation Service Provider in Life Plan**
- **Unidentified category of waiver service (including effective date, duration, and frequency of each service)**
- **Missing or inadequate Staff Action Plan**
- **Failure to forward Staff Action within 30 days to care manager**
- **Unmet billing standard for therapeutic days (residential habilitation)**
- **Missing required elements of Staff Action Plan**
- **Improper billing – failure to meet minimum duration requirements (day habilitation)**
- **Incorrect rate code billed (day habilitation)**
- **Units of service billed exceed units of service documented (respite)**
- **No documentation of services (respite)**
- **Missing or inadequate service documentation (required elements of service documentation)**
- **No determination of a developmental disability**

GENERAL RISK AREAS: The list noted below is not intended to be exhaustive. It is designed to make administration and employees aware of key compliance issues that affect day-to-day operations. The submission of accurate and appropriate bills to Medicaid and other payers is one of SEBNC’s most important legal obligations. While this Work Plan does not reference every potential billing issue that may arise, critical billing compliance issues include the following:

- Staff initials are illegible.
- Staff do not sign after delivering a service.
- Staff initials are not contemporaneous with service delivery.
- Billing for more than allowable services i.e. full day versus ½ day.
- Inadequate oversight of services, which results in improper billing.
- SEBNC is not properly named as the provider on the Life Plan.

- Staff not clocked in at the site for which the service was delivered.
- Failure to maintain sufficient documentation to demonstrate that services were performed in accordance with OMIG and OPWDD audit protocols.
- Duplicate billing, i.e., billing for the same services two or more times.
- Failure to refund "credit" balances that are due to individuals.
- Billing for services provided by unqualified personnel or by personnel who lack the level of licensure required by applicable law or the relevant payer.

CORPORATE COMPLIANCE COMMITTEE CHARTER

The Compliance Committee Charter addresses the Compliance Committee's purpose, authority and responsibilities, designation of a chairperson, composition, frequency of meetings, and the recordkeeping of meeting minutes.

Compliance Committee Chair: Noelia Mango, Chief Compliance Officer Consultant		Effective Date: 10/05/2023 Updated: 2/22/2024
Sponsor	Chief Executive Approval: _____	Date: _____
Purpose	<ol style="list-style-type: none"> 1. To assist and coordinate with the Compliance Officer to ensure that SEBNC is conducting its business in a legal, ethical, and responsible manner, consistent with its Compliance Program. 2. The Compliance Committee shall have the authority to undertake the specific duties and responsibilities described below and the authority to undertake such other duties as directed by the Chief Executive and/or the Chairman of the Board 	
Meetings and Procedures	<ol style="list-style-type: none"> 1. The Compliance Committee shall meet on a regular basis, but not less frequently than quarterly 2. The Compliance Committee shall meet with SEBNC's Management and staff at the discretion of the Compliance Officer. 3. The Compliance Committee shall maintain written minutes or other records of its meeting and activities. Minutes of each meeting of the Compliance Committee shall be distributed to each member of the Committee and filed electronically. Minutes and other records of Committee activity will be maintained by the Compliance Officer. 4. The Chair of the Compliance Committee shall report to the Executive Director and Board following meeting of the Compliance Committee, and as otherwise requested by the Chair of the Board. 	
Membership	<ol style="list-style-type: none"> 1. Doreen Myles, Chief Executive Officer 2. Ethel Perez, Coordinator of DD Services 3. Atta Acheampong 4. Amanda Davis, Program Manager 5. Katusca Lopez 6. Patrice Blake-Caesar 7. Jennifer Blake, Billing Staff Member 8. Margaret Brady, Assistant Program Director (United Day Habilitation Program) 9. Raymond McKenzie, Assistant Residence Manager (First Estate IRA) 10. Lena Dickens, Residence Manager (First Estate IRA) 11. Gail Brown, Program Director (United Day Habilitation Program) 12. Sophia Lulgjuray, Corporate Compliance Manager Consultant 13. Noelia Mango, Chief Compliance Officer Consultant (Committee Chairperson) 	
Responsibilities	<ol style="list-style-type: none"> 1. The Compliance Committee works with the Compliance Officer to ensure that SEBNC has, and maintains an effective Compliance Program. The Compliance Committee is responsible for the following: 	

- Analyzing the regulatory environment where SEBNC does business, including legal requirement with which it must comply.
 - Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
 - Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner.
 - Ensuring that SEBNC has effective systems and processes in place to identify Compliance Program risks, overpayments and other issues and has effective policies and procedures for correcting and reporting issues.
 - Working with departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements.
 - Coordinating with the Compliance Officer to ensure that the written policies and procedures, and Standards of Conduct are current, accurate, and complete.
 - Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures.
 - Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
 - Developing a process to solicit, evaluate, and respond to complaints and problems.
 - Monitoring internal and external audits to identify issues related to non-compliance.
 - Implementing corrective and preventative action plans and follow-up to determine effectiveness.
 - Ensuring the development and implementation of an annual Corporate Compliance Work Plan.
 - Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program.
 - Ensuring that SEBNC has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste and abuse.
 - Monitoring and evaluating SEBNC's Compliance Program for effectiveness and making recommendations for necessary modifications to the Compliance Program as applicable.
2. The Compliance Committee shall conduct an annual evaluation of the effectiveness of the Compliance Program.
 3. The Compliance Committee shall review and reassess its Charter at least annually and submit recommended changes to the Executive Director.
 4. The Compliance Committee shall perform such other functions and have such other powers as may be necessary or convenient for efficient discharge of its duties.

2023-2024 CORPORATE COMPLIANCE ACTIVITIES SCHEDULE

Task	Start Date	Due Date	Date Completed
Corporate Compliance Plan	NOTES: CCP was updated 1/19/2024, approved by SEBNC's Executive Director, to be reviewed SEBNC's corporate compliance committee at the next quarterly meeting scheduled for 3/1/2024, and subsequently to be reviewed and approved by SEBNC's Board of Directors.		
Review Compliance Plan	1/19/24	3/1/24	2/22/24
Discuss language & propose changes to plan	1/31/24	2/29/24	2/8/24
Make changes to Plan	2/1/24	2/29/24	2/22/24
Review final draft	2/17/24	3/1/24	3/1/24
Final Plan to Board of Directors	3/1/24	3/1/24	
Conduct Effectiveness review of	3/1/24	6/1/24	

compliance program			
Provide Annual Reports on Compliance Activities	3/1/24	6/1/24	
Task	Start Date	Due Date	Date Completed
Policy & Procedure Manual Updates	NOTES:		
Committee review and approval of changes to Whistleblower P&P			4/13/23, 6/22/23
Committee review and approval of changes to False Claims Act P&P			4/13/23
Committee review and approval of the structure, duties, and role of the compliance committee			6/22/23
Committee review and approval of the structure, duties, and role of the compliance officer			6/22/23, 12/8/23
Committee review and approval of changes to Discipline and Enforcement of Compliance Standards P&P			12/8/23
Committee review and approval of changes to Role and Responsibilities of Compliance Committee/Committee Charter			12/8/23
Committee review and approval of changes to Whistleblower P&P		4/13/24	
Committee review and approval of changes to False Claims Act P&P		4/13/24	
Committee review and approval of the structure, duties, and role of the compliance officer		12/8/24	
Committee review and approval of changes to Discipline and Enforcement of Compliance Standards P&P		12/8/24	
Committee review and approval of changes to Role and Responsibilities of Compliance Committee/Committee Charter		12/8/24	
Task	Start Date	Due Date	Date Completed
Corporate Compliance Training	NOTES: Annual training on corporate compliance is conducted at each site. All new employees are trained within 30 days of hire.		
Board of Directors Compliance Training			11/8/23
Staff Compliance training-review & revise annual refresher training			10/27/23
Board of Directors Compliance Training		11/8/24	
Staff Compliance training-review & revise annual refresher training		11/8/24	

Task	Start Date	Due Date	Date Completed
Internal Auditing & Monitoring	NOTES:		
Compliance consultants to conduct internal audits of day habilitation records			10/6/23, 10/12/23, 2/2/24
Compliance consultants to conduct internal audits of residential habilitation records			11/17/23, 1/18/24, 2/2/24
Compliance consultants to conduct internal audits of Respite records	4/1/24	5/1/24	
Compliance consultants to conduct internal audits of Community Habilitation records	4/1/24	5/1/24	
Finance Department to conduct quarterly audits of resident accounts and petty cash.			
Develop/update annual Work Plan for 2023-2024			Developed on 1/19/24. Updated on 2/22/24
Task	Start Date	Due Date	Date Completed
Corporate Compliance Officer and/or designee(s)	NOTES: First draft of compliance work plan was developed by new CCO consultant on 1/19/2024. Draft submitted to Executive Director on 1/24/24. Work plan was updated by CCO consultant on 2/22/24 and to be presented to compliance committee on 3/1/24.		
Review 2023-2024 Work Plan	11/1/23	2/29/24	1/19/24, 2/22/24
Review Medicaid Updates (monthly)	2/1/24 and monthly thereafter		
Review vendor exclusion list (monthly)	4/1/24 and monthly thereafter		
Review staff exclusion list (monthly)	4/1/24 and monthly thereafter		
Review OMIG website for webinars and communications	3/1/24		
Corporate Compliance Committee Meetings Schedule (To be held quarterly)			
<ol style="list-style-type: none"> 1. 12/8/2023 2. 3/1/2024 3. 6/7/2024 4. 9/13/2024 5. 12/13/2024 			