



# REGULATORY COMPLIANCE COMMITTEE

Michele Smith, Chair; Sean Barry; Mary Beer; Lindsey Burgess; Mary Burnett; Art James; Bob Kramer; Jessica Mitchell; Emily Phillips; Lorrie Scarrott; Supervisor Dom Vedora; Brian Young

**Monday, April 26, 2021  
1:30PM -2:30PM**

[via WebEx](#)

**Call 1-408-418-9388**

**Meeting Number (Access Code): 129 668 1164**

**Meeting Password: dUnajaS7D72**

1. Call to Order
2. Review and Approve January 25, 2021 Minutes
3. Compliance Complaints
  - See attached compliance complaint log.
4. Reports on Audits. Michele Smith
  - Letter of Compliance from NYS DOT
5. Audit Update. Mary Burnett
6. Work Plan Updates
7. Compliance Self-Assessment Tool—Section 1-4
8. Roundtable

## 2021 Meeting Schedule

January 25, 2021

April 26, 2021

July 26, 2021

October 25, 2021

	<p><b>Minutes</b>  <b>Regulatory Compliance Committee</b>  <b>January 25, 2021</b></p>	<p><b><u>Committee Members:</u></b></p> <table> <tr> <td>Sean Barry</td> <td>Jessica Mitchell</td> </tr> <tr> <td>Mary Beer</td> <td>Emily Phillips</td> </tr> <tr> <td>Lindsey Burgess</td> <td>Lorrie Scarrott</td> </tr> <tr> <td>Mary Burnett</td> <td>Michele Smith</td> </tr> <tr> <td>Art James</td> <td>Dominick Vedora</td> </tr> <tr> <td>Robert Kramer</td> <td>Brian Young</td> </tr> </table>	Sean Barry	Jessica Mitchell	Mary Beer	Emily Phillips	Lindsey Burgess	Lorrie Scarrott	Mary Burnett	Michele Smith	Art James	Dominick Vedora	Robert Kramer	Brian Young
Sean Barry	Jessica Mitchell													
Mary Beer	Emily Phillips													
Lindsey Burgess	Lorrie Scarrott													
Mary Burnett	Michele Smith													
Art James	Dominick Vedora													
Robert Kramer	Brian Young													

**Members Present:**

Sean Barry, Mary Beer, Lindsey Burgess, Art James, Robert Kramer, Emily Phillips, Lorrie Scarrott, Michele Smith, Dominick Vedora and Brian Young.

**Call to Order:**

Michele Smith called the meeting to order at 1:30 p.m. Mary Burnett and Jessica Mitchell were necessarily absent.

**Minutes:**

Minutes from the October 6, 2020 Regulatory Compliance Committee Meeting were approved by consensus.

**2020 Annual Regulatory Compliance Committee Report:**

Michele Smith went through the 2020 Annual Regulatory Compliance Committee Report. The report will go to Governmental Operations and Insurance Committee on February 10, 2021 and Supervisor Vedora will provide a summary to the full Board of Supervisors on February 18, 2021.

**Compliance Complaints:**

Michele Smith went over the Compliance Complaint Log with the Committee.

Two new compliance complaints were received at the end of 2020 through the compliance hotline. One is a fraud complaint and the other is sexual harassment complaint. Both complaints are currently being investigated.

**Work Plan Updates:**

3.1 Michele Smith is preparing a proposed revision to the Vehicle Use Policy to bring to the Committee for review.

Lorrie Scarrott asked about a possible revision to the Travel and Conference Policy regarding mileage and working from home. Clarification is needed.

3.3 Emily Phillips will work on updating bulletin boards. A new option will allow the County to also post information on our website as an electronic bulletin board as well as on-site.

	<p><b>Minutes</b> <b>Regulatory Compliance Committee</b> <b>January 25, 2021</b></p>	<p><b><u>Committee Members:</u></b></p> <table><tr><td><b>Sean Barry</b></td><td><b>Jessica Mitchell</b></td></tr><tr><td><b>Mary Beer</b></td><td><b>Emily Phillips</b></td></tr><tr><td><b>Lindsey Burgess</b></td><td><b>Lorrie Scarrott</b></td></tr><tr><td><b>Mary Burnett</b></td><td><b>Michele Smith</b></td></tr><tr><td><b>Art James</b></td><td><b>Dominick Vedora</b></td></tr><tr><td><b>Robert Kramer</b></td><td><b>Brian Young</b></td></tr></table>	<b>Sean Barry</b>	<b>Jessica Mitchell</b>	<b>Mary Beer</b>	<b>Emily Phillips</b>	<b>Lindsey Burgess</b>	<b>Lorrie Scarrott</b>	<b>Mary Burnett</b>	<b>Michele Smith</b>	<b>Art James</b>	<b>Dominick Vedora</b>	<b>Robert Kramer</b>	<b>Brian Young</b>
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<b>Robert Kramer</b>	<b>Brian Young</b>													

4.8 Art James updated the Committee that contract training will be held in the fall. This keeps the training in line with preparing for the next year's contracts.

6.4 Sean Barry stated the HIPAA audit for security stated January 1, 2021.

11.9 The NYS DOT Title VI requirements were sent to the state in December 2020. The DOT requested an additional document regarding the data collection. The amendment will go to the Board of Supervisors on January 28, 2021.

With no further discussion, Michele Smith adjourned the meeting at 2:00 p.m.

Respectively submitted,

Emily Marshall, Secretary I

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March 2, 2021

Michele O. Smith  
Director of Human Resources/Compliance Officer  
**Ontario County** Human Resources  
3019 County Complex Drive  
Canandaigua, NY 14424

RE: CIVIL RIGHTS COMPLIANCE REVIEW  
IN-COMPLIANCE

Dear Ms. Smith,

The New York State Department of Transportation (NYSDOT), Office of Civil Rights (OCR), has completed its review of your Civil Rights Compliance Program.

At this time, our Office has concluded that **Ontario County** is currently found In-Compliance with all applicable Federal regulations mandated for a Civil Rights Program.

If we can be of future assistance, please do not hesitate to contact our office at (518) 457-1129.

Sincerely,

**SONDRA LITTLE**

Director  
NYS Department of Transportation  
Office of Civil Rights  
50 Wolf Road, Albany, NY 12232



cc: W. Anderson, Grants and Consultant Program Regulatory Compliance Manager



**Regulatory Compliance Work Plan  
(Updated 1/25/21)**

Item #	GOAL	ITEM	RESPONSIBLE PARTIES	STATUS	ENTRY DATE	DUE DATE	DATE COMPLETED
<b>1.0</b>	<b>Regulatory Compliance Plan - (review for consistency with current policies and procedures):</b>						
1.1		Compliance Self Assessment tool - Section 1-4 reviewed	Compliance Committee		Annual	April 2021 Meeting	
1.2		Compliance Self Assessment tool - Section 5-8 reviewed	Compliance Committee		Annual	July 2021 Meeting	
<b>2.0</b>	<b>Review, update &amp; implement the Regulatory Compliance Policies:</b>						
2.1		Internal Audit & Monitoring	Compliance Committee	Completed in accordance to the audit schedule.			
2.2		External Audit--Munis Access Rights	Compliance Committee			Late 2021	
<b>3.0</b>	<b>Ongoing review of existing County policies:</b>						
3.1		Review County policies by exception and as needed	Smith	Ongoing			
3.3		Employee bulletin board postings compliance	Phillips	Ongoing		1st Qtr	
3.6		Information Security Policy Update	Barry / James	Ongoing			
<b>4.0</b>	<b>Develop &amp; implement 2020 compliance training plans:</b>						
4.1		Update current WECOMPLY training modules as needed-2021 (separate from municipalities)	Smith / Phillips / James			3rd Qtr	
4.2		Deliver existing training modules-2021: Preventing Discrimination & Harassment Workplace Violence Whistleblowing and Compliance HazCom/Right to Know Computer Security Awareness/Appropriate Use HIPAA Training for Healthcare Component Depts	Phillips	Roll out begins of with 1st training coming out during the 2nd Quarter of the year. Then send out remaining trainings thereafter.	Annual	Roll out 2nd Quarter	
4.3		Determine whether additional modules are required by new laws	Smith / Phillips / James				
4.5		Compliance Bootcamp	Compliance Committee	Michele Smith, Lorrie Scarrott, and Mary Burnett are registered.	Annual	2nd Qtr	
4.6		Annual School Supportive Health Services Program (SSHSP) Training	Smith			As Offered	
4.7		Annual Compliance Program Development Series w/ Bonadio	Compliance Committee		Annual	4th Qtr	
4.8		County Contract Training	James		Annual	Fall 2021	
<b>5.0</b>	<b>Implement the Identity Theft Prevention Policy &amp; Plan:</b>						
5.1		Assess & recommend equipment needs (e.g. shredding).	Smith / James / Barry	As needed			

**Regulatory Compliance Work Plan  
(Updated 1/25/21)**

Item #	GOAL	ITEM	RESPONSIBLE PARTIES	STATUS	ENTRY DATE	DUE DATE	DATE COMPLETED
<b>6.0</b>	<b>Continue to develop internal monitoring plans:</b>						
6.1		Refer to audit schedule	Burnett	Ongoing			
6.2		Annual SunGuard Access rights authorization	Burnett	Ongoing			
6.3		HIPAA Audit-Privacy	James	Ongoing			
6.4		HIPAA Audit-Security	Barry	Started 1/1/21			
<b>7.0</b>	<b>Process Medicaid Exclusion Screening</b>						
7.1		Discuss contractor and employee screening issues.	Smith / Barry / Gates	Re: Methods to screen all employees and contractors: check with I.S. & current software contractor.		In process	
<b>8.0</b>	<b>Report annually to the Board</b>						
8.1			Smith / Vedora	Present to GO, then BOS	Annual	Q1 -2022	
<b>9</b>	<b>Information Technology security update:</b>						
9.1		ID Card Security	Barry	Ongoing			
9.3		IT Security Awareness Training & Phishing Tests	Barry	Ongoing			
<b>10</b>	<b>Compliance Officer Promotion:</b>						
10.1		Brochure Distribution to new employees	HR	Ongoing			
10.2		Key Events	Smith	Ongoing	Quarterly		
10.3		Commissioner Update	Smith	Ongoing			
10.4		Compliance Overview at Staff Meetings	Smith	Open			
10.5		DSS Display Case	Smith / Kramer	Ongoing			
<b>11</b>	<b>Needed components for Title VI:</b>						
11.8		ADA Evaluations	Smith / Nacca	Ongoing Monitoring			
11.9		NYSDOT Title VI Requirements	Smith	Submitted 12/2020			



# COMPLIANCE PROGRAM SELF-ASSESSMENT FORM

## INSTRUCTIONS

1. When completing the “Meets Requirement” column, identify whether the Provider’s compliance program is meeting or not meeting the requirement, and indicate “Yes” or “No” respectively.
2. When completing the “Evidence of Compliance” column in the chart on the following pages, all responses should include specific citations to the documents as well as text that provide evidence that your response meets the requirement. Include all of the following:
  - a. document name
  - b. page number
  - c. section / paragraph of the text that supports your response

Listing only the document that provides the evidence is not sufficient. .

If the Provider is not meeting the requirement, indicate “No”, and use the “Evidence of Compliance” column to set out Provider’s plan of correction and completion milestones.

3. In selected areas of the “Evidence of Compliance” column, suggestions and specific information for what the Provider can consider when assessing whether Provider is meeting the requirement are noted in italics, as well as specific information to be considered in assessing the item. The Provider’s response should be to the requirement and not solely to the suggestion.
4. Providers are encouraged to add questions to the form to address specific compliance program issues that they may face. It is not recommended that Providers remove questions from this form.

*Do not send the completed Compliance Program Self-Assessment Form to OMIG unless specifically requested by OMIG.*

# COMPLIANCE PROGRAM SELF-ASSESSMENT FORM

Name of Medicaid Provider: \_\_\_\_\_

Medicaid Provider IDS(s) #: \_\_\_\_\_

Federal Employee Identification Numbers  
(FEIN) associated with Medicaid billings: \_\_\_\_\_

Person Completing Assessment: \_\_\_\_\_

Title of Person Completing Assessment: \_\_\_\_\_

Date Assessment Completed: \_\_\_\_\_

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <i>For each response - Include specific citations to the documents and text that meets the requirement</i>
		Yes	No	
<b>Element 1: Written policies and procedures</b>				
1.1	Do you have written policies and procedures in effect that describe compliance expectations as embodied in a code of conduct or code of ethics?	Yes		Code of Ethics <a href="http://www.co.ontario.ny.us/DocumentCenter/View/9826">http://www.co.ontario.ny.us/DocumentCenter/View/9826</a> Compliance Plan: <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a>
1.2	Do you have written policies and procedures in effect that implement the operation of the compliance program?	Yes		Compliance Plan: <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a>

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required
		Yes	No	
				<b>For each response - Include specific citations to the documents and text that meets the requirement</b>
1.3	Do you have written policies and procedures in effect that provide guidance on dealing with potential compliance issues for all of the following groups: a. employees; and b. others?	Yes		<p><i>"Others" for purposes of this requirement should be defined to include all those individuals that are not employees that are subject to the Compliance Program. This includes, but may not be limited to: executives, governing body members, appointees, and persons associated with the provider.</i></p> <p>Compliance Plan: <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a></p>

**Element 2: Designate an employee vested with responsibility**

2.1	Has a designated employee been vested with responsibility for the day-to-day operation of the compliance program?	Yes		<p><i>Identify the designated employee, and include evidence to support that the person has been vested with responsibility.</i></p> <p>Michele Smith, Compliance Officer, by Board Resolution # 762-2017, adopted 12/22/17</p>
2.2	Are the designated employee's (referred to in 2.1) duties related solely to compliance?		No	<p><i>Include a job description for all duties of the designated employee.</i></p> <p>The Compliance Officer is also the Director of Human Resources. A Dual Duties Policy is in place to ensure compliance procedures are met and fulfilled efficiently and effectively according to the compliance plan.</p> <p>The CO shall be responsible for the day-to-day operation of the County's compliance program. Responsibilities of the CO shall include:</p> <ul style="list-style-type: none"> <li>(a) primary facilitation of the Compliance Committee;</li> <li>(b) oversight of the monitoring of County-wide compliance with this Plan;</li> <li>(c) oversight of the development and execution of the annual Compliance Work Plan and annual Report Card of compliance activities;</li> <li>(d) recommending periodic amendments to this Plan to the Board of Supervisors as appropriate;</li> <li>(e) ensuring the publication of this Plan on the County's website;</li> </ul>

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b><i>For each response - Include specific citations to the documents and text that meets the requirement</i></b>
		Yes	No	
				<p>(f) oversight of internal reviews to monitor the effectiveness of compliance standards and reporting to the CC and the Board of Supervisors regarding same;</p> <p>(g) guidance of County Personnel regarding regulatory compliance, such as development of internal systems and controls, and internal monitoring procedures;</p> <p>(h) oversight of implementation of training programs for new and existing County Personnel regarding compliance obligations;</p> <p>(i) oversight of the operation of the compliance reporting system;</p> <p>(j) oversight of the timely completion of compliance investigations and appropriate institutional responses; and</p> <p>(k) dissemination of information regarding changes in the regulatory environment as appropriate to County departments and the Board of Supervisors.</p>
2.3	Are the compliance responsibilities satisfactorily carried out?	Yes		<p><i>Provide evidence of your assessment of whether the compliance duties are being satisfactorily carried out.</i></p> <p>Compliance Meetings held <del>quarterly</del><del>every other month</del>; periodic risk assessments &amp; audits per the audit schedule; a good workplan; Board Member who attends our meetings; <del>reports</del><del>updates reported quarterly to the Board of Supervisor and an annual report is presented annually</del> to the Board of Supervisors.</p>
2.4	Does the designated employee (referred to in 2.1) report directly to the entity's chief executive or other senior administrator?	Yes		<p><i>Specify the reporting relationship and provide a copy of an organizational chart. If the designated employee does not report to the chief executive, provide proof that the chief executive has designated the senior administrator to whom the employee reports.</i></p> <p>The designated employee, Ms. Smith, reports directly to the County Administrator (Senior Administrator)</p>
2.5	Does the designated employee (referred to in 2.1) periodically report directly to the governing body on the activities of the compliance program?	Yes		<p><i>Specify the reporting relationship and the frequency of the reporting.</i></p> <p>Supervisor Vedora presents the Compliance Committee's Annual Report to the GO &amp; Insurance Committee and the Board of Supervisors annually. <u>Michele Smith will provide Board of Supervisors a quarterly update.</u></p>

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b>For each response - Include specific citations to the documents and text that meets the requirement</b>
		Yes	No	

**Element 3: Training and education**

3.1	Is periodic training and education on compliance issues, expectations and the compliance program operation provided to all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<p><i>Also define the timing of the periodic training, and identify any categories of affected individuals that do not receive training and education, if any.</i></p> <p>a.-c Training is done annually through WeComply for all employees and selected members of the Compliance Committee participate in the Bonadio Group Compliance Bootcamp. Human Resources maintains completed training records.</p> <p>d. We have the appropriate language in our long form contracts; our Preamble in our Regulatory Compliance Plan meets State requirements</p>
3.2	Is compliance training part of the orientation for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<p><i>Also define when orientation occurs, and any categories of affected individuals that do not receive orientation, if any.</i></p> <p>During employee orientation, the compliance policy is reviewed with the employee. For sub item d. - Affected individuals acknowledge a sign receipt of the compliance policy during orientation and have an opportunity to ask questions.</p>

**Element 4: Lines of communication to the responsible compliance position**

4.1	Are there written policies and procedures that identify how to	Yes		Compliance Brochure
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	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b>For each response - Include specific citations to the documents and text that meets the requirement</b>
		Yes	No	
	communicate compliance issues to appropriate compliance personnel?			Compliance Plan <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> County Website <a href="http://www.co.ontario.ny.us">http://www.co.ontario.ny.us</a>
4.2	Are there lines of communication to the designated employee referred to in item 2.1 that allow compliance issues to be reported and which are accessible to all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<i>Also Identify any categories of affected individuals that <u>do not</u> have access to the lines of communication identified.</i>  Compliance Hotline: (866) 951-9367 County Website: <a href="http://www.co.ontario.ny.us">http://www.co.ontario.ny.us</a> Compliance Brochure
4.3	Is there a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and	Yes		<i>Also Identify any categories of affected individuals that <u>do not</u> have access to the lines of communication identified.</i>  Compliance Hotline: (866) 951-9367

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b>For each response - Include specific citations to the documents and text that meets the requirement</b>
		Yes	No	
	d. persons associated with the provider?			

**Element 5: Disciplinary policies to encourage good faith participation**

5.1	Do disciplinary policies exist to encourage good faith participation in the compliance program by all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<p><i>Also identify any categories of affected individuals not covered by the disciplinary policies.</i></p> <p>Section IV of our Compliance Plan, Paragraph 2, 4 &amp; 7  <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a>            Compliance Brochure            Board of Ethics            Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy</p>
5.2	Are there policies in effect that articulate expectations for reporting compliance issues for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<p><i>Also identify any categories of affected individuals not covered by the policies.</i></p> <p>New Employee Orientation            New Board Member Orientation            Annual Compliance Training            Compliance Plan</p>

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b>For each response - Include specific citations to the documents and text that meets the requirement</b>
		Yes	No	
5.3	Are there policies in effect that articulate expectations for assisting in the resolution of compliance issues for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<i>Also identify any categories of affected individuals not covered by the policies.</i>  Compliance Plan <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a>
5.4	Is there a policy in effect that outlines sanctions for failing to report suspected problems for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<i>Also identify any categories of affected individuals not covered by the policy.</i>  In our Compliance Plan – there are sanctions; <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> Compliance Brochure Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy



	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b><i>For each response - Include specific citations to the documents and text that meets the requirement</i></b>
		Yes	No	
5.5	Is there a policy in effect that outlines sanctions for participating in non-compliant behavior for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<i>Also identify any categories of affected individuals not covered by the policy.</i>  Collective Bargaining Agreements Compliance Plan, Section VII <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy
5.6	Is there a policy in effect that outlines sanctions for encouraging, directing, facilitating or permitting non-compliant behavior for all of the following categories of affected individuals: a. employees; b. executives; c. governing body members; and d. persons associated with the provider?	Yes		<i>Also identify any categories of affected individuals not covered by the policy.</i>  Compliance Plan, Section IV <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> Collective Bargaining Agreements Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b><i>For each response - Include specific citations to the documents and text that meets the requirement</i></b>
		Yes	No	
5.7	Are all compliance-related disciplinary policies fairly and firmly enforced?	Yes		<i>Also list all policies in effect that support your answer and Identify circumstances where compliance-related discipline was enforced.</i> Compliance Plan <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> ; Collective Bargaining Agreements; Compliance File Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy

**Element 6: A system for routine identification of compliance risk areas**

6.1	Do you have a system in effect for routine identification of compliance risk areas specific to your provider type?	Yes		<i>Also reference documents in which you've identified your risk areas.</i>  Compliance Plan <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> , Section VII (Monitoring Reviews) Exclusion Screenings Policy Regulatory Compliance Committee meetings
6.2	Do you have a system in effect for self-evaluation of the risk areas identified in 6.1, including internal audits and as appropriate external audits?	Yes		<i>Also reference any documents in which you have identified compliance work plans and/or audit plans.</i>  Compliance Plan <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> , Section VII (Monitoring Reviews) Regulatory Compliance Committee meetings
6.3	Do you have a system in effect for evaluation of potential or actual non-compliance as a result of audits and self-evaluations identified in 6.2?	Yes		<i>Also reference documents that outline your system for evaluating the cause of compliance problems.</i>  Internal / External Audits Reports to Compliance Officer / Committee Self-disclosure evaluated

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b><i>For each response - Include specific citations to the documents and text that meets the requirement</i></b>
		Yes	No	
<b>Element 7: A system for responding to compliance issues</b>				
7.1	Do you have written policies and procedures that provide guidance on how potential compliance problems are investigated and resolved?	Yes		Compliance Plan, Section IV & VIII <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> Departmental Policies & Procedures WeComply Training, Compliance Brochure Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy
7.2	Is there a system in effect for responding to all of the following: a. compliance issues as they are raised; and b. as identified in the course of audits and self-evaluations?	Yes		<i>Also reference documents that outline your system for responding to actual or potential compliance issues.</i>  a) Compliance Officer handles compliance issues and involves Co. Attorney if needed.  b) Corrective action plans, department procedures, committees to resolve, Compliance Plan (Section IV).
7.3	Is there a system in effect for correcting compliance problems promptly and thoroughly?	Yes		Ref. 7.2 (b) above
7.4	Is there a system in effect for implementing procedures, policies and systems as necessary to reduce the potential for recurrence?	Yes		Review need for amendment; Annual review for updates to the Plan; Compliance Brochure; Training; Adjust internal monitoring as needed

	Requirement	Meets Requirements		Provider's Evidence of Compliance or Action Required  <b><i>For each response - Include specific citations to the documents and text that meets the requirement</i></b>
		Yes	No	
7.5	Is there a system in place for identifying and reporting compliance issues to the NYS Department of Health or the NYS Office of Medicaid Inspector General?	Yes		Through self-audit. If identified, we would report to DOH or OMIG; Through the Plan; Guidance from Consultant
7.6	Is there a system in place for refunding Medicaid overpayments?	Yes		<i>Also identify examples of prior refunds of Medicaid overpayments.</i> Guidance from OMIG; <u>Departments address Medicaid overpayments as part of the normal process during reconciliation.</u>

**Element 8: A policy of non-intimidation and non-retaliation**

8.1	Is there a policy of <b>non-intimidation</b> and <b>non-retaliation</b> for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in Sections 740 and 741 of the New York State Labor Law?	Yes		<i>Both Non-intimidation and Non-retaliation must be present.</i> Compliance Plan (Section IV); <a href="http://www.co.ontario.ny.us/DocumentCenter/View/236">http://www.co.ontario.ny.us/DocumentCenter/View/236</a> WeComply training annually; Compliance Brochure; Employee Portal on Website; Whistleblower & Non-Retaliation Policy (Bds Res. No. 355-11) Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy
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