



## COMPLIANCE COMMITTEE CHARTER

### 2025

#### Overview:

The RSS Corporate Compliance Committee is responsible for coordinating with the Director, Corporate Compliance to ensure that RSS, Inc. is conducting business in an ethical and responsible manner, consistent with the RSS Compliance Program. Members understand the importance of creating and supporting a culture of ethics and integrity based on agency values and mission. Duties and responsibilities of the Compliance Committee includes the following as per NYCRR Part 521:

#### **1. Written Policies and Procedures**

Coordination with the Director, Corporate Compliance to ensure written policies and procedures and the standards of conduct are current, accurate and complete.

In 2024, a policy workgroup was developed to review and update operational policies. This will continue throughout 2025.

#### **2. Establish and Implement An Effective Training and Education Program**

Ensuring the establishment, implementation and completion of effective training and education for all affected individuals, including the Director, Corporate Compliance.

Training and Education shall include, at a minimum:

- RSS Risk Areas and Organizational Experience
- Compliance Policies and Procedures
- Role of the Compliance Officer and Compliance Committee
- How affected individuals can ask questions and report potential compliance related issues to the compliance officer and senior management, including the obligation of affected individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program
- Disciplinary standards, with an emphasis on those standards related to the RSS' compliance program and prevention of fraud, waste and abuse
- RSS response to compliance issues and corrective action plans
- Requirements specific to the Medicaid program and the categories of service

- Coding and billing requirements and best practices
- Claim Development and Submission

The Compliance Officer and all affected individuals shall complete the Compliance Training Program no less frequently than annually and must be made part of the orientation of new compliance officers and affected individuals upon hire/appointment.

The Training Plan shall include the timing and frequency of the training, which affected individuals are required to attend, how attendance will be tracked and how the effectiveness of the training will be periodically evaluated.

- *The RSS Training Workgroup will continue to meet regularly to discuss the overall RSS Training Plan including the Onboarding Process.*
- *RSS Compliance Program training will continue to include:*
  - *Ethics and Corporate Compliance*
    - *Upon hire for all RSS staff*
  - *RSS Organizational Experience and Risk Areas:*
    - *Face to Face new hire training within 60 days of hire*
    - *Training in the Relias LMS system required annually by all RSS staff and consultants*
    - *Compliance on the Road: Doing the Right Thing: Quarterly zoom training as assigned*
    - *Vendor training contained within the RSS Website*
    - *Board of Director training upon appointment and annually thereafter*
  - *Program Specific Training upon hire and annually*
    - *Documentation Requirements*
    - *Billing Requirements*
- *Given the volume of RSS training, the RSS training plan will be further refined to outline the requirements of all staff, including requirements specific to program type*
- *Continued efforts are needed to ensure completion of all Corporate Compliance required training for all staff and affected others.*

### 3. **Establish and Implement Effective Lines of Communication which ensure confidentiality for all affected Individuals**

- Lines of communication shall be accessible to all affected individuals and allow for questions regarding compliance issues to be asked and for compliance issues to be reported.
- Publicize lines of communication to the Compliance Officer and such lines must be made available to all affected individuals and all Medicaid recipients of

service

- Have a method for anonymous reporting of potential fraud, waste and abuse and compliance issues directly to the compliance officer
- To ensure the confidentiality of persons reporting compliance issues unless the matter is subject to a disciplinary proceeding, referred to or under investigation by MFCU, OMIG/law enforcement or disclosure is required during a legal proceeding, and such persons should be protected under the policy for non-intimidation and non-retaliation

*Throughout 2024, the reporting of all issues has increased via the publicized means of reporting. In 2025, we will continue to display compliance program posters and encourage the reporting of any issues.*

**4. Establish Disciplinary standards and shall implement procedures for the enforcement of such standards to address potential violations and encourage good faith participation in the compliance program by all affected individuals.**

- Disciplinary standards and procedures for taking such actions shall be published and disseminated to all affected individuals and shall be incorporated into Training Plan
- Enforce disciplinary standards fairly and consistently, and the same disciplinary standards should apply to all levels of personnel.

*Disciplinary actions are consistently implemented following the investigation and resolution of any issues managed by the Compliance Department.*

*In 2025, continued efforts are needed to establish disciplinary standards for actions/behaviors that are not consistent with compliance expectations (i.e. completion of required training, etc.) or other areas as identified by the compliance committee.*

**5. Audit and Monitoring: Establish and implement an effective system of the routine monitoring and identification of compliance risks.**

- Include internal monitoring and auditing, external audits to evaluate RSS' compliance with the requirements of the Medicaid Program and the overall effectiveness of the plan
- Ensure ongoing audits by internal and external auditors who have expertise in state and federal Medicaid program requirements, rules and regulations (Audits or investigations conducted by state or federal agencies are not considered external audits in relation to this requirement)
- Audits should focus on risk areas identified
- Results of internal or external audits shall be reviewed for risk areas to be included in the compliance work plan

- Design, implementation and results of external or internal audits shall be documented and the results shared with the compliance committee and governing body.
- Any Medicaid program overpayments identified shall be reported, returned and explained in accordance with regulation Part 521.

*In 2024, a number of Quality Improvement staff were added to complete routine audit and monitoring activities. In 2025, the focus will be ensure that all audits are submitted to the compliance department for review and any identified trends/issues included in the agency risk assessment and workplan.*

## **6. Annual Compliance Program Review**

- Develop and undertake a process for reviewing at least annually, whether requirements have been met to determine the effectiveness of the compliance program
- Reviews should include on-site visits, interviews with affected individuals, review of records, surveys or other comparable methods.
- Document the design, implementation and effectiveness of the review and any corrective action implemented
- Results discussed and shared with Chief Executive, senior management, compliance committee and governing body.

*In 2023, The Compliance Program was reviewed through the completion of an annual report and the OMIG Self-Assessment. In addition, as part of Ethics and Compliance Week, a Compliance Program survey was conducted.*

*In 2024, the compliance program was reviewed through the completion of an annual report and effectiveness review, including the OMIG self-assessment. Also, in 2024, key performance indicators were identified and discussed.*

*In 2025, the compliance program effectiveness review will be further defined in implementation and design.*

## **7. Excluded Providers**

- Ensure that process is in place confirming the identity and exclusion status (OIG/OMIG) of affected individuals at least every 30 days. Must ensure contractors, agents, subcontractors and independent contractors comply with this provision.
- Results must be shared with compliance officer and appropriate compliance personnel.

*Exclusion checks were completed for nearly all affected individuals in 2024 upon*

*hire/appointment and monthly thereafter. This will continue in 2025.*

**8. Establish and Implement procedures and systems for promptly responding to compliance issues as they are raised.**

- RSS must take prompt action to investigate the conduct in question and determine what, if any, corrective action is required and promptly implement the corrective action.
- Documentation of a complete and thorough investigation must be maintained
- If RSS identifies credible evidence or credibly believes that a State or Federal law, rule or regulation has been violated, RSS shall promptly report the violation to the appropriate government agency.
- Ensuring that the Director, Corporate Compliance is allocated sufficient funding, resources and staff to fully perform their responsibilities.
- Ensuring that RSS has effective systems and processes in place to identify compliance program risks, overpayments and other issues including effective policies and procedures for correcting and reporting such issues; and
- Enacting required modifications to the compliance program.
- Review and update the Compliance Committee Charter on an annual basis.

*In 2024, prompt action was taken to investigate all compliance related issues and corrective actions implemented. Thorough documentation is maintained for all investigations and self-disclosures are made as indicated.*

*In 2025, the committee will continue to discuss any modifications needed to ensure that effective systems are in place.*

**Reporting Structure:**

The Compliance Committee shall report directly and be accountable to the CEO and governing body.

**Membership:**

In 2024, efforts are being made by senior leadership to simplify the Compliance Committee and activities. Duration of and membership of the committee has been reduced and reconfigured.

Membership in the Committee is comprised of senior managers including the following individuals:

- Director, Corporate Compliance
- Chief Operating Officer (Upstate)
- Chief Operating Officer (Downstate)
- Managing Director, Capital District/Central NY
- Managing Director, Central NY Services

- Managing Director, Orange, Sullivan and Westchester Counties
- Managing Director, Ulster and Dutchess Counties
- Managing Director, Children and Youth Services
- Executive Director
- Chief Financial Officer
- Director, Human Resources
- Director, Quality Improvement
- Deputy Director, Quality and Compliance
- Director, Facilities

### **Meeting Schedule**

The committee is chaired by the Director, Corporate Compliance. This committee meets no less frequently than quarterly and minutes are maintained by the Director, Corporate Compliance or designee.