

# CASA



# TRINITY

*Hope begins, here.*

Compliance Charter  
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# Table of Contents

<b>Purpose</b> .....	3
<b>Composition</b> .....	3
<b>Meetings and Procedures</b> .....	3
<b>Committee Responsibilities</b> .....	4
<b>Reporting and Investigation Systems</b> .....	4
<b>Limitation of Compliance Committee's Role</b> .....	5
<b>Glossary of Terms</b> .....	5

## Purpose

CASA-Trinity is committed to the operation of an effective compliance program. Therefore, CASA-Trinity established the Corporate Compliance Committee, unless otherwise noted, referred to as “Committee”, to monitor results of the compliance functions and determine the agency’s strategy for promoting compliance.

## Composition

The Corporate Compliance Committee is appointed by the President of the Board of Directors, Executive Director, and Compliance Officer to advise and assist the Compliance Officer with the implementation of the Compliance Plan. The Corporate Compliance Committee will provide oversight of the Compliance Officer’s activities.

**The Committee structure is as follows:**

*Meeting Facilitator: Director of Compliance*

*Executive Leadership*

*Outpatient Programs Leadership: Dansville, Elmira, Geneseo, Hornell, Olean*

*Residential Programs Leadership: Dansville 820, Hornell Inpatient, Olean 820*

*Outreach Programs Leadership: Case Management, HHUNY, Peer Services*

*Administrative Programs Leadership: Billing & Contracting, Compliance, Data Analytics, Finance, Human Resources, Information Technology*

## Meetings and Procedures

The Committee will meet on a regular and routine basis, no less than once per quarter. Minutes will be recorded for each meeting and will be maintained by the Compliance Officer.

The Committee shall work in conjunction with the Incident Review Committee and will receive reports and minutes from each Incident Review Committee meeting scheduled, to review with the Committee.

## Committee Responsibilities

In carrying out its responsibilities, the Committee shall be responsible for the following:

1. Analyzing the regulatory environment where the agency does business, including legal requirements in which it must comply;
2. Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Plan;
3. Working with departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements;
4. Developing internal systems and controls to carry out compliance standards and policies and procedures;
5. Monitoring internal and external audits to identify potential non-compliant issues;
6. Implementing corrective and preventive action plans and follow-up to determine effectiveness;
7. Developing a process to solicit, evaluate and respond to complaints and problems.

The Committee shall be responsible for monitoring the following risk areas:

1. Billing and payments;
2. Ordered services;
3. Medical necessity;
4. Quality of care;
5. Governance;
6. Mandatory reporting;
7. Credentialing;
8. Contractor, subcontractor, agent or independent contract oversight;
9. Protection of patient health information;
10. Other risk areas that are or should reasonably be identified by the provider through its organizational experience.

## Reporting and Investigation Systems

The Committee may require management to conduct audits on compliance, regulatory and/or legal concerns and, where appropriate, direct management to provide the results of such audits to the Committee directly. The Committee may also request and meet privately with any member of the Company's senior management team or any other Company employee.

## Limitation of Compliance Committee's Role

Although the Committee has the duties and responsibilities set forth in this Charter, the Committee is not responsible for determining whether the Company's compliance programs are effective. Management is responsible for designing programs to comply with applicable laws and regulations in scope of this Charter.

## Glossary of Terms

*"Compliance"* is related to the conduct of a company and its compliance with the rules of regulatory bodies.

*"Incident review"* is related to a structured analysis and is conducted using best practice methods, to determine what happened, how it happened, why it happened, and whether there are learning points for the program or organization.

*"Effective compliance program"* means a compliance program adopted and implemented by the required provider that, at a minimum, satisfies the requirements of this Part 521 regulations and that is designed to be compatible with the provider's characteristics, which shall mean that it:

- (i) is well-integrated into the company's operations and supported by the highest levels of the organization, including the chief executive, senior management, and the governing body;
- (ii) promotes adherence to the required provider's legal and ethical obligations; and
- (iii) is reasonably designed and implemented to prevent, detect, and correct non-compliance with MA program requirements, including fraud, waste, and abuse most likely to occur for the required provider's risk areas and organizational experience.