



**The Door – A Center of Alternatives, Inc.
Adolescent Health Center
Mental Health Outpatient Treatment and Rehabilitative Services
(MHOTRS) Program
FY25 Compliance Program**

Policy

The Door – A Center of Alternatives, Inc., Adolescent Health Center (AHC) is committed to conducting business in compliance with all applicable federal, state, and local laws, rules and regulations. The Adolescent Health Center is comprised of the *Health Center* (under New York State Department of Health Article 28 regulations¹) and the *Counseling Center* (under New York State Office of Mental Hygiene Article 31 regulations²).

The AHC developed this Compliance Program in accordance with the laws and regulations of New York (including Social Services Law § 363-d and Title 18 NYCRR Sub Part 521-1) and the Compliance Program guidance documents published by the U.S. Department of Health and Human Services, Office of the Inspector General.

Purpose

The purpose of AHC's Compliance Program is to prevent, detect, and correct non-compliance. It is the policy of AHC to maintain the highest level of professional and ethical standards in the Health Center and Counseling Center.

This document describes the elements of AHC's Compliance Program. It also describes how AHC's Compliance Program mitigates risk, including the risk areas required under 18 NYCRR Part 521-1.3(d). It is AHC's intent to comply with all applicable federal, state, and local laws, rules and regulations, as well as to use general good business practices to protect its reputation, to prevent non-compliance and to respond appropriately to non-compliance.

Scope

This Compliance Program is intended to apply to all activities of AHC and to all "affected individuals" which includes all persons who are affected by AHC's risk areas, including AHC employees, the chief executive and other senior administrators, managers, contractors within AHC's identified risk areas,

¹ New York State Department of Health – Diagnostic and Treatment Centers (D&TC) - <https://www.health.ny.gov/facilities/hospital/>

² New York State Office of Mental Health – Mental Health Outpatient Treatment and Rehabilitation Services (MHOTRS) - https://omh.ny.gov/omhweb/clinic_restructuring/

agents, subcontractors, independent contractors, governing body members, and corporate officers. Every affected individual is responsible for ensuring that their conduct is consistent with AHC's Compliance Program, AHC's policies and procedures, and generally accepted standards of professionalism, courtesy, and respect. Supervisors and managers are responsible for ensuring that the conduct of those they supervise complies with AHC's Compliance Program, including AHC's policies and procedures, and generally accepted standards of professionalism, courtesy, and respect.

This Compliance Program document is distributed/made available to all affected individuals newly affiliated with Health Center and Counseling Center during orientation and it is distributed/made available throughout their affiliation, including as part of annual Compliance Program training and education. All affected individuals are required to review this Compliance Program document and then sign and return the acknowledgement at Exhibit A.

Compliance Program Elements

AHC recognizes the importance of complying with applicable federal, state, and local laws and regulations and developing a proactive and effective Compliance Program. To support these goals, AHC's Compliance Program consists of the following elements:

- 1. Written Policies, Procedures, and Standards.** AHC's Compliance Program includes written policies and procedures that implement the operation of the Compliance Program. The policies and procedures, including AHC's Standards of Conduct, describe compliance expectations for affected individuals, identify how potential compliance issues are to be communicated, and provide guidance on addressing compliance issues. AHC's Compliance Program policies and procedures also provide guidance on how potential non-compliance is investigated and resolved. AHC's Compliance Program policies and procedures include this Compliance Program document, all related policies and procedures, and portions of The Door's Personnel Policies Handbook Guide. Copies of the policies and procedures are available upon request to the Vice President of Healthcare Operations.

AHC develops and/or revises and implements policies and procedures consistent with the requirements and standards established by the organization's Board; federal, state and local laws, rules and regulations; relevant reviewing and accrediting organizations (such as the Bureau of Primary Health Care); and, as applicable, commercial health plans. AHC addresses identified areas of risk and promotes compliance by developing written policies and procedures that establish guiding principles and courses of action for affected individuals.

AHC will not take retaliatory action against any individual who, in good faith, reports suspected or known instances of non-compliance. Good faith participation includes reporting potential issues to appropriate personnel, participating in the investigation of potential compliance issues, risks, self-evaluations, audits, remedial actions, reporting instances of intimidation or retaliation, and reporting potential fraud, waste or abuse to appropriate officials. Any individual who is involved in an act of retaliation, intimidation, or harassment of an individual who reports a compliance concern in good faith will be subject to disciplinary action conducted by Human Resources.

For more information on AHC's written policies, procedures, and standards, please refer to the following documents:

- Standards of Conduct/Conflict of Interest Disclosure

- Record Retention Policy and Procedures
- Non-Retaliation and Whistleblower Protection Policy and Procedure
- The Door – Accounting & Financial Policies and Procedures
- The Door Personnel Policies Handbook Guide
- Personnel Practices Handbook: Appendix for AHC Employees, including sections on:
 - Discussion of Federal and State False Claims Act Laws
 - Rights of Employees to be Protected as Whistleblowers
 - Policies and Procedures for Detecting and Preventing Fraud, Waste and Abuse

2. Designation of Compliance Officer and Compliance Committee. AHC shall designate a Chief Compliance Officer to implement and oversee AHC's Compliance Program.

The AHC's Chief Compliance Officer is responsible for:

- Developing and implementing AHC's Compliance Program, including performance monitoring and periodic revision of the Compliance Program based on federal, state, and local requirements or guidance documents, the needs of the organization, and the requirements of government and private payor health plans;
- Establishing mechanisms and processes to reduce AHC's potential vulnerability to fraud, abuse and waste;
- Receiving reports of compliance issues;
- Presenting policies related to compliance to The Door Board and developing policies and procedures recommended by The Door Board;
- Overseeing periodic compliance audits and regular compliance monitoring by department managers;
- Developing and participating in training and education programs that focus on the elements of AHC's Compliance Program, the measures AHC has implemented to mitigate compliance risks (including internal auditing and monitoring and development of policies and procedures), and federal, state, and local laws, regulations and standards applicable to affected individuals;
- Reporting incidents of non-compliant conduct to the CEO and The Door Board, as appropriate;
- Ensuring that appropriate disciplinary actions or sanctions are applied;
- Creating and maintaining appropriate documentation of AHC's compliance activities, including overseeing the development of AHC's Compliance Work Plan which must be updated at least annually;
- Investigating and independently acting on matters related to the compliance program, including designing and coordinating internal investigations and documenting, reporting, coordinating and pursuing any resulting corrective action with all internal departments, contractors and the State; and,
- Coordinating the implementation of the fraud, waste, and abuse prevention program with the director and lead investigator of any managed care provider's special investigation unit, if applicable.

The Chief Compliance Officer provides compliance support and perspective throughout AHC's decision-making process. AHC's Chief Compliance Officer reports to The Door Board, including the Governance Committee and the full Board, to the Chief Executive Officer and to AHC's Staff

Compliance Committee. The Chief Compliance Officer provides at least quarterly reports to the CEO, The Door Board and the staff Compliance Committee on the progress of adopting, implementing and maintaining Compliance Program; as well as presenting compliance updates at The Door Board meetings. If necessary, the Board Chair may request more frequent reports from the Chief Compliance Officer and may request an executive session (excluding senior managers) between the Board and the Chief Compliance Officer.

AHC has designated a staff Compliance Committee which includes the Chief Compliance Officer and representatives from the following departments: finance, human resources, revenue cycle management, quality assurance management health center and counseling center operations management, and clinical leadership. The Chief Compliance Officer serves as chair of the staff Compliance Committee and the Vice President of Healthcare Operations serves as co-chair.

AHC's staff Compliance Committee is responsible for:

- Coordinating with the Chief Compliance Officer to ensure the written policies, procedures and standards of conduct are current, accurate and complete;
- Ensuring Compliance Program training topics are completed in a timely manner;
- Ensuring communication and cooperation by affected individuals on compliance-related issues, internal or external audits, and investigations;
- Advocating for sufficient funding, resources and staff for the Chief Compliance Officer to fully perform their responsibilities;
- Ensuring AHC has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and
- Advocating for adoption and implementation of required modifications to AHC's Compliance Program.

AHC's staff Compliance Committee meets at least quarterly. AHC's Compliance Committee reviews and updates the Compliance Committee Charter at least annually. AHC's staff Compliance Committee reports directly to and is accountable to the CEO and The Door Board.

For more information on AHC's Chief Compliance Officer and Compliance Committee, please refer to the following documents:

- The Door Organizational Chart
- Board Governance Committee Charter
- Chief Compliance Officer Job Description (contained in Chief People and Operating Officer Job Description)
- Compliance Committee Charter

3. Training and Education. AHC has established and implemented effective training and education for its Chief Compliance Officer and all affected individuals. General compliance training includes an introduction and review of AHC's Compliance Program, as well as Compliance Program operations and expectations. As described in more detail in AHC's Compliance Training Plan, topics include:

- Written policies and procedures;
- Role of the Chief Compliance Officer and Compliance Committee;

- Process for asking questions and reporting potential compliance-related issues to the Chief Compliance Officer and senior management, including the obligation to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the Compliance Program;
- Disciplinary standards; and
- How AHC responds to compliance issues and implements corrective action plans.

General compliance training also includes an overview of AHC's compliance risk areas and organizational experience, including:

- Fraud and abuse laws and legal protections for whistleblowers;
- Requirements specific to Medicaid program and AHC's category of service;
- Coding and billing requirements imposed by Medicaid, Medicare, and other applicable government health care programs and commercial health plans (if applicable to the affected individual's position);
- Claim development and submission process (if applicable to the affected individual's position); and,
- Other identified compliance risk areas, such as Section 330 requirements, federal grant management, HIPAA Privacy and Security, etc.

AHC communicates the above information, along with information regarding the applicable standards, policies, and procedures, to all affected individuals through general compliance training for newly hired individuals and newly appointed chief executives, managers or Board members. General compliance training is also provided annually for all affected individuals. For contractors within AHC's identified risk areas, AHC sends compliance training distribution letters, provides copies of general compliance training materials and/or relies on attestations from contractors that affected individuals have received compliance training. AHC's compliance education and training programs remind affected individuals that failure to comply may result in disciplinary action and/or termination of employment, Board membership, or vendor relationship.

Specialized compliance training is provided based upon an affected individual's role in the organization. For example, providers and finance staff must be cognizant of all applicable federal and state laws and regulations that apply to and affect AHC's documentation, coding, billing, and competitive practices. Where a question or uncertainty regarding a requirement exists, it is the obligation of the employee to seek guidance from a knowledgeable manager or AHC's Chief Compliance Officer, who may in turn provide a response, training, or support the employee's attendance at a training on the topic.

For more on AHC's compliance training and education, please refer to the following documents:

- CQI Plan Annual Training Calendar(s): AHC and MHOTRS
- Compliance Training Materials and Attendance Logs, including for:
 - AHC General Compliance Training
 - Relias Compliance Training Modules

- 4. Lines of Communication.** AHC is committed to establishing and maintaining open lines of communication between affected individuals and the Chief Compliance Officer to ensure the confidentiality of compliance-related matters. AHC shall ensure the confidentiality of persons reporting compliance issues is maintained unless the matter is subject to a disciplinary proceeding; referred to, or under investigation by, Officer of Inspector General (OIG – Federal Medicare), Medicaid Fraud Control Unit (MFCU), Office of Medicaid Inspector General (OMIG) or law enforcement; or disclosure is required during a legal proceeding.

Affected individuals are encouraged to bring forward questions regarding compliance issues and are required to report actual or suspected compliance issues.

Any affected individual who is aware of or suspects a violation of an applicable law, rule, regulation or AHC's policies and procedures has a duty to report in good faith such information. All reports of alleged, known, or suspected non-compliance may be reported through the regular chain of command for employees, through the regular reporting structure for Board members or through the AHC contact for contractors. Managers, supervisors, or recipients of such reports should forward the reports to the Chief Compliance Officer. Any individual who, for any reason, is uncomfortable with reporting through the normal chain of command should report the information directly to the Chief Compliance Officer. Such reports may be made confidentially or anonymously. Any individual reporting a compliance issue shall be protected under AHC's Non-Retaliation and Whistleblower Protection Policy and Procedure. For more information on reporting and AHC's lines of communication to the Chief Compliance Officer, please see:

- Reporting Compliance Issues to AHC's Chief Compliance Officer: Procedure

Failure to report instances of suspected non-compliance is a violation of AHC's Compliance Program and the policies and procedures requiring such reporting. In addition, managers and supervisors may be subject to disciplinary action by Human Resources for failing to detect non-compliance with applicable laws, rules, regulations or AHC's policies and procedures where reasonable diligence on the part of the manager or supervisor would have led to the discovery of a problem or violation. As described above in Element 1, AHC will not take retaliatory action against any individual who, in good faith, reports suspected or known instances of non-compliance.

- 5. Disciplinary Standards.** AHC is committed to ensuring that this Compliance Program and the applicable policies and procedures are adhered to by all affected individuals through the consistent enforcement of disciplinary standards. Enforcement is accomplished by imposing appropriate disciplinary action, as described in AHC's disciplinary policies which encourage good faith participation in the Compliance Program by all affected individuals. Failure by any employee to comply with applicable laws and regulations or AHC's policies and procedures will subject the employee, including supervisors who ignore or fail to detect misconduct or who have knowledge of the conduct and fail to correct it, to disciplinary action up to and including termination from employment and reporting to outside agencies or law enforcement. The Door's Employee Handbook has an AHC supplement which sets forth the degrees of disciplinary action that may be imposed on employees for failing to comply with AHC's Compliance Program and the applicable policies and procedures. Disciplinary action will be taken on a fair and equitable basis and will be applied in an appropriate and consistent manner – all levels of employees are subject to the same disciplinary action for the commission of similar offenses. For Board members and contractors, failure to comply may result in termination of Board membership or vendor relationship. It is AHC's goal that every

affected individual understands the expectations for participating in the Compliance Program and the consequences of improper or non-compliant activities.

For more information on AHC's disciplinary standards, please refer to the following document:

- The Door's Personnel Policies Handbook Guide
- Personnel Practices Handbook: Appendix for AHC Employees, including sections on:
 - Discussion of Federal and State False Claims Act Laws
 - Rights of Employees to be Protected as Whistleblowers
 - Policies and Procedures for Detecting and Preventing Fraud, Waste and Abuse

6. Auditing and Monitoring. AHC is committed to establishing and implementing an effective system for the routine monitoring, auditing and identification of compliance risks. AHC strives to identify applicable compliance risk areas, to self-evaluate such risks through internal and external audits (as appropriate), and to respond to potential or actual non-compliance identified through monitoring, auditing and self-evaluations, using a compliance risk assessment process. AHC's auditing and monitoring program includes:

- Auditing: AHC is committed to performing routine audits as follows:
 - Areas of focus: Medicaid billing; Medicaid payments; ordered services; medical necessity; quality of care of the services provided to Medicaid program enrollees; governance; mandatory reporting requirements related to the Medicaid program; credentialing for those who are providing covered services under the Medicaid program; oversight of contractors, subcontractors, agents and independent contractors; and other risk areas identified by AHC or the Fiscal Intermediary, including but not limited to AHC's compliance with the terms and conditions of its federal grant and related program benefits.
 - Review: AHC prioritizes the top compliance risks identified and documents efforts to mitigate identified compliance risks through its Compliance Work Plan and through updates to the Compliance Program.
 - Documentation: Design, implementation and results of audits are documented
 - Reporting: Audit results are shared with the Compliance Committee and the Board. Overpayments identified through audits are reported, returned and explained. AHC implements a corrective action plan to prevent recurrence.
- Annual Compliance Program review: At least annually, AHC develops and undertakes an independent Compliance Program review to determine the effectiveness of the Compliance Program as follows:
 - Review: Results are reviewed by the Chief Compliance Officer. AHC prioritizes the top Compliance Program-related risks identified and documents efforts to mitigate identified compliance risks through its Compliance Work Plan. Corrective action plans are implemented, if necessary.
 - Documentation: Design, implementation and results of the assessment are documented by AHC.
 - Reporting: Audit results are shared with the CEO, senior management, the Compliance Committee, and The Door Board.

- Excluded providers: AHC confirms the identity and determines the exclusion status of affected individuals. AHC also requires contractors affected by AHC's risk areas to comply with the requirements to screen affected individuals.

For more information on AHC's auditing and monitoring program, please refer to the following documents:

- Medical Board Meeting Minutes
- Quality Assurance Committee Plan
- AHC Compliance Work Plan
- Exclusion Screening Reports
- For MHOTRS under NYSOMH:
 - Incident Review Committee

7. Responding to Compliance Issues. AHC responds to reports of potentially non-compliant conduct by conducting and documenting investigations (including, when necessary, retaining outside experts, auditors or counsel to assist), implementing corrective action (i.e. revising policies and procedures to reduce the potential for recurrence, offering targeted training and education, conducting audits, imposing disciplinary action) and promptly reporting violations to the appropriate government authority. When required, AHC reports violations or misconduct as required, including reporting to the Fiscal Intermediary, the NYS Department of Health, NYS Department Office of Mental Health, NYS Office of the Medicaid Inspector General and Department of Health and Human Services (DHHS) Office of Inspector General (OIG), and makes any necessary refunds/repayments to the government.

**EXHIBIT A:
ACKNOWLEDGEMENT**

**RECEIPT, REVIEW, AND UNDERSTANDING OF COMPLIANCE PROGRAM AND AGREEMENT WITH
COMPLIANCE REQUIREMENTS**

I hereby acknowledge and certify that I have received and reviewed a copy of AHC's Compliance Program. I understand that it represents a mandatory policy of AHC.

By signing this form below, I agree to abide by AHC's Compliance Program, including any related policies and procedures, during the term of, employment, contract, or agency or while otherwise authorized to serve on AHC's behalf.

Board members attestation will take place verbally via annual board compliance training; board members agree to abide by AHC's Compliance Program, including any related policies and procedures, during the term of their Board membership or while otherwise authorized to serve on AHC's behalf.

In addition, I acknowledge that I have a duty to report any suspected or known violation of the Compliance Program or any AHC policy or procedure to my supervisor or through the normal chain of command (or in the case of Board members, to the Board Chair). I acknowledge that I may also report the information directly to AHC's Chief Compliance Officer or any other member of senior management.

Date

Signature

Printed Name

Title/Position with AHC