ALLEGANY COUNTY CORPORATE COMPLIANCE PLAN

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ALLEGANY COUNTY
CORPORATE COMPLIANCE PLAN

1) GENERAL STATEMENT

- It is the duty of Allegany County (hereinafter referred to as "the County") to comply with all applicable federal, state, and local laws and regulations, both civil and criminal.
- It is also the duty of the County to require staff to comply with the County Ethics Code (Attachment #1), the Corporate Compliance Plan (hereinafter referred to as "the Plan"), and any additional standard of conduct which may be adopted by the Board of Legislature.
- This document summarizes the provisions of the County's Compliance Program and the requirements of the Federal Deficit Reduction Act of 2005, 42 USC § 1396(a) (68), (Attachment #2), and provides information to County staff about important federal and state laws.
- Allegany County acknowledges that adoption, implementation, and maintenance of an effective compliance program, as defined in 18 NYCRR SubPart 521-1 and SSL §363-d, is a condition of payment for Medicaid claims. The County will ensure the program is well-integrated, supported by the governing body and senior leadership, and designed to prevent, detect, and correct non-compliance, fraud, waste, and abuse.

2) SCOPE

- This Plan applies to all employees, volunteers, contractors, and students in those County departments providing billable items/services for which payments are received. The two departments providing these services are the Department of Community Services and the Department of Health (hereinafter referred to as "CS" and "DOH"). This Plan also applies to all contractors and agents who furnish or authorize the furnishing of billable services on behalf of the County or perform billing or coding functions or are involved in monitoring the care provided by the County (hereinafter referred to as "agent.")
- The provisions, standards, and requirements of the Plan will be provided to new employees/agents upon hire and reviewed annually with said employees/agents.

3) ADMINISTRATION

- This Plan will be implemented and overseen by the Allegany County Board of Legislators, who will identify a Corporate Compliance Officer (hereinafter referred to as "CCO"). The CCO will identify a Corporate Compliance Committee (hereinafter referred to as "the Committee") and may assign a CCO Designee. The Committee shall include the following individuals:

    - County Administrator or Deputy County Administrator
    - County Attorney or Assistant County Attorney
    - Department of Public Health Director
    - Deputy Public Health Director
    - Community Services Director
    - Assistant Director of Community Services

- Department of Health Quality Assurance Coordinator/Corporate Compliance Officer
- Department of Health Confidential Secretary – Secretary to Committee (non-voting member)
- County Privacy Officer (non-voting member)

4) **CORPORATE COMPLIANCE COMMITTEE RESPONSIBILITY**

- Manage all aspects of the corporate compliance plan.
- Ensure compliance program is well-integrated into the company's operations and supported by the highest levels of the organization.
- Report directly to the County Administrator and Legislative body.
- Coordinate with the Compliance officer.
- Coordinate with the compliance officer to ensure that all affected individuals complete compliance training and education during orientation and annually.
- Enforce the compliance of all state and federal rules and regulations.
- Develop a process to investigate all complaints of potential violations of any state and federal rules and regulations and report findings to the Committee. The Committee will determine if additional entities require notification.
- Ensure violations are corrected in a timely fashion and violators are reprimanded as outlined in the discipline section of this Plan.
- Oversee development and implementation of risk assessment/reduction plans for CS and DOH.
- Review all findings from audits as outlined in the auditing section of this Plan.
- Review all self-disclosures
- Review all policies and procedures to ensure compliance with the Plan during daily operations.
- The Committee shall meet quarterly. Special meetings may be called more frequently, if needed.
- Complete an annual review of whether the Medicaid compliance program requirements have been met, to determine the effectiveness of its compliance program, and whether any revision or corrective action is required.
- At the time of the Annual review of the Plan, assess the compliance officer's duties, whether the other duties hinder the compliance officer in carrying out their primary responsibilities, whether the compliance officer is able to satisfactorily perform their responsibilities and assess whether the compliance officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day to-day operation of the compliance program
- Conduct annual reviews of the compliance program and policy to determine its effectiveness, and whether any revision or corrective action is required.
- The Committee will determine if additional entities require notification as the result of violations, investigations, and audit results.

5) **CORPORATE COMPLIANCE OFFICER/DESIGNEE RESPONSIBILITIES:**

- Active member of the Committee and reports all findings of potential violations, findings of investigations, and results of audits, etc., to the Committee. If a conflict of interest exists, another committee member may be appointed by the CCO to investigate.

- The compliance officer is accountable to the Public Health Director, as designated by the County Administrator and having access to the governing body.
- The Compliance Officer will ensure that quarterly updates are provided to the County Administrator and Corporate Compliance Committee to be and shared with the Board of Legislature by the chief executive on the progress of adopting, implementing, and maintaining the compliance program.
- The Compliance Officer will be responsible for the implementation of the Compliance Work Plan.
- Ensures documentation of education on the compliance plan annually and for all new employees/agents within CS, DOH, Community Services Board of Directors, Board of Health, The Board of Legislators, and all members of the Corporate Compliance Committee.
- Maintains documentation of any investigations, corrective action, occurrence screens, self-disclosures and audits in regards to the compliance plan.
- Promotes an atmosphere of compliance within the County.
- Detection and investigation of any potential violations, such as through calls and/or reporting mechanisms.
- Responds to complaints and problems in a way that promotes compliance.
- The Compliance Officer/Designee will ensure all professional staff and agents are properly credentialed, ensure reporting of meeting minutes, investigation results and discipline to the Board of Health and the Board of Legislature.

6) **BILLING PRACTICES**

- CS and DOH will invoice clients or third parties only for those services provided to client which are allowed by law and will assist clients to seek understanding of the cost relative to their care. Every attempt to resolve questions and objections, to satisfy the client, will be made. CS and DOH will:

    - Bill only for services rendered or provided
    - Submit claims to Medicare Part B and Medicaid for clients who are eligible
    - Submit claims for equipment, medical supplies, and services that are medically/educationally necessary
    - Not submit duplicate bills
    - Identify and refund overpayments accordance with Medicaid self-disclosure program requirements.
    - Not bill for knowingly inadequate or substandard care
    - not up-code the level of service provided
    - Not provide misleading or inaccurate information
    - Not alter documentation or fail to maintain sufficient documentation to support the diagnosis, treatment, and outcomes
    - follow the third-party reimbursement fee schedule
    - Collect appropriate co-payments, deductibles, and/or co-insurance
    - Use appropriate codes for treatments rendered
    - Maintain documentation of submitted bills and payments received
    - Provide clients with information regarding their financial obligation prior to treating

Maintain documentation of communication during the collection process and make all reasonable effort to collect payment before determining the payment to be un-collectable.

- CS and DOH will not provide a blanket waiver of insurance co-payments, deductibles, or co-insurance financial obligations, or financial or non-cash benefits to individuals in order to induce such individuals to request or receive services from CS or DOH.
- Under appropriate circumstances, CS and DOH may provide appropriate financial accommodations (such as allowing a payment plan over time).
- CS and DOH may waive client's co- payment, deductible, or co-insurance financial obligations based on an assessment of the individual client's financial condition and a determination that the payment of such financial obligation would cause a financial hardship for the client. These clients will be placed on a sliding fee scale to determine payment due.
- Any employee who discovers an error or inaccuracy in any claim for billing that has been submitted for payment will immediately notify their supervisor. The error will be logged on the monthly billing and coding log, along with the action taken to resolve the error. The monthly billing and coding log will be reviewed by the Quality Assurance Coordinator and reported to the Committee.

7) **RESPECT FOR THE CLIENT**

- CS and DOH will treat all clients with dignity, respect, and courteousness. Our goal for our clients is to humanize and individualize their care by empowering them to be partners in maintaining and improving their health. The following will assist us in achieving our goal:
    - Clients will be involved in decisions regarding their care to the extent that such is practical and possible.
    - Staff/Agents will continuously seek to understand the client's goals in the care they seek.
    - Clients will be informed and educated on the plan of care, treatment goals, and upon discharge, follow-up care.
    - In all circumstances, discriminatory practices, improper denial of access to care, verbal, mental or physical abuse, failure to provide privacy, and failure to maintain confidentiality will be avoided.

8) **CONFIDENTIALITY**

- The County recognizes the importance of maintaining confidentiality of the client's medical, financial, billing, and personal information relayed in the course of providing services. Confidential information will not be shared with unauthorized personnel. The County has established policies on confidentiality and shall take all appropriate steps to adhere to said policies.
- The County and all contracted entities will adhere to all HIPAA and FERPA requirements
- Internet and Cyber Security and Privacy are addressed in the County's IT Policy and will be followed by all county employees. All incidents will be reported to County Privacy Officer.
    a) Email: Keith.Hooker@alleganyco.gov
    b) Phone: 585-268-9802

- Signed Consent to Release Information forms will be required for any release of information
- Any release of information will be logged in the client's file

9) MEDICAL NECESSITY

- CS and DOH take all appropriate steps to ensure that only claims that they have reason to believe are medically/educationally necessary and that are ordered by a physician or other appropriate
- Services provided by licensed practitioners are submitted for payment. Documentation to support the medical/educational necessity of the claim is provided in the medical record, as per policy.

10) ESTABLISHMENT AND RETENTION OF RECORDS

- CS and DOH have developed and maintained policies and procedures for the establishing, filing, protection of information, distribution of information, retention and preservation of the medical record, content, destroying of the medical record, and the release of information. In addition, CS and DOH maintain the following documents:
    - All records and documents required for participation in Federal, State, and Private health care programs
    - All records and documentation of audits
    - All records of financial activity for the organization
    - All documents that support the claim and payments received
    - All other records established and maintained according to schedule adopted by the Board of Legislators.
    - Any disciplinary action taken and corrective actions implemented

11) QUALIFIED PERSONNEL

BACKGROUND CHECKS/CREDENTIALING OF LICENSED PROFESSIONALS:

- CS and DOH will take the following steps to assure hiring practices that promote the hiring/contracting of qualified personnel who meet the standards of their individual profession and are not a threat to clients, employees, or the standards set forth by the County:
    - Reference checks on all employees prior to hire.
    - SCR checks in eligible programs, upon hire.
    - Credential checks of all licensed staff upon hiring and monthly thereafter.
    - The following verifications will be obtained monthly:
        - License verification from each state in which the professional is currently licensed.
        - Discipline data from each state in which the professional is licensed.
        - Exclusion data-base from Medicare/Medicaid Programs.
        - OPRA enrollment for all ordering providers.
        - The County will not hire any individual/agent who has been excluded from participating in a federal health care program. Monthly exclusion reports are shared with the compliance officer and appropriate compliance personnel

12) EDUCATION AND TRAINING

CORPORATE COMPLIANCE COMMITTEE: The Committee will begin training in the fall of 2009. Ongoing training will continue as necessary to remain informed of changes in regulations as they occur. CS and DOH will maintain documentation of staff training.

- Annual Compliance Training will be provided to:
  - All newly hired/contracted staff within 30 days of hire/contract date
  - Community Services Staff
  - Community Services Managers and Administration
  - Community Services Board of Directors
  - Department of Health Staff
  - Department of Health Managers and Administrators
  - Board of Health
  - All Contracted Medicaid Service Providers, Agencies, and School Districts
  - Allegany County Board of Legislators
  - All Corporate Compliance Committee members
- A Training Work Plan will outline:
  - required subjects or topics
  - timing and frequency of training
  - which affected individuals are required to attend
  - how attendance is tracked
  - how the effectiveness of the training is periodically evaluated
- The Compliance program training may be customized for different types of Affected Individuals, including contractors, agents, subcontractors, and independent contractors (Contractors), based upon specific issues for each type, as long as all Affected Individuals meet the core training requirements of the Medicaid compliance program. Compliance training should be provided in a manner that is understandable and accessible to all Affected Individuals.
- Only distributing the written Policies does not qualify as effective compliance training and education. OMIG may determine that self-study programs are acceptable where written Policies and/or compliance training materials are distributed, so long as the provider can produce evidence that individuals being trained have received and appropriately applied the subject matter.
- Contractors can be treated the same as other types of Affected Individuals for self-study compliance training programs. It is a best practice to include a dated distribution letter or have Contractor complete an acknowledgement to evidence that compliance training occurred.
- All members and employees will be required to read the Plan and sign a statement reflecting such to place in the employee's personnel file. The Compliance Officer/Designee will provide accommodation in the event the employee is unable to read the Plan.
- The Plan will be easily accessible to staff by:
  - Being sent as an email to thumb tab for future reference.
  - Being placed on the Shared Drive for anyone with a county computer to access.
  - On the County Website under the Department of Health tab

13)AUDITING

- The Compliance Officer/Designee shall review all audits done by the managers, directors, quality management, or any other entity of the County. Audit results will be shared with the Corporate Compliance Committee, including the County Administrator quarterly. Auditing activities will include the following:

AUDIT	How Often Completed	Audit Tool	Responsible Person
Chart and/or Summary of Reviews	Quarterly	Yes	QA Coordinator
Office Chart Review Chart/charge audit Billing process	Quarterly	Yes	QA Coordinator
EI (10%) Preschool (10%) Family Planning (10%) Physicals (10%) Immunization (10%) Lead (10%)	Quarterly	Yes	QA Coordinator
Flu (20 charts)	Yearly	Yes	QA Coordinator
HHUNY	Monthly	Yes	Office Manager
CHHUNY	Monthly	Yes	Office Manager
Business Associates Contract Review	Yearly	No	DOH Director/CS Director
Contract Review	Yearly	No	County Attorney
Credentialing i) License verification ii) State Discipline data-base Exclusion data base	Pre-hire & Monthly Monthly Monthly Monthly	No	QA Coordinator
Personnel Records Review	Yearly	No	QA Coordinator
Health Record Review	Yearly	No	QA Coordinator
Criminal Background	Upon hire, as required	No	QA Coordinator (DOH) Assistant Director (CS)
Billing & Coding errors	Monthly	Yes	QA Coordinator
Financial/IRS/Tax compliance	Yearly	Yes	County Treasurer

*Auditing activities will be reviewed, no less than annually, at Committee meetings.

14) COMMUNICATION/REPORTING

Open lines of communication play a key role in responding to employee concerns. Employees, third parties, service recipient's/families, contracted provider's, districts, and agencies report fraud waste and abuse or address concerns in one of several ways:

- Voice concerns directly to a supervisor/director or Compliance Officer.
- File a Confidential occurrence screen with their supervisor or anonymously in the locked box affixed to the wall in the kitchenette of DOH (3rd floor), the second-floor bathroom at CS, the staff bathroom at the WIC building.
- Write an anonymous written complaint to any Committee member.

Addressing concerns with the Compliance Officer/Designee may be done by phone, email, inter office mail, or United States Postal Service

Phone: (585)268-9265
Email: Haleigh.Golish@alleganyco.gov
Inter office Mail: DOH Room 337
Mail: 7 Court St, Room 30, Belmont, NY 14813

- Occurrence Screen form and methods of reporting Compliance Concerns are on the Department of Health County Website and methods of reporting Compliance concerns will be publicized via the County website and social media.
- Matters reported through the above listed communication sources that suggest violations of the Plan, policies, or regulations will be documented by the CCO/Designee, on an occurrence screen and investigated promptly to determine validity. Documentation of the complaint, investigation, and results will be reported to the Committee. The Committee will determine if additional entities require notification.
- Any person who reports fraud, waste or abuse in good faith is protected by the Whistleblower's act. The County has a policy of non-intimidation and non-retaliation and will not permit retaliation against any employee who reports a compliance issue in good faith. Confidentiality of an employee's identity will be maintained to the extent possible. Documentation will be maintained pertaining to ensuring confidentiality of anyone reporting compliance concerns and a summary of compliance issues reported during each review period. The County will store and maintain these reports and keep an active list of anyone in the organization that has accessed the reports that includes name and title.
- All employees, contractors, and governing bodies are required to report Compliance Concerns. Failure to report known violations, failure to detect violations due to negligence or reckless conduct, and intentionally making false reports shall be grounds for disciplinary action, including termination.
- It is the expectation of The County that all employees, contractors and governing bodies will participate and assist in the investigation and resolution of compliance issues as needed and could be subject to disciplinary sanctions for non-compliance as well as for encouraging, directing, facilitating, or permitting non-compliance behavior.
- Beginning in April of 2023 all Medicaid Service Recipients and families will be provided with a document outlining Compliance expectations of services and providers, mechanisms of reporting Compliance concerns, and information concerning non-intimidation and non-retaliation upon entry into the covered program

15) INVESTIGATION OF POTENTIAL COMPLIANCE VIOLATIONS

- Detection and Response
  - Following a review of any audit or compliance complaint in which a potential instance of fraud, waste, or abuse is detected, the Compliance Officer, County Administrator, and the Committee shall determine if further investigation is warranted. Should it be determined that an investigation is warranted, the matter shall be referred to the District Attorney's Office and the County Attorney's Office for investigation. The District Attorney's Office and the County Attorney's Office shall commence the investigation promptly.
    - This investigation may include, but is not limited to:
      - ❖ A review of all pertinent documents and audit results.
      - ❖ Interviews with employees and/or contracted entities involved; and/or
      - ❖ Legal research.
  - Upon completion of the investigation, the District Attorney and the County Attorney shall review the investigating findings, conclusions, and recommendations with the Compliance Officer, County Administrator, and the Committee within thirty (30) days.
- Rectification
  - If the investigation determines overpayments were not of a fraudulent nature, the mistake will be refunded to the payer and tracked to identify trends and areas of potential improvement.
  - If the investigation determines that a fraudulent payment was received from any third-party payer, the appropriate regulatory (funder) and/or prosecutorial (District Attorney/police) authority will be appropriately notified with the advice and assistance of the County Attorney's Office. Appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities.
  - Additional Rectification may include:
    - Employee retraining/education/ disciplinary action pursuant to any and all applicable provisions of federal, state, and local laws, including New York State Labor Law and Civil Service Law, regulations, rules, and County collective bargaining agreements.
    - Repayment of any payments made in error.
    - Adjustments to the coding and billing systems as needed.
    - Reviews and revisions to policies and procedures; and
    - Continuing Quality Improvement Monitoring.

16) ENFORCEMENT AND DISCIPLINE

- Certain standards of conduct shall be adhered to, to maintain an environment that promotes respect, confidentiality, privacy and quality of care. The County has established policies and procedures that govern the conduct of our employees, including policies designed to prevent, detect, and correct fraud, waste, and abuse. Continued employment of our employees is dependent upon satisfactory job performance and compliance with policies and procedures of the County, as well as state and federal rules and regulations.
- Employees who violate this Plan including, but not limited to, committing fraud and/or abuse and/or neglect and/or abuse, may be subject to disciplinary action pursuant to any and all applicable provisions of federal, state, and local laws, including New York State Labor Law and Civil Service Law, regulations, rules, and County collective bargaining agreements. Disciplinary measures that are appropriate, fair, and consistent across all county employees shall be determined on a case-by-case basis and may include termination from employment. Disciplinary measures may also involve consideration, direction, or action from outside third

parties, which may include fines, exclusion from the County's insurance carrier, professional licensing board's disciplinary action, and/or criminal prosecution and imprisonment.

17) RESPONDING TO A SUBPOENA

- CS and DOH employees/agents will cooperate fully with any governmental
- interview or investigation. The following guidelines will be followed when a
- government representative appears personally with a search warrant or subpoena for
- documents and records:
    - All employees are instructed to notify the County Attorney's Office and Corporate Compliance Officer/Designee.
    - The government representative should not be left alone and should be escorted to a secure area.
    - The Compliance Officer/Designee (or Corporate Compliance Committee member will ask for ID and inform them that the organization intends to cooperate fully. If the government representative is insistent that certain steps be undertaken immediately by consenting to the search, then they will be told we must first have a representative of the County Attorney's Office present.
    - The County Attorney's Office representative will:
        - Review the subpoena
        - Assure the warrant is issued by a judge or magistrate, signed, and dated
        - Check the time for execution to make sure it has not expired
        - Assure there is a definitive description of the subject matter of search (what specific records are to be seized).
        - If the search begins before counsel arrives, gather information regarding the dates, times, areas searched, documents taken, employee questions, and responses.
        - Keep copies of all materials handed over.
        - Make a list of all questions asked.

ATTACHMENT #1 ALLEGANY COUNTY CODE OF ETHICS

RESOLUTION NUMBER 105-70
TITLE: A CODE OF ETHICS AND A BOARD OF ETHICS FOR THE COUNTY OF ALLEGANY

RESOLVED:

1. That proposed Local Law Intro. No. 1-70, Print No. 1 is hereby adopted without any changes in language, to wit:

BE IT ENACTED by the Board of Legislators of the County of Allegany as follows:

ARTICLE I
INTENT OF BOARD OF LEGISLATORS

Section 1. Statement of Legislative Intent. The Board of Legislators of the County of Allegany recognizes that there are state statutory provisions mandating counties to establish rules and standards of ethical conduct for public officers and employees which, if observed, can enhance public confidence in local government. In the light of the tendency today on the part of some people to downgrade our local governments and to discredit our public servants and our free institutions generally, it appears necessary that every effort be made to assure the highest caliber of public administration of this county as part of our state's important system of local government. It is the purpose of this local law to implement this objective through the establishment of standards of conduct, to provide for punishment of violation of such standards and to create a board of ethics to render advisory opinions to the county's officers and employees as provided for herein.

Section 2. The standards, prohibited acts and procedures established herein are in addition to any prohibited acts, conflicts of interest provisions or procedures prescribed by statute of the state of New York and also in addition to common law rules and judicial decisions relating to the conduct of county officers to the extent that the same are more severe in their application that this local law.

ARTICLE II
CODE OF ETHICS

Section 1. Definitions. As used in this local law, the term "county" shall mean any board, commission, district, council or other agency, department or unit of the government of the County of Allegany.
The term "county employee" shall mean any officer or employee of the County of Allegany whether paid or unpaid, whether serving in a full-time, part-time or advisory capacity.

Section 2. Rule with respect to conflicts of interest. No county employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of his duties in the public interest.

Section 3. Standards. A) No county employee shall accept other employment which will impair his independence of judgment in the exercise of his official duties.
B) No county employee shall accept employment or engage in any business or professional activity which will require him to disclose confidential information which he has gained by reason of his official position or authority.
C) No county employee shall use or attempt to use his official position to secure unwarranted privileges or exemptions for himself or others.
D) No county employee shall engage in any transaction as representative or agent of the county with any business entity in which he has a direct or indirect financial interest that might reasonably tend to conflict with the proper discharge of his official duties.
E) A county employee shall not by his conduct give reasonable basis for the impression that any person can improperly influence him or unduly enjoy his favor in the performance of his official duties, or that her is affected by the kinship, rank, position or influence of any party or person.
F) Each county employee shall abstain from making personal investments in enterprises which he has reason to believe may be directly involved in decisions to be made by him or which will otherwise create substantial conflict between his duty in the public interest and his private interest.
G) Each county employee shall endeavor to pursue a course of conduct which will not raise suspicion among the public that he is likely to be engaged in acts that are in violation of his trust.
H) No county employee employed on a full-time basis nor any firm or association of which such employee is a member nor corporation a substantial portion of the stock of which is owned or controlled by directly or indirectly by such employee, shall sell goods or services to any person, firm, corporation or association which is licensed or whose rates are fixed by the county in which such employee serves or is employed.

Section 4. Violations. In addition to any penalty contained in any other provision of law, any such county employee who shall knowingly and intentionally violate any of the provisions of this local law may be fined, suspended or removed from office or employment in the manner provided by law.

ARTICLE III
BOARD OF ETHICS

Section 1. There is hereby established a Board of Ethics consisting of five members to be appointed by the Board of Legislators, all of whom reside in the County of Allegany and who shall serve without compensation and at the pleasure of the Board of Legislators of Allegany County. A majority of such members shall be persons other than county employees but shall include at least one member who is an elected or appointed county employee of the County of Allegany.

Section 2. The Board of Ethics established hereunder shall render advisory opinions to county employees on written request and upon request of the Board of Legislators make recommendations to such Board of Legislators as to any amendments to this local law. The opinions of the Board of Ethics shall be advisory and confidential and in no event shall the identity of the county employee be disclosed except to authorized persons or agencies. Such opinions shall be on the advice of counsel employed by the board of ethics, or if none, of the county attorney.

Section 3. Such board of ethics upon its formation shall promulgate its own rules and regulations as to its form and procedures and shall maintain appropriate records of its opinions and proceedings.

ARTICLE IV
ADMINISTRATION

Section 1. Upon the adoption of this local law, the Chairman of the Board of Legislators shall cause a copy thereof to be distributed to every county employee of this county. Failure to distribute any such copy or failure of any county employee to receive such copy shall have no effect on the duty of compliance with this code, nor the enforcement of provisions hereof. The Chairman of the Board of Legislators shall further cause a copy of this local law to be kept posted conspicuously in each public building under the jurisdiction of the county. Failure to so post this local law shall have no effect on the duty of compliance herewith, not the enforcement provisions hereof.

Section 2. Within thirty days of the adoption of this local law, the Clerk of the Board of Legislators shall file a copy thereof in the office of the state comptroller.

Section 3. The Board of Legislators may appropriate moneys from the general county funds for the maintenance of and for personnel services to the board of ethics established hereunder, but such board of ethics may not commit the expenditure of county moneys except within the appropriations provided herein.

ARTICLE V
SEVERABILITY CLAUSE

Section 1. If any clause, sentence, paragraph, section or part of this local law shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof directly involved in the controversy in which such judgment shall have been rendered.

ARTICLE VI
EFFECTIVE DATE

Section 1. This local law shall take effect immediately. Certification of true and correct copy and signature on July 13, 1970.

Note: The Health Department and Community Services Program has provided this information to their respective staff. A copy is hanging near the copier in the Health Department and at their off-site office in Alfred and the off-site office in Wellsville. Community Services has their copy hanging in their lobby.

ATTACHMENT #2 FEDERAL & NEW YORK STATUTES RELATING TO FILING FALSE CLAIMS

I. FEDERAL LAWS

False Claims Act (31 USC §§3729-3733)

The False Claims Act ("FCA") provides, in pertinent part, that:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government;. . . or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government,

*** is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person . . . .

(b) For purposes of this section, the terms "knowing" and "knowingly" mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

31 U.S.C. § 3729. While the False Claims Act imposes liability only when the claimant acts "knowingly," it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) is false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called "reverse false claim" may include a hospital that obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. 3730 (b). These private parties, known as "*qui tam* relators," may share in a percentage of the proceeds from an FCA action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

Administrative Remedies for False Claims (31 USC Chapter 38. §§ 3801 – 3812)

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to $5,000 for each claim. The agency may also recover twice the amount of the claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also, unlike the False Claims Act, the determination of whether a claim is false, and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

II. NEW YORK STATE LAWS

New York's false claims laws fall into two categories: civil and administrative; and criminal laws. Some apply to recipient false claims and some apply to provider false claims, and while most are specific to healthcare or Medicaid, some of the "common law" crimes apply to areas of interaction with the government.

A. CIVIL AND ADMINISTRATIVE LAWS

NY False Claims Act (State Finance Law, §§187-194)

The NY False Claims Act closely tracts the federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is $6,000 -$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit of 15-25% if the government did participate in the suit.

Social Services Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to $2,000 per violation. If repeat violations occur within 5 years, a penalty up to $7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

Social Services Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's, the person's family's needs are not taken into account for 6 months if a first offense, 12 months if a second (or once if benefits received are over $3,900) and five years for 4 or more offenses.

B. CRIMINAL LAWS

Social Services Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Services Law § 366-b, Penalties for Fraudulent Practices.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.

Any person who, with intent to defraud, presents for payment and false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

Penal Law Article 155, Larceny.

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. It has been applied to Medicaid fraud cases.

Fourth degree grand larceny involves property valued over $1,000. It is a Class E felony.
Third degree grand larceny involves property valued over $3,000. It is a Class D felony.
Second degree grand larceny involves property valued over $50,000. It is a Class C felony.

First degree grand larceny involves property valued over $1 million. It is a Class B felony.

Penal Law Article 175, False Written Statements.

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

§175.05, Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.
§ 175.10, Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.
§175.30, Offering a false instrument for filing in the second degree involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.
§175.35, Offering a false instrument for filing in the first degree includes the elements of the second-degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.

Penal Law Article 176, Insurance Fraud,

Applies to claims for insurance payment, including Medicaid or other health insurance and contains six crimes.
Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.
Insurance fraud in the 4th degree is filing a false insurance claim for over $1,000. It is a Class E felony.
Insurance fraud in the 3rd degree is filing a false insurance claim for over $3,000. It is a Class D felony.
Insurance fraud in the 2nd degree is filing a false insurance claim for over $50,000. It is a Class C felony.
Insurance fraud in the 1st degree is filing a false insurance claim for over $1 million. It is a Class B felony.
Aggravated insurance fraud is committing insurance fraud more than once. It is a Class D felony.

Penal Law Article 177, Health Care Fraud

Applies to claims for health insurance payment, including Medicaid, and contains five crimes:
a. Health care fraud in the 5th degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
b. Health care fraud in the 4th degree is filing false claims and annually receiving over $3,000 in aggregate. It is a Class E felony.
c. Health care fraud in the 3rd degree is filing false claims and annually receiving over $10,000 in the aggregate. It is a Class D felony.
d. Health care fraud in the 2nd degree is filing false claims and annually receiving over $50,000 in the aggregate. It is a Class C felony.
e. Health care fraud in the 1st degree is filing false claims and annually receiving over $1 million in the aggregate. It is a Class B felony.

III. WHISTLEBLOWER PROTECTION

Federal False Claims Act (31 U.S.C. §3730(h))
The FCA provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. 3730(h). Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

NY False Claim Act (State Finance Law §191)

The False Claim Act also provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

New York Labor Law §740

An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the employer is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under Penal Law §177 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions). The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of $10,000 on the employer.

New York Labor Law §741

A **health care** employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of $10,000 on the employer.

09/30/09

Allegany County Department of Health

Public Health
Prevent. Promote. Protect.

Corporate Compliance Work Plan 2026
Appendix A

TASKS	Quarter 1 _____ (Jan-March)	Quarter 2 _____ (April-June)	Quarter 3 _____ (July-Sept)	Quarter 4 _____ (Oct-Dec)
Task #1	**Department of Health** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____	**Department of Health** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____	**Department of Health** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____	**Department of Health** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____
Task #2	**Community Services** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____	**Community Services** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____	**Community Services** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____	**Community Services** **Completed** Credentialing Update ____ Audit Report ____ Denials/Self Disclosure ____ Reports/Occurrence Screens ____
Task # 3	Begin Annual Compliance training for: **Sent** Board of Legislators _____ Board of Health _____ Dept of Health Staff _____ Community Services Board _____ Community Services Staff _____ Compliance Committee _____	Training/Tests completed for: **Completed** Board of Legislators _____ Board of Health _____ Dept of Health Staff _____ Community Services Board _____ Community Services Staff _____ Compliance Committee _____	Begin Compliance Program Self-Assessment Begin Annual Compliance Policy Review Annual Certifications	Annual Compliance Policy Review complete/adopted **DATE:** _____
Task #4	Annual Certifications Preschool 8/1/25,8/1/25 EI Services 2/1/26, 8/8/25, 9/29/25 EI Service Coordination 8/9/25, 2/1/26, 11/19/25 Flu/Immunization 2/1/26, 7/27/25 Family Planning 8/1/25 Community Services 3/1/2026	External Complaint Policy (website) Modify Occurrence Screen	HIPAA, Consent to Release, Confidential Statement, Tracking form for released info	CC Training Review Code of Ethics

Corporate Compliance Training Work Plan 2026
Appendix B

BOL (15)	Complete	BOH (7)	Complete	DOH Staff (35)	Complete	CS Board	Complete	CS Staff	Complete	CC Committee	Complete
Gary Barnes Janice Burdick Philip Curran Kevin “Fred” Demick Dwight Fanton Gretchen Hanchett Brooke Harris Steven Havey Dwight “Mike” Healy John Ricci Debra Root Philip Stockin Jennifer Ricketts-Swales Kevin LaForge Charles Bessette		Dr. David Brubaker Dr. Joseph Felsen Timothy LaFever Dr. Leo Cusumano Dr. Willard Simons Dr. Zahi Kassas Jan Burdick Dr. Prasad		Sheri Abbey Breeyan Barnes Bill Bentley Meghan Bianchi Taryn Boden Brianna Black Penny Chudy Jami D'Arcy Mackenzie Desotell Megan Gannon Haleigh Golish Mariah Horning Gina Keating Brandi Kio Teresa Kuhn Robert Matasich Leiya Miller Emily Musingo Chelsey Mattison, Kimberly Middaugh, Emily Owczarzak Bryan Payne Lanette Pye, David Rahr Tenaya Ramadhan Cheyanne Ryan Megan Roberts McKayla Sharp Brittney Schuld Tyler Shaw David Spring Cindy Watson Melissa Watson, Deidre Wolf April Worth Kelly Vossler		Janice Burdick Sharon Mulligan Calvin Schierer Margo Kettelkamp Robert Anderson Heather Kruger Brent Reynolds Laurie Parker		Robert Anderson Vicky Bryant Carrie Hoops Heather Kruger Mary Nevol Anna Outman Carina Watson Lindy White Denise Werner Stacy Heary Christine Ahearn		Carissa Knapp Mallory Short Allison Carrow Aaron Moore Tyler Shaw Jami D’Arcy Haleigh Golish Lindy White Robert Anderson Alex Smith	

Update to include: Corporate Compliance Plan Link to OMIG Website Fraud Waste, and Abuse Departments covered under CC Plan Corporate Compliance Committee Members and Responsibilities Various ways to report Fraud, waste, and abuse CCO name and contact info Test		Update to include: Corporate Compliance Plan Link to OMIG Website Fraud Waste, and Abuse Departments covered under CC Plan Corporate Compliance Committee Members and Responsibilities Various ways to report Fraud, waste, and abuse CCO name and contact info Test		Update to Include: Corporate Compliance Plan Link to OMIG Website Fraud Waste, and Abuse Departments covered under CC Plan Corporate Compliance Committee Members and Responsibilities Audits Staff Responsibilities Risk and Consequences Whistleblower's Various ways to report Fraud, waste, and abuse CCO name and contact info Test		Update to include: Corporate Compliance Plan Link to OMIG Website Fraud Waste, and Abuse Departments covered under CC Plan Corporate Compliance Committee Members and Responsibilities Various ways to report Fraud, waste, and abuse CCO name and contact info Test		Update to Include: Corporate Compliance Plan Link to OMIG Website Fraud Waste, and Abuse Departments covered under CC Plan Corporate Compliance Committee Members and Responsibilities Audits Staff Responsibilities Risk and Consequences Whistleblower's Various ways to report Fraud, waste, and abuse CCO name and contact info Test		Update to Include: Corporate Compliance Plan Link to OMIG Website Fraud Waste, and Abuse Departments covered under CC Plan Corporate Compliance Committee Members and Responsibilities Various ways to report Fraud, waste, and abuse CCO name and contact info Test	
Contact: Brenda Rigby Riehle, Clerk of the Board		Contact: Breeyan Barnes Confidential Secretary		Contact: Breeyan Barnes Confidential Secretary		Contact: Heather Kruger Administrative Professional		Contact: Heather Kruger Administrative Professional		Contact: Haleigh Golish CCO	

Allegany County Occurrence Screen

Name: _____ Date:_____

Check the appropriate incident. Write a complete narrative to describe the incident on the space provided at the bottom of the page.

Incident	X
1. HIPAA Violation (Privacy/Security)	
2. FERPA Violation	
3. Violation of Corporate Compliance Plan	
4. Billing Error	
5. Procedure Error	
6. Medication Error	
7. Wrong Treatment	
8. Infection Control Policies/Procedures not followed	
9. Injury Sustained during Treatment/Procedure	
10. Equipment Malfunction • Name of Equipment: • Location of Equipment: • Model/Serial Number: • Was Equipment Removed from Service:	
11. Consumer/Client Complaint (State complaint on bottom of form)	
12. Inability to Access Services in Appropriate Period of Time	
13. Issues Regarding Consumer/Public Relations	
14. Rude or Inappropriate Response to Consumer/Client	
15. Rude or Inappropriate Telephone Response	
16. Unanticipated Medical Event (e.g. Cardiopulmonary arrest) – please describe event…	
17. Property Damage or Loss	
18. Client Walked Out	
19. Assault/Altercation (Describe Event)	
20. Staff Dissatisfaction	
21. Miscellaneous (Brief Description of Event)	

Narrative: _____

Open communication is essential to effectively identify and respond to compliance concerns.

Employees may report suspected fraud, waste, abuse, or any compliance-related concern through the following options:

- Voice concerns directly to a supervisor, the Public Health Director or the Compliance Officer (listed below)
- Complete reports anonymously by using the drop boxes located in the DOH Kitchenette, WIC restroom or Community Services Kitchenette.

Non-Employees such as third parties, service recipients' families, contracted providers, districts and agencies may report suspected fraud, waste, abuse, or any compliance-related concern by:

- Completing a Confidential Occurrence Screen and sending it in via USPS or Email:
  - Occurrence Form can be found on County Website under Department of
  - Health Tab or the following link: Health – Allegany County, New York
  - **Email**: healthinfo@alleganyco.gov
  - **USPS:** Allegany County Office Building: DOH 7 Court St, Belmont, NY 14813

Any individual who would like to address concerns directly with the Compliance Officer/Designee may be done by phone, email, inter-office mail, or United States Postal Service.

- **Phone**: (585)268-9265
- **Email**: Haleigh.Golish@alleganyco.gov
- **Inter-Office Mail**: DOH 337
- **USPS:** Allegany County Office Building, 7 Court St, Room 337, Belmont, NY 14813

All reports will be treated as confidential to the greatest extent possible, and any form of retaliation against an individual who makes a good-faith report is strictly prohibited

Revision Table

Revision Number	Date	Revision Author	Job Title	Description Of change
00	11/2009			**Plan Originated**
01	6/2011			**Section 3:** Part c (addition of Compliance Officer) and Part g (addition of Associate Director of Community Services) **Section 12: '**the second-floor bathroom at CS'
02	1/2012			**Section 3:** updates related to Corporate Compliance Designee and 'The Committee will determine if additional entities require notification.' And 'monthly' **Section 9:** 'thereafter' **Section 10: '**all staff', 'designee', and paragraph pertaining to location of plan **Section 11: '**Designee' **Section 12: '**designee' added, 'The Committee will determine if additional entities require notification' added **Section 14:** 'Designee', 'The Committee will determine if additional entities require notification.' added **Section 15:** Designee added
03	12/2012			**Section 3:** updates related to Corporate Compliance Designee and 'The Committee will determine if additional entities require notification.' And 'monthly' **Section 9:** 'monthly' **Section 11:** 'monthly' added to #9 and 'as required' added to #12. **Section 12: '**by the CCO/Designee'
04	1/2013			**Section 11:** Audit #2 added and later stricken, and Responsible Person updated to #10, 11 and 12
05	1/2014			**Section 3:** Addition of Commissioner of Social Services, later stricken
06	09/2017	Penny Chudy	CCO	**Section 13:** re written **Section 14:** re-written
07	11/2018	Penny Chudy	CCO	**Section 13: '**monthly' #13
08	5/2019	Penny Chudy	CCO	**Section 11:** Addition of #3, 4 and 5
09	2/2020	Penny Chudy	CCO	**Section 3:** c and j removed
10	1/2021	Penny Chudy	CCO	**Section 3:** c: vacant as of 2013 added and stricken
	2/2021			**Section 8:** #5 added **Section 9:** #4 added **Section 11:** updates made to #5 and 12 Responsible Person, #6 added, 10% added to #3 Immunization **Section 12: "**and the staff bathroom at the WIC building." added
11	2/2022	Penny Chudy	CCO	**Section 3: '**Develop a process to, and', and 'Insure reporting of meeting minutes, investigation results and discipline to the Board of Health and Human Services Committee of the Legislature' added. Or Deputy added to a and e. **Section 14:** Second Paragraph added **Full Plan:** reviewed, updated as need for grammatical and

				appropriate language, Color Coding of revisions removed, Revision Table added
12	3/2023	Penny Chudy	CCO	**Section 3**: (d) added Deputy County Attorney **Sections 4, 5, 6, 11, 12, 13, 14, and 15** updated to reflect OMIG Compliance Program Guidance, January 2023, addition of appendix A and B, revision table revised
13	7/5/24	Penny Chudy	CCO	Updated Appendix A and B, and Audit table
14	9/26/24	Nicole Blough	CCO	Updated Appendix A and B, Occurrence Screen
15	1/3/25	Nicole Blough	CCO	Updated Administration, Appendix A and B
16	1/8/2025	Nicole Blough	CCO	Updated staff Appendix A and B
17	9/18/2025	Haleigh Golish	CCO	Updated Appendix B, Appendix C (Occurrence), **Section 14:** Communication/Reporting Section
18	9/23/2025	Haleigh Golish	CCO	Keith Hooker as Privacy Officer to: **Section 8:** Confidentiality **Section 3:** Administration Section
19	10/22/2025	Haleigh Golish	CCO	Add Teresa Kuhn to DOH Staff (Appendix B) Remove Christina Torrey from CS Staff (Appendix B)
20	11/6/2025	Haleigh Golish	CCO	Add Brandi Kio to Appendix B
21	12/5/2025	Haleigh Golish	CCO	Update Occurrence Screen, Appendix A & B to 2026
22	12/5/2025	Haleigh Golish	CCO	Remove James Rumfelt & Adam Cyr and add Kevin Laforge & Charles Bessette to BOL
23	12/5/2025	Haleigh Golish	CCO	Added to Section 1: "Allegany County acknowledges that adoption, implementation, and maintenance of an effective compliance program, as defined in 18 NYCRR SubPart 521-1 and SSL §363-d, is a condition of payment for Medicaid claims. The County will ensure the program is well-integrated, supported by the governing body and senior leadership, and designed to prevent, detect, and correct non-compliance, fraud, waste, and abuse."
24	12/9/2025	Haleigh Golish	CCO	Added to Section 10: "Any disciplinary action taken and corrective actions implemented". Updated APPENDIX A to include CC Training Plan Review
25	12/9/2025	Haleigh Golish	CCO	Removed CCO/QA from HHUNY & CHUNNY Chart reviews. Added DOH Director & CS Director to contract review. These changes occurred in the 'Auditing' section.
26	2/12/2026	Haleigh Golish	CCO	Removed Emily Nease & Chelsea Miles. Added Kelly Vossler & Tenaya Ramhadan to DOH section of Appendix B. Removed Brooke Bradt, Deborah Marshall and Katherine Bower from Community Services Board (Appendix B). Added Laurie Parker to CS Board (Appendix B)
27	2/12/2026	Haleigh Golish	CCO	Updated Annual Certifications
28	3/5/2026	Haleigh Golish	CCO	Updates to Occurrence Form in CC Plan