

Government, Courts & Consumer Affairs Committee



AGENDA - REGULAR MEETING

OSWEGO COUNTY, NEW YORK

Date/ Time: Monday, February 5, 2024 at 9:00 a.m.

Location: Conference Room E - Legislative Office Building 46 East Bridge Street Oswego, New York

COMMITTEE MEMBERS:

David Holst, Chair	Legislator, 4 th District
Michael Yerdon, Vice Chair	Legislator, 1 st District
Edward Gilson	Legislator, 3 rd District
James Scanlon	Legislator, 16 th District
Robert Wilmott	Legislator, 18 th District
Noelle Salmonsens	Legislator, 21 st District

CALL TO ORDER:

- Pledge of Allegiance

APPROVAL OF MINUTES:

- Approval of Minutes for the Government, Courts and Consumer Affairs Committee's regular meeting on December 4, 2023.

RESOLUTIONS:

- GC-1** Resolution Authorizing the Execution of a Joint Defense Agreement By and Between the City of Oswego, The Oswego City School District Concerning the Oswego Harbor Power, LLC Tax Certiorari Litigation
- GC-2** Resolution Denying Administrative Correction and Tax Refund or Credit Pursuant to New York State Real Property Tax Law §554 and §556 Regarding Real Property Located at 865 County Route 7 in the Town of Hannibal
- GC-3** Resolution Authorizing Budgetary Modification Department of Public Defender – Holiday Premium
- GC-4** Resolution Appointing an Individual to Fill a Vacancy in the Office of County Legislator in and for the 17th Legislative District
- GC-5** Resolution Amending The Medicaid Compliance Plan and Related Policies for Oswego County

COMMITTEE REVIEW & DECISIONS:

- None

REPORTING DEPARTMENTS:

- Board of Elections
- County Clerk Department Updates
- Strategic Initiative Department Updates
- Real Property Department Updates
- Public Defender Department Updates
- Assigned Council Department Updates
- County Administrator Updates

ADJOURNMENT:

Government, Courts & Consumer Affairs Committee DRAFT



MINUTES - REGULAR MEETING

OSWEGO COUNTY, NEW YORK

Date/ Time: Monday, December 4, 2023 at 9:00 a.m.

Location: Conference Room E - Legislative Office Building 46 East Bridge Street Oswego, New York 13126

COMMITTEE MEMBERS:

David Holst, Chair	Legislator, 4 th District	Present
Edward Gilson, Vice Chair	Legislator, 3 rd District	Present
Noelle Salmonsén	Legislator, 21 st District	Present
Michael Solowy	Legislator, 23 rd District	Present
James Scanlon	Legislator, 16 th District	Present
Robert Wilmott	Legislator, 18 th District	Present
Michael Yerdon	Legislator, 1 st District	Present

STAFF AND GUESTS:

Jim Weatherup	Marc Greco	Frank Castiglia	Phil Church
Louis Lombardi	Peggy Beckford	Savannah Wyckoff	Veronica Turner
Terry Wilbur	Laura Brazak		

CALL TO ORDER:

The Regular meeting of the Government, Courts, and Consumer Affairs Committee was called to order at 9:00 a.m. by Chair David Holst with Deputy Clerk of the Legislature present. The meeting commenced with the Pledge of Allegiance.

APPROVAL OF MINUTES:

Motion to Approve October 30, 2023, and November 6, 2023, meeting minutes: Legislator Solowy
Second: Legislator M. Yerdon
Vote: Unanimous, motion carried

The minutes for the Government, Courts & Consumer Affairs Committee's Regular Meeting on October 30, 2023, and November 6, 2023, are approved.

RESOLUTIONS:

GC-1 Resolution Supporting Senate Bill S.7645 that Repeals Certain Provisions of the Executive Law Establishing a Fee for Background Checks on Certain Firearm and Ammunition Purchases

Motion to approve: Legislator Solowy
Second: Legislator M. Yerdon
Vote: Unanimous, motion carried

GC-2 Resolution Authorizing Chairman and Clerk to Handle all Unfinished Business Through December 31, 2023

Motion to approve: Legislator Scanlon

Second: Legislator M. Yerdon

Vote: Unanimous, motion carried

GC-3 Resolution Fixing Time and Place for the 2024 Organizational Meeting

Motion to approve: Legislator Salmonsens

Second: Legislator Solowy

Vote: Unanimous, motion carried

GC-4 Resolution Authorizing the Adoption of an Amended Intermunicipal Agreement as well as Applications for Funding to Support the Development of and Improvements to the Wastewater Infrastructure Within the Village of Phoenix and the Town of Schroepel

Motion to approve pending County Attorney approval of Section 6:
Legislator Gilson

Second: Legislator Solowy

Vote: Unanimous, motion carried

GC-5 Resolution Adopting County of Oswego Local Law Number 8 of the Year 2023 Entitled, "A Local Law Establishing the Department of Workforce Development"

Motion to approve: Legislator Wilmott

Second: Legislator Solowy

Vote: Unanimous, motion carried

GC-6 Resolution Establishing the 2023 County Equalization Rates for Towns and Cities within Oswego County

Motion to approve: Legislator Gilson

Second: Legislator Scanlon

Vote: Unanimous, motion carried

COMMITTEE REVIEW AND DECISIONS:

- Board of Elections; Republican Deputy's pay raise

REPORTING DEPARTMENTS:

- Peggy Beckford and Laura Brazak Provided a Board of Elections Department Update
- Terry Wilbur provided a verbal Clerk Department Update
- Dave Turner provided a Strategic Initiative Department Updates
- Louis Lombardi Provided a verbal update for the Public Defender's Office

ADJOURNMENT:

Motion to adjourn at 9:47 a.m.: Legislator Salmonsens

Second: Legislator M. Yerdon

Vote: Unanimous, motion carried

DRAFT

Raven Ahart

Deputy Clerk of the Legislature

Meeting Minutes

Page 2 of 3

RESOLUTION NO.

February 15, 2024

RESOLUTION AUTHORIZING THE EXECUTION OF A JOINT DEFENSE AGREEMENT BY AND BETWEEN THE CITY OF OSWEGO, THE OSWEGO CITY SCHOOL DISTRICT CONCERNING THE OSWEGO HARBOR POWER, LLC TAX CERTIORARI LITIGATION

By Legislator David Holst:

WHEREAS, the owners of the Oswego Steam Station have brought tax certiorari proceedings in Supreme Court, Oswego County, challenging the assessed value of the facility against the City of Oswego as assessing unit; and

WHEREAS, the County of Oswego and the City School District of Oswego have intervened in these proceedings; and

WHEREAS, it will be necessary for the taxing jurisdictions to retain consultants such as an appraisal company and an engineer to assist with the defense of this proceeding; and

WHEREAS, a joint defense agreement is in the best interests of the respective jurisdictions and promotes governmental efficiency; and

WHEREAS, a resolution is both necessary and desirable; and

NOW, THEREFORE, upon recommendation of the Government, Courts and Consumer Affairs Committee of this body, it is hereby

RESOLVED, that this body hereby approves the execution of a joint defense agreement by the County Attorney with counsel for the City of Oswego and City School District of Oswego in connection with the defense of the Oswego Steam Station Tax Certiorari litigation; and it is further

RESOLVED, to further reduce the overall cost of defending the tax certiorari proceedings, the taxing jurisdictions shall share appraisal and trial related expenses pursuant to the formula set forth in the agreement: Oswego County to pay 26%; City of Oswego to pay 21% and Oswego City School District to pay 53% of the total cost of the services rendered.

RESOLUTION PASSED/FAILED, WITH A VOICE/ROLL CALL VOTE

YES:

NO:

ABSENT:

ABSTAIN:

RESOLUTION NO.

February 15, 2024

**RESOLUTION DENYING ADMINISTRATIVE CORRECTION AND TAX
REFUND OR CREDIT PURSUANT TO NEW YORK STATE REAL PROPERTY
TAX LAW §554 AND §556 REGARDING REAL PROPERTY LOCATED AT 865
COUNTY ROUTE 7 IN THE TOWN OF HANNIBAL**

By Legislator David Holst:

WHEREAS, the Hartman Living Trust is the owner of certain property located at 865 County Route 7 in the Town of Hannibal (Tax ID Number: 233.00-06-17.01); and

WHEREAS, the Hartman Living Trust, Gerald & Mary Ann Hartmaners (hereinafter “owners”) of the aforementioned real property have timely filed an application for a corrected roll under New York State Real Property Tax Law §554 and for a refund or credit of real property taxes under New York State Real Property Tax Law §556 because they allege they did not receive or file an agricultural exemption form in 2023 for the 2024 tax year; and

WHEREAS, the Oswego County Director of Real Property Tax Services has reviewed the request, conducted an investigation and found no assessment errors which could be corrected administratively under Real Property Tax Law §§550-556 or refunds properly due as the owners’ recourse, if any, would be judicial in nature; and

WHEREAS, county taxes are presently in the hands of local tax collectors; and

WHEREAS, the recommendation of the County Director is to deny the application and, as such, this resolution must be decided by the appropriate tax levying body the Oswego County Legislature, notwithstanding any enabling resolution authorizing the County Treasurer to otherwise decide same; and

WHEREAS, this body has reviewed and considered both the request of the owners and the recommendation of the Oswego County Director of Real Property Tax Services; and

NOW, THEREFORE, upon the recommendation of the Government, Courts and Consumer Affairs Committee of this body and upon the recommendation of the Oswego County Director of Real Property Tax Services, it is hereby

RESOLVED, Chair of the County Legislature, as Chief Elected Official, be and is hereby authorized and directed to deny the within application for a corrected tax roll and to endorse same as denied on behalf of this body which is the appropriate tax levying body under Real Property Tax Law §554 and any related refund under RPTL §556 for the reasons stated in the annexed memorandum from the Oswego County Director of Real Property Tax Services; and be it further

RESOLVED, this constitutes a final determination by the County Legislature concerning the owners’ request.

RESOLUTION PASSED/FAILED, WITH A VOICE/ROLL CALL VOTE**YES:****NO:****ABSENT:****ABSTAIN:**



OSWEGO COUNTY

DEPARTMENT OF REAL PROPERTY TAX SERVICES

Corey Metz
Director

January 23, 2024

Informational Memorandum

Subject: Application for Refund or Credit of Real Property Taxes, 865 Co Rt 7, Hannibal (tax ID 233.00-06-17.01).

Background: Annually at the organizational meeting of the Oswego County Legislature the County Treasurer is named as the individual responsible for handling corrections of errors, refunds, and credits of real property taxes whenever an application for such is received provided that the Director of Real Property Tax Services recommends approval of the application, and where the dollar amount is less than \$2,500.

If the Director recommends denial of the application, the dollar amount exceeds the maximum amount, or if the County Treasurer denies the application, the County Legislature is tasked with reviewing the application and making the final determination on whether to grant the application for correction, refund, or credit of real property taxes.

Summary: An application for corrected tax roll was received on January 5th, 2024. The County RPTS Director has recommended that this application be denied. The Director is required to make a full investigation of the facts before making a recommendation. The summary of that investigation is included as an attachment to this memorandum.

Recommended Action: Approve the resolution denying the refund.

Fiscal Impact: None.

Attachment: Summary of investigation by County Director of Real Property Tax Services.



OSWEGO COUNTY
DEPARTMENT OF REAL PROPERTY TAX SERVICES

Corey Metz
Director of Real Property Tax Services

January 11, 2024

**Oswego County Real Property Tax Investigative Report for
Denial of Application for Administrative Correction/Refund (§§ 554/556)**

On 1/5/2024 I received an application for a correction or refund of the 2024 County/Town Tax. This application is for property owned by Hartman Living Trust, assessed within the Town of Hannibal. The tax map identification number is 233.00-06-17.01. I am recommending this application be denied.

The application states that the Agricultural Assessment exemption that this property previously enjoyed in 2022 and prior was removed from the tax records. In their letter dated 1/5/2024 the owners state that they have previously appealed to the Hannibal School Board who successfully granted them a refund of their 2023-24 school taxes and assert that they have previously returned completed Agricultural Assessment Renewal Certification forms and have attached copies of prior tax bills showing the exemption on their tax bills. They state that last year (2023) they were not mailed a form to fill out and return as they had received in years past, thus resulting in them losing the exemption on this tax bill.

As a result of my investigation, I have determined that this exemption was not granted due to a failure to timely apply for it. As authorized under NYS Agriculture & Markets law § 305, this property tax exemption is the result of an agricultural assessment granted only "upon an annual application by the owner of such land on a form prescribed by the commissioner of taxation and finance" (form RP-305). For land that has had no substantial change in acreage, gross sales value, or lease, only an annual renewal certification is required (form RP-305-R). In either instance the filing of the form is required annually by the taxable status date of the assessing unit (March 1st) in order to receive the exemption on that year's assessment roll. Nowhere within the law does it state that an application for renewal of the exemption must be mailed to former recipients as a reminder. The onus is placed upon the landowner to know these forms must be filed annually, notwithstanding an assessor's previous curtesy to supply them with a form in the mail. These instructions and requirements also appear on the form itself. Per the owner and the assessor no renewal application was filed for 2023. Unfortunately, establishing a pattern of consistent filing and receipt of the exemption in the past does not waive the requirement for the current year.

The Hannibal School Board acted upon a similar recommendation by me last year advising them to deny a refund of school taxes, but voted against this recommendation. I believe the school board acted in bad faith as the law states that "The tax levying body, at a regular or special meeting, upon the presentation of an application filed pursuant to this section and the written report [of the County Director], shall:

- a. examine the application and report to determine whether the claimed clerical error, unlawful entry or error in essential fact exists;
- b. reject an application where it is determined that the claimed clerical error, unlawful entry or error in essential fact does not exist by making a notation on the application and the copy thereof that the application is rejected and the reasons for the rejection;"

The administrative correction process for tax rolls is designed to correct very specific and limited types of errors caused by an assessing unit or taxing district. There is not a remedy within the scope of real property tax law §§550-556 to grant an exemption where a verifiable matter of fact exists that the exemption was not even applied for. As such, I must deny this application and recommend the same to the County Legislature.

A copy of the correction form is attached. Please note Part III. This will need to be filled out by the "Tax Levying Body" after they render a decision on whether to approve or deny the application. This application should be kept for auditing purposes.

Respectfully,

A handwritten signature in black ink, appearing to read "Corey Metz", written in a cursive style.

Corey Metz
Oswego County Director of
Real Property Tax Services

Enclosure
CC: Owner
CC: Assessor



Application for Corrected Tax Roll

RP-554
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners HARTMAN LIVING TRUST, GERALD & MARY ANN HARTMAN		
Mailing address of owners (number and street or PO box) 865 COUNTY Rte 7		Location of property (street address) 865 COUNTY Rte 7
City, village, or post office HANNIBAL, NY	State NY	ZIP code 13074
Daytime contact number 315564-6256	Evening contact number SAME	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 233.00-06-17.01
Account number (as appears on tax bill) BILL # 1026		Amount of taxes currently billed \$ 3004.90
Reasons for requesting a correction to tax roll: PLEASE SEE ATTACHED		

I hereby request a correction of tax levied by OSWEGO COUNTY for the year(s) 2024
(County, city, village, etc.)

Signature of applicant <i>Gerald A. Hartman</i>	Date 5 Jan 24
----------------------------------------------------	-------------------------

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received 1/5/2024	Period of warrant for collection of taxes 1/1/24 - 3/31/24
Last day for collection of taxes without interest 1/31/24	Recommendation Approve application <input type="checkbox"/> Deny application <input checked="" type="checkbox"/>
Signature of official <i>[Signature]</i>	Date 1/11/2024

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of _____ who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____:
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error ☐ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed	Corrected tax
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason): _____ _____

Signature of chief executive officer, or official designated by resolution	Date
----------------------------------------------------------------------------	------

Instructions

General information

Where to send

Submit two copies of this application to the County Director of Real Property Tax Services (in Nassau and Tompkins Counties, submit to Chief Assessing Officer).

When to send

Submit the application only **before** the collection warrant expires.

Wholly exempt parcel

Attach statement signed by assessor or majority of board of assessors substantiating that assessor obtained proof that parcel should have been granted tax exempt status on tax roll.

Payment requirements

You may pay without interest and penalties **only** if:

- the application was filed with the County Director on or before the last day that taxes may be paid without interest (see *Date application received* in Part 2); **and**
- you pay the corrected tax within eight days of the date on which the notice of approval is mailed to the applicant (see Part 3).

If either of these conditions is not satisfied, interest, penalties, or both must be paid on the corrected tax.

For use by Collecting Officer:

Order from tax levying body received on _____ .
Date

Corrected tax due	Date tax roll corrected
Interest and penalties (if applicable)	Date tax bill corrected
Total corrected tax due	Date application and order added to tax roll
Date payment received	

Signature of collecting officer	Date
---------------------------------	------

January 5, 2024

Hartman Living Trust, Gerald A & Mary Ann Hartman

865 County Rt. 7, Hannibal, NY 13074

315-564-6256

Tax Number: 233.00-06-17.01

RE: Taxpayer Requesting Correction to Tax Role via RP-554 (12/19)

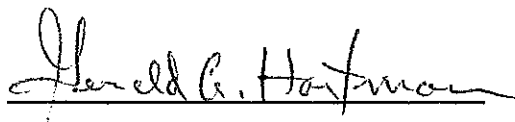
Due to a set of circumstances (below), the Agricultural Assessment Exemption was removed from our Tax Role during 2023. Our first knowledge of this was our 2023 School Tax Invoice. In attempting to fix this error, we had contacted several County Officials. We met with Noelle Beckwith Salmonsens, Legislator, District 21, Hannibal on Sept 8, 2023 for advice. The Hannibal School Board made the decision, after considering the set of circumstances and our testimony, to rule in our favor and in fact, return our School Tax overpayment. This 2023 Tax Role error of course has now filtered down to our Oswego County 2024 Real Property Tax invoice.

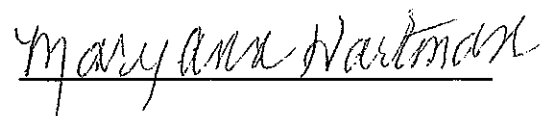
Set of Circumstances: In all years past (20+), the Agricultural Assessment Renewal Certification form (RP-305-r) arrives to us and we complete and return. This was the first year we did not receive form to prompt us to complete and return. We were also told that a 'notice' was sent out to us advising us that Exemption was being dropped; again, did not receive.

We have attached the completed Form RP-554, Application for Corrected Tax Role. We believe an 'Error in Essential Fact' has occurred.

We are Seniors living on Social Security and would find it a hardship to pay "Residential Taxes" on 96 farm acres. Our Farm has been in operation since 1957 under the Hartman name (and previously the Fred Malone name).

PLEASE consider this request to reinstate our Agricultural Assessment Exemption to our Tax Role, thus to Oswego County 2024 Real Property Taxes Invoice.





Attach.

MAKE CHECK PAYABLE TO Town of Hannibal 824 County Route 34 Drawer B Hannibal, NY 13074	2024 REAL PROPERTY TAXES OSWEGO COUNTY Town of Hannibal	BILL NO: 1026 TAX ID: 233.00-06-17.01									
FOR INFORMATION CALL: (315) 564-6037 EMAIL: townclerk@hannibalny.org VISIT: hannibalny.org	FISCAL YEAR 01/01/24-12/31/24	WARRANT DATE 12/31/2023									
OWNER Hartman Living Trust Hartman Gerald A 865 Co Rt 7 Hannibal, NY 13074	BANK CODE	STATE AID COUNTY 53,671,433									
		STATE AID TOWN 393,191									
		2023 TOTAL ASSESS 188,200									
		LEVEL OF ASMT 67.00%									
		MARKET VALUE 280,896									
IN PERSON PAYMENT Town of Hannibal, 824 County Route 34, Hannibal, NY Mon 9am-2:30pm, Tue 11am-5:30pm, Wed-Thurs 9am-3:30pm Closed Fridays & Holidays Drop box available (Please No Cash In Drop Box)		PROPERTY IDENTIFICATION <table><tr><td>SWIS 353089</td><td>R/S 1 - Taxable</td><td>LOT SIZE 96.00 acres</td></tr><tr><td colspan="2">SCHOOL Hannibal</td><td>ASMT CLASS 242 - Rurl res&rec</td></tr><tr><td colspan="2">ADDRESS 865 Co Rt 7</td><td>DETAIL Lot 69, 056-014-000</td></tr></table>	SWIS 353089	R/S 1 - Taxable	LOT SIZE 96.00 acres	SCHOOL Hannibal		ASMT CLASS 242 - Rurl res&rec	ADDRESS 865 Co Rt 7		DETAIL Lot 69, 056-014-000
SWIS 353089	R/S 1 - Taxable	LOT SIZE 96.00 acres									
SCHOOL Hannibal		ASMT CLASS 242 - Rurl res&rec									
ADDRESS 865 Co Rt 7		DETAIL Lot 69, 056-014-000									
		EXEMPTIONS									

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE IN LEVY	TAXABLE VALUE	TAX RATE	TAX AMOUNT
County Tax	1,255,681	6.4	188,200	8.567280	1,612.36
Community College	196,271	52.2	188,200	1.339120	252.02
Workers Comp	24,654	25.0	188,200	0.168210	31.66
Townwide General	265,000	0.0	188,200	1.805890	339.87
Townwide Highway	300,000	0.0	188,200	2.044400	384.76
Outside Village Hwy	20,000	0.0	188,200	0.159820	30.08
Hannibal FD	294,000	2.9	188,200	1.881750	354.15

LOCAL PAYMENT SCHEDULE JAN 1ST - MAR 31ST					IN APRIL PAY TO COUNTY	TOTAL DUE	\$3,004.90
IF PAID BETWEEN	01/01/2024 to 01/31/2024	02/01/2024 to 02/28/2024	03/01/2024 to 03/13/2024	03/14/2024 to 03/31/2024		DUE BY	01/31/2024
PAYMENT 1	1,502.45	1,517.48	1,532.50	1,534.50	FULL \$3,251.97	See Payment Schedule if paying after 01/31/2024 *After March 13th Second Notice Fee (+\$2.00) Included	
PAYMENT 2	1,502.45	1,517.47	1,532.50	1,532.50	PMT 2 \$1,547.52		
TOTAL DUE	\$3,004.90	\$3,034.95	\$3,065.00	\$3,067.00			

Please check the back of this bill for more information on paying in installments.

DETACH BOTTOM SECTION AND SEND WITH PAYMENT. IF A RECEIPT IS NEEDED, SEND ENTIRE BILL WITH PAYMENT.

TOWN/CITY: 353089
TAX MAP #: 233.00-06-17.01
LOCATION: 865 Co Rt 7
BANK:

COUNTY OF OSWEGO YEAR 2024
REAL PROPERTY TAXES
TAX COLLECTOR'S COPY

BILL NO: 1026

IF PAID	FEE	1st INT	1st PAY	2nd INT	2nd PAY	TOTAL DUE
01/01 - 01/31/2024	0%	0.00	1,502.45	0.00	1,502.45	3,004.90
02/01 - 02/28/2024	1%	15.02	1,517.48	15.03	1,517.47	3,034.95
03/01 - 03/13/2024	2%	30.05	1,532.50	30.05	1,532.50	3,065.00
03/14 - 03/31/2024	+2.00	32.05	1,534.50	30.05	1,532.50	3,067.00

AFTER April 24th ALL PAYMENTS WILL BE RECEIVED BY OSWEGO COUNTY
TREASURER'S OFFICE (SEE BACK FOR MORE INFORMATION)

OWNER: Hartman Living Trust
Hartman Gerald A
865 Co Rt 7
Hannibal, NY 13074

	PAYMENT#1	PAYMENT#2
DATE		
TAX		
FEE		
TOTAL		
PAID BY (NAME)		
REC'D BY		

☐ CASH ☐ CHECK/ MO #

☐ CREDIT*
*ADDITIONAL FEES WILL APPLY
FOR OFFICE USE ONLY

Town of Hannibal
824 County Route 34
Drawer B
Hannibal, NY 13074

OSWEGO COUNTY
Town of Hannibal

TAX ID: 233.00-06-17.01

FOR INFORMATION CALL: (315) 584-6037, ext.25
EMAIL: RealProperty@oswegocounty.com
VISIT: hannibalny.org

FISCAL YEAR

01/01/23-12/31/23

WARRANT DATE

12/31/2022

STATE AID COUNTY

47,090,585

STATE AID TOWN

374,937

PROPERTY IDENTIFICATION

SWIS	R/S	LOT SIZE
353089	1 - Taxable	96.00 acres

SCHOOL ASMT CLASS

Hannibal	242 - Rurl res&rec
----------	--------------------

ADDRESS DETAIL

865 Co Rt 7	Lot 69, 056-014-000
-------------	---------------------

IN PERSON PAYMENT

Hannibal Town Hall, 824 County Route 34
Mon 9am-2:30pm; Tues 11am-5:30pm; Wed-Thurs 9am-3:30pm
Closed Holidays
Drop Box available left of front door

OWNER

BANK CODE

EXEMPTIONS

CO AG DIST: 58,592.00 (CO/TOWN/SCH)

Hartman Living Trust
Hartman Gerald A
865 Co Rt 7
Hannibal, NY 13074

2022 TOTAL ASSESSED VALUE

188,200

MARKET VALUE

237,867

LEVEL OF ASMT

79.12%

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE IN LEVY	TAXABLE VALUE	TAX RATE	TAX AMOUNT
County Tax	1,179,786	-9	129,608	8.039690	1,042.01
Community College	128,918	-13.9	129,608	0.878520	113.86
Workers Comp	19,719	23.0	129,608	0.134370	17.42
Townwide General	265,000	8.2	129,608	1.803200	233.71
Townwide Highway	300,000	3.4	129,608	2.041350	264.58
Outside Village Hwy	20,000	-50.0	129,608	0.159620	20.69
Hannibal FD	285,702	2.0	188,200	1.837230	345.77

☒ Track your expenses...

☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

1292

LO
PAID
BETWEEN
PAYMENT 1
PAYMENT 2
TOTAL DUE

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

\$2,038.04

01/31/2023

after 01/31/2023

ce Fee (+\$2.00)

YMENT.

4

PAYMENT #2

NOT NEGOTIABLE

TOWN/CIT
TAX MAP
LOCATION
BANK:

For added security, your name and account number do not appear on this copy.

PAID	FEE	1st INL	1st PAY	2nd INL	2nd PAY	TOTAL DUE
11/01 - 01/31/2023	0%	0.00	1,019.02	0.00	1,019.02	2,038.04
12/01 - 02/28/2023	1%	10.19	1,029.21	10.19	1,029.21	2,058.42
13/01 - 03/13/2023	2%	20.38	1,039.40	20.38	1,039.40	2,078.80
13/14 - 03/31/2023	+2.00	22.38	1,041.40	20.38	1,039.40	2,080.80

AFTER April 24th ALL PAYMENTS WILL BE RECEIVED BY OSWEGO COUNTY
TREASURER'S OFFICE (SEE BACK FOR MORE INFORMATION)

OWNER: Hartman Living Trust
Hartman Gerald A
865 Co Rt 7
Hannibal, NY 13074

FOR OFFICE USE ONLY

TAX		
FEE		
TOTAL		
PAID BY (NAME)		
REC'D BY		

☐ CASH

☒ CHECK/
MO

#1292

☐ CREDIT*

*ADDITIONAL FEES WILL APPLY

FOR OFFICE USE ONLY

COUNTY OF OSWEGO 2022 COUNTY/TOWN TAXES

BILL NO: 1029

FISCAL YEAR 01/01/22-12/31/22	WARRANT DATE 12/31/2021	PROPERTY IDENTIFICATION		MAKE CHECK PAYABLE TO
ESTIMATED STATE AID County: 38,173,422 Town: 334,450		SWIS 353089 - Hannibal	PARCEL ID 233.00-06-17.01	Town of Hannibal Denise Hafner, Tax Collector 824 County Route 34, Drawer B Hannibal, NY 13074
OWNER Hartman Living Trust Hartman Gerald A 866 Co Rt 7 Hannibal, NY 13074		ADDRESS 865 Co Rt 7	CLASS 242 - Rurl res&rec	
BANK CODE		LOT SIZE 96.00 acres	R/S 1 - Taxable	
		SCHOOL Hannibal	DETAIL Lot 69, 056-014-000	
EXEMPTIONS CO AG DIST: 55,912.00 (CO/TOWN/SCH)		2021 TOTAL ASSESSED VALUE 188,200		IN PERSON PAYMENT Taxes will be received from Jan 3rd - March 31st, 2022 at the Town Hall, 824 Co Rt 34, Hannibal NY. Hours: Mon 9:00am - 2:30pm, Tues 11:00am - 5:00pm, Wed-Thurs 9:00am - 3:30pm. Online payments can be made at www.hannibalny.org

MARKET VALUE (215,086)	LEVEL OF ASMT 87.50%	FOR INFORMATION CALL: (315) 564-6037, ext.25 or visit hannibalny.org
------------------------------------	--------------------------------	--------------------------------------------------------------------------------------------------------------------

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE IN LEVY	TAXABLE VALUE	TAX RATE	TAX AMOUNT
County Tax	1,190,721	-6.0	132,288	8.171290	1,080.96
Community College	149,745	10.2	132,288	1.027620	135.94
Workers Comp	16,037	-9	132,288	0.110050	14.56
Townwide General	245,000	0.0	132,288	1.678490	222.04
Townwide Highway	290,000	16.0	132,288	1.986780	262.83
Outside Village Hwy	40,000	-50.0	132,288	0.321430	42.52
Hannibal FD	280,100	0.0	188,200	1.814550	341.50

PAYMENT SCHEDULE LOCAL COLLECTOR JAN - MAR 31ST					APRIL PAY TO COUNTY	TOTAL DUE	\$2,100.35
IF PAID	01/01/2022 to 01/31/2022	02/01/2022 to 02/28/2022	03/01/2022 to 03/13/2022	03/14/2022 to 03/31/2022		DUE BY	01/31/2022
PAYMENT 1	1,050.18	1,060.68	1,071.18	1,073.18		See Payment Schedule if paying after 01/31/2022 *After March 13th Second Notice Fee (+\$2.00)	
PAYMENT 2	1,050.17	1,060.67	1,071.18	1,071.18			
TOTAL DUE	\$2,100.35	\$2,121.35	\$2,142.36	\$2,144.36	FULL \$2,273.69 PMT 2 \$1,081.68		

☒ Track your expenses...
☐ Clothing
☐ Food
☐ Transportation
☐ Credit Card
☐ Utilities
☐ Mortgage
☐ Entertainment
☐ Insurance
☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

1204

1/2.22

BALANCE FORWARD	
THIS ITEM	2100.35
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

COUNTY OF OSWEGO 2021 COUNTY/TOWN TAXES (TAXPAYER'S COPY)

BILL NO:

1038

FISCAL YEAR 01/01/21-12/31/21	WARRANT DATE 12/31/2020
ESTIMATED STATE AID County: 32,811,441 Town: 236,134	
OWNER Hartman Living Trust Hartman Gerald A 865 Co Rt 7 Hannibal, NY 13074	BANK CODE

PROPERTY IDENTIFICATION	
SWIS	353089 - Hannibal
PARCEL ID	233.00-06-17.01
ADDRESS	865 Co Rt 7
CLASS	242 - Rurl res&rec
LOT SIZE	96.00 acres
R/S	1 - Taxable
SCHOOL	Hannibal
DETAIL	Lot 69, 056-014-000

MAKE CHECK PAYABLE TO Denise Hafner, Tax Collector 824 County Route 34 Drawer B Hannibal, NY 13074

IN PERSON PAYMENT Taxes will be received from Jan 4th - March 31st, 2021 at the Town Hall, 824 Co Rt 34, Hannibal NY. Due to COVID-19 we are limiting in person transactions. Please mail in your payment or pay online at www.hannibalny.org . In person appointments may be scheduled by calling the number below.

EXEMPTIONS
CO AG DIST: 56,831.00 (CO/TOWN/SCR)

2020 TOTAL ASSESSED VALUE 188,200
MARKET VALUE 216,820
LEVEL OF ASMT 86.80%

FOR INFORMATION CALL: (315) 564-6037, ext.25
or visit
www.oswegocounty.com/taxes

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE IN LEVY	TAXABLE VALUE	TAX RATE	TAX AMOUNT
County Tax	1,266,396	2.7	131,369	8.902250	1,169.48
Community College	135,892	-32.0	131,369	0.955260	125.49
Workers Comp	16,177	-15.3	131,369	0.113720	14.94
Townwide General	245,000	17.6	131,369	1.719060	225.83
Townwide Highway	250,000	12.6	131,369	1.754140	230.44
Outside Village Hwy	80,000	-24.4	131,369	0.653080	85.79
Hannibal FD	280,100	0.0	188,200	1.851530	348.46

IF PAID BY PENALTY PAYMENT 1 PAYMENT 2 TOTAL DUE	<input checked="" type="checkbox"/> Track your expenses... <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Transportation <input type="checkbox"/> Credit Card <input type="checkbox"/> Utilities <input type="checkbox"/> Mortgage <input type="checkbox"/> Entertainment <input type="checkbox"/> Insurance <input type="checkbox"/> Other:	<input type="checkbox"/> TAX-DEDUCTIBLE ITEM	1157 .43 2021 26th 33.22
	BALANCE FORWARD THIS ITEM BALANCE DEPOSIT OTHER BALANCE FORWARD		
Please check TAX	LOCATION BANK: IF PAID BY 01/31/2021 02/28/2021 03/13/2021 03/31/2021		NOT NEGOTIABLE (NAME) REC'D BY
OWNER: Hartman Living Trust Hartman Gerald A 865 Co Rt 7 Hannibal, NY 13074			<input type="checkbox"/> MO <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CREDIT FOR OFFICE USE ONLY

For added security, your name and account number do not appear on this copy.

AF... TREASURER'S OFFICE (SEE BACK FOR MORE INFORMATION)

RESOLUTION NO.

February 15, 2024

**RESOLUTION AUTHORIZING BUDGETARY MODIFICATION DEPARTMENT
OF THE PUBLIC DEFENDER – HOLIDAY PREMIUM**

By Legislator David Holst:

WHEREAS, the Oswego County Public Defender's Office attends arraignments for indigent clients 365 days per year; and

WHEREAS, one member of the support staff attends most arraignments with the attorney covering said arraignments; and

WHEREAS, the Oswego County Public Defender's Office requests a Budget Modification to transfer one thousand five hundred dollars (\$1,500.00) from A1171.511000 (Salaries & Wages) to A1171.514400 (Holiday Premium); and

NOW, upon recommendation of the Government Courts Committee and Finance & Personnel Committee; be it

RESOLVED, that the County Treasurer be, and he is, authorized to transfer the funds from and to the accounts as shown on the attached budget modification request; and be it further

RESOLVED, that a certified copy of this resolution delivered to the County Treasurer shall be his authority to affect such transfer and make such adjustments.

RESOLUTION PASSED/FAILED, WITH A VOICE/ROLL CALL VOTE

YES:

NO:

ABSENT:

ABSTAIN:



LOUIS R. LOMBARDI
PUBLIC DEFENDER

OSWEGO COUNTY PUBLIC DEFENDER'S OFFICE

COUNTY BUILDING
44 E. BRIDGE STREET, SUITE 301
OSWEGO, NEW YORK 13126
(315) 746-4210
www.oswegocounty.com

TO: Philip Church, County Administrator
FROM: Louis R. Lombardi, Public Defender
DATE: 01/22/2024
RE: Budget Modification -- Holiday Premium

INFORMATIONAL MEMORANDUM

SUBJECT:

Budget Modification to move funds from Salaries & Wages to Holiday Premium.

BACKGROUND:

The Public Defender's Office attends arraignments every day of the year, to include Holidays. A member of the support staff, typically a paralegal, attends all arraignments with an attorney and performs a variety of tasks. These tasks include but are not limited to exchanging contact information with the client, scheduling client interviews and compiling arraignment data for accurate reporting to NYS ILS. Adding funds to the Holiday Premium line will allow support staff to attend arraignments on Holidays.

FISCAL IMPACT:

Increase the Holiday Premium account by \$1,500.00 with funds currently allocated to Salaries & Wages. There will be no net county impact for 2024 as this funding is already allocated to the PD office, and there are still several vacant positions. The costs associated with Holiday Premium will increase slightly for 2025 as salaries increase should all positions be filled.

RECOMMENDATION:

Approve this budget modification moving \$1,500 from Salaries & Wages (A1171.511000), allocating it to the Holiday Premium expense account (A1171.514400).

COUNTY OF OSWEGO

ACCOUNT NUMBER			ACCOUNT NUMBER			
ORG	OBJECT	PROJ	ORG	OBJECT	PROJ	
A1171	511000					
			A1171	51440		\$ (1,500.00)
						\$ 1,500.00
To add funds to the Holiday Premium line of the PD budget.						


 DEPARTMENT HEAD

01/22/24
 DATE

COUNTY ADMINISTRATOR	DATE
----------------------	------

	CHAIRPERSON	DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		
51.		
52.		
53.		
54.		
55.		
56.		
57.		
58.		
59.		
60.		
61.		
62.		
63.		
64.		
65.		
66.		
67.		
68.		
69.		
70.		
71.		
72.		
73.		
74.		
75.		
76.		
77.		
78.		
79.		
80.		
81.		
82.		
83.		
84.		
85.		
86.		
87.		
88.		
89.		
90.		
91.		
92.		
93.		
94.		
95.		
96.		
97.		
98.		
99.		
100.		

COUNTY TREASURER

*DIRECTOR OF HUMAN RESOURCES		DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

***If Personnel Services are impacted**

RESOLUTION NO.

February 15, 2024

**RESOLUTION APPOINTING AN INDIVIDUAL TO FILL A VACANCY IN THE
OFFICE OF COUNTY LEGISLATOR IN AND FOR THE 17th LEGISLATIVE
DISTRICT**

By Legislator David Holst:

WHEREAS, a vacancy has occurred in and for Legislative District 17, and

WHEREAS, section two of County of Oswego Local Law Number 2 of 1971 provides that a vacancy in the office of county legislator shall be filled by the appointment of the County Legislature; and

WHEREAS, it is both necessary and desirable to appoint to said vacancy a person who is a duly qualified resident of the 17th legislative district and whom will continue to represent the constituents of the 17th legislative district until such time as a successor is chosen in a Special Election that will be held in November of 2024; and

WHEREAS, the Government Courts and Consumer Affairs Committee of this body was presented with one qualified candidate and has forwarded to this body the name of Charles Burger as the committee's recommended candidate; and

NOW, THEREFORE, upon recommendation of the Government Courts and Consumer Affairs Committee, and the approval of the County Legislature, it is hereby

RESOLVED, that by the following roll call vote, the candidate receiving a majority vote is hereby appointed to the Office of County Legislator in and for the 17th Legislative District, together with all the rights and privileges pertaining thereto, for a term ending on December 31st, 2024.

RESOLUTION PASSED/FAILED, WITH A VOICE/ROLL CALL VOTE

YES:

NO:

ABSENT:

ABSTAIN:

RESOLUTION NO.

February 15, 2024

**RESOLUTION AMENDING THE MEDICAID COMPLIANCE PLAN AND
RELATED POLICIES FOR OSWEGO COUNTY**

By Legislator David Holst:

WHEREAS, Oswego County as a Medicaid program provider is required to have an effective compliance program as required by NYS Social Services Law § 363-d and Title 18 of the New York Codes, Rules and Regulations (18 NYCRR) Subpart 521-1; and

WHEREAS, the policy of Oswego County has always been to conduct its business in compliance with all applicable and constitutional laws and regulations and adherence to the highest ethical standards; and

WHEREAS, Oswego County, through its Health Department's Professional Advisory Committee, revised a Medicaid Compliance Plan on March 15, 2011 that was originally implemented in October 2009; and

WHEREAS, the Oswego County Health Department is the currently the only Department which provides Medicaid programs and services; and

WHEREAS, the Department of Social Services and its Mental Hygiene Department has contracted with outside providers to provide Medicaid programs and services since January 1, 2012; and

WHEREAS, effective December 28, 2022, the New York Office of the Medicaid Inspector General (OMIG) revised Title 18 NYCRR Part 521 Provider Compliance Programs; and

WHEREAS, such changes to the regulations have necessitated changes in the current Compliance Plan and related compliance policies; and

WHEREAS, the Oswego County Health Department and Department of Social Services have considered and evaluated the recommended changes of the Plan and related policies; and

WHEREAS, the Health Committee and Government, Courts and Consumer Affairs Committee have considered and evaluated the recommended changes to the County's Corporate Compliance Plan and related policies; and

NOW THEREFORE BE IT RESOLVED, the County Legislature approves the amendment of the Medicaid Corporate Compliance Plan and related policies which are consistent with the County's policies of compliance with federal and state laws and its own ethical standards.

BE IT FURTHER RESOLVED, the Medicaid Corporate Compliance Plan and related policies are effective immediately.

RESOLUTION PASSED/FAILED, WITH A VOICE/ROLL CALL VOTE

YES:

NO:

ABSENT:

ABSTAIN:

OSWEGO COUNTY

Corporate Compliance Plan



Effective: _____, 2023 (Resolution No. 23-____)

Table of Contents

NOTICE TO ALL AFFECTED INDIVIDUALS

1. Policy Statement
 - A. County Structure
 - B. Oswego County's Mission Statement
 - C. Corporate Compliance Overview
 - D. Purpose
 - E. Policy
 - F. Commitment
 - G. Responsibility
 - H. Policies and Procedures and Standards of Conduct
 - I. Compliance Officer and Compliance Committee
 - J. Discipline/Enforcement
 - K. County Response
 - L. Due Diligence
 - M. Non-Retaliation, Non-Intimidation, and Whistleblower Protections
2. Definitions
3. Policies and Procedures and Code of Conduct
 - A. General Standards
 - B. Billing for Services
 - C. Payment
 - D. Medical Necessity and Quality of Care and Services
 - E. Governance
 - F. Credentialing
 - G. Business Practices
4. Compliance Program Oversight
 - A. The Role of the Compliance Officer
 - B. Reporting Relationship
 - C. Role and Responsibilities
 - D. The Structure, Duties and Role of the Compliance Committee
 - E. Delegation of Substantial Discretionary Authority
5. Education and Training
 - A. Expectations
 - B. Training Topics: General
 - C. Orientation
 - D. Attendance
6. Lines of Confidential Communication
 - A. Expectations
 - B. Reporting Procedure
 - C. Protections

- D. Policy of Non-Retaliation and Non-Intimidation
- E. Guidance
- 7. Discipline and Enforcement of Compliance Standards
 - A. Disciplinary Action: General
 - B. Disciplinary Action: Supervisory
- 8. Auditing and Monitoring
 - A. Internal Audits
- 9. Response to Compliance Issues
 - A. Violation Detection
 - B. Reporting
 - C. Rectification
 - D. Recordkeeping
- 10. Important Laws and Regulations: Whistleblower Protection

Appendix A

- Code of Ethics
- Local Law No. 3 of 2002, Ethics

Appendix B

Appendix C

Appendix D

Appendix E

Appendix F

NOTICE TO ALL AFFECTED INDIVIDUALS

Affected individuals (as defined herein), and all Medicaid recipients of services from Oswego County, have the ability to pose compliance-related questions and report potential non-compliance within the organization anonymously and/or confidentially without fear of retribution or intimidation.

Questions regarding this Corporate Compliance Plan, the Compliance Code of Conduct, Oswego County's Code of Ethics or reports of any actual or suspected compliance and ethics related matter may be directed to the Corporate Compliance Officer by telephone at **(315) 349-3514** or by email to Jeanne.King@oswegocounty.com.

Affected individuals (as applicable) are encouraged to report concerns to their Department heads or direct supervisors, as well as other members of senior administration, who are required to report issues of actual or suspected non-compliance to the Corporate Compliance Officer.

If an individual believes that he or she has identified a potential compliance or ethic violation that concerns their immediate supervisor or feels uncomfortable discussing the matter with their immediate supervisor, manager, or director, does not receive a satisfactory response, or does not want to disclose their identity, they should feel free to contact the Corporate Compliance Officer to discuss the matter.

If an individual feels that their concerns are not addressed in a timely manner and/or they do not receive a satisfactory response, the next appropriate step is to bring the concern directly to the Corporate Compliance Committee. If such concerns are still not satisfactorily addressed, then the individual should contact the County Administrator.

Individuals may also contact any member of the Corporate Compliance Committee or utilize any of the other reporting methods identified in the Compliance Plan or in the County's Compliance Policy, (see Section 6 (B), Lines of Confidential Communication, Reporting Procedure). All reports will be handled and maintained in a manner to ensure confidentiality, and requests for anonymity will be honored to the extent legally permissible (see 18 NYCRR 521-1.4(e)(4)).

SECTION 1. POLICY STATEMENT.

A. County Structure

Oswego County (also referred to herein as the “County”) is comprised of the cities of Oswego and Fulton, 10 villages, and 22 towns. The County Legislature includes 25 districts; each legislator represents approximately 5,000 citizens. The County is located in the 22nd and 24th Congressional Districts; and in the 120th and 130th Districts of the New York State Assembly.

The Legislature appoints a County Administrator who performs the functions of the chief administrative officer and is responsible for the overall administration of the County Government, including overseeing the County departments. Most administrative departments have single appointed department heads (i.e. Social Services and Public Health). Many departments, such as Social Services, have direct interactions with the public, while other departments perform an internal service to other departments, i.e. the Information Technology Department.

There are also several State constitutional positions that are separately elected officials with County-wide jurisdictions including the Sheriff, County Clerk, Treasurer, Judges, and District Attorney.

B. Oswego County Mission Statement

Oswego County government is committed to visionary leadership that will enhance the quality of life for its people and businesses. Leadership shall promote open communication and accountability between government and residents, effective, and affordable services, an environment conducive to economic development, and the effective use and conservation of our natural, financial, and human resources.

C. Corporate Compliance Overview

Preventing, detecting and correcting fraud, waste, and abuse activities is an important fiduciary responsibility of Oswego County. Oswego County provides medical and health services for which it receives payments from Medicare, Medicaid and third-party insurers. Such services are provided through several Departments, including Mental Hygiene, the Public Health Department, and Social Services. Oswego County meets the criteria established by the Office of the New York State Medicaid Inspector General (OMIG), which requires the County to establish and operate an effective Corporate Compliance Program as a condition of payment under the Medicaid program.

The County finds that it is in the best interest of the public to establish and reasonably design, implement and maintain an effective Corporate Compliance Program, that will disclose, prevent, detect and correct misconduct, including non-compliance with Medicare and Medicaid requirements, as well as measures that prevent, detect and correct fraud, waste and abuse. All Affected individuals are expected to understand and adhere to this

Corporate Compliance Plan, applicable policies and procedures, including the Compliance Code of Conduct, as well as Oswego County's Code of Ethics and Ethics Local Law, Local No. 3 of 2002, and any other Ethics Code and/or Local Law adopted hereafter, attached hereto as Appendix A.

This Corporate Compliance Plan was designed to comply with applicable compliance program requirements, including the requirements of Social Services Law § 363-d and 18 NYCRR Part 521, and is designed to help Affected Individuals understand these requirements. This Plan will assist Affected Individuals in making appropriate decisions when faced with compliance issues. This Plan is grounded in Oswego County's mission statement that governs how it conducts business.

Oswego County will transact its business in a legal and ethical manner and in compliance with the laws of the jurisdiction in which it does business, including local, state and federal jurisdictions. As a governmental entity, Oswego County will conduct business in compliance with all IRS regulations concerning tax-exempt organizations and refrain from any private inurement and benefit issues. Instances where questions arise concerning interpretation or applications of laws and regulations should be referred to the County Attorney.

Oswego County is committed to detection, prevention and resolution of instances of conduct that do not conform to federal, state and county laws, rules, and regulations, payor Plan requirements and the County's business practices. The goals of the Compliance Program are to:

1. Improve quality, efficiency and consistency of services,
2. Demonstrate a strong commitment to corporate and individual integrity and ethical behavior,
3. Identify areas of risk in internal systems,
4. Create a centralized source for distributing information on compliance,
5. Identify illegal and/or unethical conduct and/or conduct that does not conform to federal or state laws, rules, and regulations and/or the rules and regulations of the County and the relevant department,
6. Develop a system for employees and others to report potential unlawful or improper conduct, without risk of retaliation or intimidation,
7. Formulate procedures for investigating alleged misconduct,
8. Initiate corrective action and prevent further fraud, abuse, or other inappropriate activities,
9. Develop policies and procedures to oversee medical necessity and quality of care, and
10. Assure appropriate credentialing and exclusion controls are in place.

Additionally, all Affected Individuals are expected to read, understand and comply with this Compliance Plan. All Affected Individuals are expected to report any conduct that they believe violates this Plan, the County's policies, or applicable laws and regulations to their supervisor, the County Compliance Officer, or the County Compliance Hotline.

D. Purpose.

Oswego County is committed to providing services of the highest quality and to being in full compliance with all federal, state and local laws and regulations. As part of that commitment, pursuant to Social Services Law §363-d and 18 NYCRR Part 521, Oswego County has adopted this Compliance Plan and the Standards of Conduct as the basis of its efforts in fostering an organizational culture that promotes responsible and honest conduct, transparency in all business transactions, and adherence to the laws and regulations of the government oversight agencies and funders.

E. Policy.

It has been and continues to be the policy of Oswego County to comply with all applicable Federal, State, and local laws and regulations, and payer requirements. It is also the County's policy to facilitate the prevention of improper or illegal activities, to provide mechanisms to detect any violations of laws and regulations and work to prevent, detect, and investigate issues related to fraud, waste, and abuse. To ensure this, Oswego County has established this Compliance Plan and commits to maintaining an effective Compliance Program.

Pursuant to 18 NYCRR Part 521, Oswego County's Compliance Plan includes the following elements:

- (1) Written Policies and Procedures that describe the County's Compliance Plan, including the Code of Conduct (see Section 3 herein);
- (2) Compliance Program Oversight, which includes the appointment of a Compliance Officer and the formation of a Compliance Committee (see Section 4 herein);
- (3) Education and training for all Affected Individuals (see Section 5 herein);
- (4) Mechanisms to report compliance concerns, including confidential communication (see Section 6 herein);
- (5) Discipline and Enforcement of Compliance Standards which are to encourage good faith participation in the Compliance Plan (see Section 7 herein);
- (6) Auditing, monitoring, and implementing a system to identify compliance risk areas (see Section 8 herein);
- (7) A system for responding to, investigating, and correcting compliance issues (see Section 9 herein); and
- (8) A policy of non-intimidation and non-retaliation for good faith participation in the Compliance Plan.

F. Commitment.

Oswego County is, and will remain, committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold all Affected Individuals to these same standards.

Oswego County is committed to maintaining and measuring the effectiveness of our Compliance Program and Standards of Conduct through monitoring and auditing systems reasonably designed to detect noncompliance by Affected Individuals.

Oswego County is committed to the prevention of improper or illegal activities and to provide mechanisms to detect noncompliance, including but not limited to, any violations of laws and regulations, healthcare program requirements, the Standards of Conduct and Oswego County's policies and procedures. The County is committed to the prompt investigation and resolution of reported or detected noncompliance.

Oswego County is committed to the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in Federal and State healthcare statutes, regulations, and healthcare program requirements.

Oswego County's development and implementation of these eight (8) elements will require the full cooperation and participation of all Affected Individuals. Full cooperation and participation will ensure that the County maintains a high level of honest and ethical behavior in the delivery of its services.

G. Responsibility.

All Affected Individuals shall acknowledge that it is their responsibility to report any instances of suspected or known noncompliance to their immediate supervisor, their department head or director, the Compliance Officer, or the County Administrator without fear of retaliation, retribution, or intimidation. Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination of employment, contract, assignment, or appointment. Reports related to harassment or other workplace-oriented issues will be referred to the Human Resources Department.

H. Policies and Procedures and Standards of Conduct.

Oswego County will communicate its compliance standards and policies through required training and communication initiatives and distribution of this Compliance Plan and the Standards of Conduct to all Affected Individuals.

I. Compliance Officer and Compliance Committee.

Oswego County has appointed a Compliance Officer who is responsible for the overall operation of the Compliance Program. A Compliance Committee works with the Compliance Officer to implement and maintain an effective Compliance Program.

J. Discipline/Enforcement.

This Compliance Plan will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of Affected Individuals responsible for failure to detect and/or report noncompliance.

K. County Response.

Detected noncompliance, discovered through any mechanism, such as compliance auditing procedures and/or confidential reporting of noncompliance, will be responded to in an expedient manner. Oswego County is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan and policies and procedures.

L. Due Diligence.

Oswego County will, at all times, exercise due diligence with regard to background and professional license investigations for all Affected Individuals.

M. Non-Retaliation, Non-Intimidation, and Whistleblower Protections.

Oswego County will not take any retaliatory action against an Affected Individual who, in good faith, reports actual or suspected noncompliance or illegal activities or for good faith participation in the Compliance Program.

Oswego County will not take any retaliatory action against an employee if the employee discloses certain information about the County'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 County is in violation of a law that creates a substantial and specific danger to the public health and safety; or that constitute healthcare fraud under the law; or that assert that the employee, in good faith, believes constitutes improper quality of care.

SECTION 2. DEFINITIONS. These definitions shall be read in conjunction with the definitions stated in the County's Ethics Local Law and the County's Ethics Code, attached herein as Appendix A.

Abuse: Practices that are inconsistent with sound fiscal, business, medical or professional practices and which result in unnecessary costs to the medical assistance program, payments for services which are not medically necessary, or payments for services which fail to meet recognized standards for health care.

Affected Individuals aka Covered Persons: (Pursuant to 18 NYCRR 521-1.2) All persons who are affected by the required provider's risk areas including the required provider's employees, the County Administrator and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. Includes, at a minimum, the following:

1. each employee within a Covered Department;

2. any volunteer providing services to such Covered Department;
3. each member of any board or committee that governs, supervises, oversees or advises such Covered Department (whether such member serves by reason of appointment, election, intern (paid or unpaid), or as a volunteer);
4. any County employee who is responsible for managing, supervising, or overseeing a Covered Person whether or not employed within a Covered Department; and,
5. any contractor or vendor who provides services to or for the benefit of a Covered Department.

Business Courtesies: A business courtesy is anything of value, a favor, or a benefit provided free of charge or at a charge less than fair market value in the context of a business relationship. The Policy applies to gifts, entertainment, and hospitality involving the County's employees or legislators and its referral sources and business partners intended to enhance business relationships and/or further their mutual business interests. Examples include gifts, entertainment, or hospitality for the purposes of inducing:

1. Referrals for the County's services or treatment;
2. The purchasing, leasing, or ordering of any item or service; or
3. The recommendation of the purchasing, leasing, or ordering of any such item or service.

Compliance: All of the County's activities that provide oversight, guidance and accountability for its governing officials, employees, and contractors to assure that its business practices pertaining to medical reimbursements and payments conform with the standards required by state and federal laws, rules, and regulations, as well as Oswego County's policies and procedures.

Corporate Compliance: A Corporate Compliance Program is a system which is designed to detect, prevent and correct systemic problems and violations of law, including non-compliance with Medicaid and Medicare requirements, and measures that prevent, detect and correct fraud, waste and abuse, as well as the likelihood of illegal and unethical activity by Affected Individuals.

Corporate Compliance Committee: The Committee established under this within Policy and shall be comprised, at a minimum, of the Corporate Compliance Officer, County Administrator, the County Attorney (or designee), Department of Public Health Director (or designee), Department of Mental Hygiene (or designee), County Auditor (or designee), and Human Resources Director (or designee). The Corporate Compliance Officer shall be the Chair of the Committee.

Corporate Compliance Officer: The Oswego County Operations Officer, who in his or her capacity as the Chair of the Corporate Compliance Committee, shall be responsible for overseeing the day-to-day implementation of the Corporate Compliance Plan throughout County operations.

Covered Department: A County department or administrative unit that directly provides medical assistance to members of the public, as defined by Social Services Law § 363-d, including the Mental Hygiene Department and the Public Health Department.

Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise:

1. an employee's or Board member's business judgment;
2. delivery of services; or
3. ability for an employee to do their job. An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that employee, Board member, or for an immediate family member as a result of business dealings.

Contractor (aka Vendor):

1. Any independent contractor, contractor, subcontractor, or other person who, on behalf of the County, furnishes or otherwise authorizes the furnishing of Medicare, Medicaid, or other federally-funded healthcare items or services, or performs billing or coding functions; or
2. Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are directly related to healthcare provision, and/or are included in or are a necessary component of providing items or services reimbursed by Medicare, Medicaid, or other federally funded healthcare program; or
3. Any independent, contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the County.

Departmental Compliance Officer: The compliance officer appointed by a Covered Department who shall be responsible for the day-to-day operation and implementation of the Departmental Compliance Plan within that Department.

Effective Compliance Program (Pursuant to 18 NYCRR 521-1.2): A compliance program adopted and implemented by the required provider that, at a minimum, satisfies the requirements of 18 NYCRR Subpart 521-1.2 and that is designed to be compatible with the provider's characteristics, which shall mean that it:

1. 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;
2. promotes adherence to the required provider's legal and ethical obligations; and
3. is reasonably designed and implemented to prevent, detect, and correct noncompliance with MA program requirements, including fraud, waste, and abuse most likely to occur for the required provider's risk areas and organizational experience.

Employee: For the purposes of this Plan, "employee" shall encompass all officers and employees, whether elected or appointed, paid or unpaid, members and employees of all boards, commissions or agencies of this local government.

Fraud: For the purposes of this Plan, fraud is defined as the following:

1. in intentional deception or misrepresentation made with the knowledge that the deception could result in an unauthorized benefit to the provider of another person; or
2. the act(s) of any person who knowingly makes a false statement or representation, or who by deliberate concealment of any material fact, or by impersonation or other fraudulent device, obtains or attempts to obtain or aids or abets any person to obtain medical assistance to which he or she is not entitled; or
3. the act(s) of any person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim for furnishing services or merchandise, or knowingly submits false information for the purpose of obtaining greater services or merchandise or knowingly submits false information for the purpose of obtaining authorization for furnishing services or merchandise; or
4. retaining a benefit after the person becomes aware that the benefit is not authorized under federal or state guidelines.

Immediate Family Member: For the purpose of this policy, an immediate family member is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:

1. The person's spouse;
2. Natural or adoptive parent, child, or sibling;
3. Stepparent, stepchild, stepbrother, or stepsister;
4. Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
5. Grandparent or grandchild; and
6. Spouse of a grandparent or grandchild.

Nominal Value: For purposes of this policy, Oswego County has determined that items with a value of \$25.00 or less to be of nominal value.

Organizational Experience: (Pursuant to 18 NYCRR 521-1.2) The required provider's:

1. knowledge, skill, practice and understanding in operating its compliance program;
2. identification of any issues or risk areas in the course of its internal monitoring and auditing activities;
3. experience, knowledge, skill, practice and understanding of its participation in the Medicaid/Medicare program and the results of any audits, investigations, or reviews it has been subject of; or aware of for its category or categories of service.

Potential Referral Source: A potential referral source includes a physician, other healthcare provider, or party who could reasonably be a source of referral of individuals or patients to the County for services or treatment.

SECTION 3. POLICIES AND PROCEDURES AND CODE OF CONDUCT.

To support the operation of Oswego County's Compliance Program, written policies and procedures are established to provide direction to Affected Individuals and address the components of the Compliance Plan. It is the County's policy that all Affected Individuals shall comply with all laws, regulations and ethical standards applicable to their duties.

In addition, Affected Individuals are required to follow the County's policies regarding employee conduct as well as the County's Code of Ethics. Although each Covered Department may have its own rules and regulations that govern its specific operations, there are general standards of conduct applicable to this Compliance Plan.

The Compliance Code of Conduct, hereinafter "Code of Conduct," serves as a foundational document that describes the County's fundamental principles and values, and commitment to conduct its business in an ethical manner. The Code of Conduct provides Affected Individuals with guidance on requirements for conduct related to their employment, contract, assignment or association with Oswego County.

The general standards of conduct applicable to the Compliance Plan are as follows:

A. General Standards.

1. *Honesty and Lawful Conduct.* Affected Individuals must be honest and truthful in all of their dealings. Affected Individuals must avoid doing anything that is, or might be, against the law. If an employee is unsure whether an action is lawful, then no further action shall be taken until said employee has checked with their supervisor or the Compliance Officer.

2. *Respect for Patients/Clients Served.* Affected Individuals must fully respect the rights of the patient/clients served including their right to privacy, respect, dignified existence, self-determination, participation in their own care and treatment, freedom of choice, ability to voice grievances, and reasonable accommodation of patients/clients needs.
 3. *Confidentiality.* Affected Individuals must hold the information concerning the patients/clients they serve in the strictest of confidence. Such information shall not be disclosed to anyone unless authorized by the patient/client or his/her representative or otherwise permitted or required by law. In the is the County's policy to comply with all applicable confidentiality laws, including HIPAA, the New York State Mental Hygiene Law, the HITECH Act, Family Educational Rights and Privacy Act ("FERPA") and the Red Flag Identity Theft rules. Affected Individuals are referred to the County's HIPAA Policy for more detailed information describing their duties and responsibilities in this regard.
 4. *Business Information.* Affected Individuals may not disclose or release any confidential information relating to the County's operations, pending or contemplated business transactions, trade secrets, and confidential Affected Individual information without the prior authorization of the appropriate supervisor or Department Head. All confidential information is to be used for the benefit of the County and the Individuals it serves and is not to be used for the personal benefit of Affected Individuals, their families, or friends. Affected Individuals are referred to the Oswego County Ethics Code and Local Law No. 3 of 2002 for a more detailed description of their duties and responsibilities in this regard.
 5. *Sanctions.* Employees who violate the provisions of this Plan may be subject to disciplinary action up to and including termination.
- B. Billing for Services.
1. *Accurate and Truthful Claims and Cost Reports.* Claims submitted for payment must be accurate, truthful and reflect only those services and supplies which were ordered and provided. Cost reports must be prepared as accurately as possible and adequate documentation must exist to support information provided in the report. Non-allowable costs must be appropriately identified and removed, and related party transactions must be treated consistent with applicable laws and regulations.
 2. *Coding.* Coding of services shall accurately reflect the services rendered.
 3. *Verification of Coverage.* To the best of Affected Individuals ability, insurance coverage and benefits shall be verified. Any changes in coverage, or changes in benefits, shall be promptly communicated, in writing, to the patient/client and, where appropriate, their family. Affected Individuals shall comply with the requirement that Medicaid or Medicare is a payor of last resort and shall ascertain that other payors are not primary before billing Medicaid or Medicare.

4. *Adequate Documentation.* Billing of services and supplies must be based on accurate and adequate documentation to support the services and supplies, and in accordance with applicable laws and regulations and third-party payor requirements.
5. *Excluded Providers.* Claims for items or services furnished by an individual or entity that has been excluded from participation in a federal or state health care Plan shall not knowingly be submitted for payment.
6. *Record Retention.* Records that demonstrate the right to receive payment, including medical records, shall be retained for ten (10) years.

C. Payment.

1. *Refunds/Credit Balances.* If a Covered Department becomes aware of payments for which it was not entitled from a governmental or private payor or a recipient, the payments shall be refunded to the appropriate payor or recipient.
2. *Receipt of Payments and Gifts.* Consistent with the County's Code of Ethics, Affected Individuals may not accept gifts, gratuities, or tips from any individual or entity, such as contractors or vendors, that are intended, or could be interpreted as intending, to influence the employee's actions and decisions.
3. *Payment of Items or Gifts.* Consistent with the County's Code of Ethics, Affected Individuals may not give anything of value, including bribes, kickbacks, or payoffs, to any person in a position to benefit the County.
4. *Exception for Nominal Value.* Affected Individuals may provide or receive ordinary and reasonable business and gifts of nominal value if those gifts are not given for the purpose of influencing the business behavior of the recipient. "Nominal value" is defined as \$25.00 or less.

D. Medical Necessity and Quality of Care and Services.

1. *Delivery of Care and Services.* All individuals who receive medical treatment from the County shall be afforded the care and services reasonably necessary to attain or maintain the highest possible physical, mental, and psycho-social well-being.
2. *Ability to Provide.* The County shall make a good faith effort to refer patients/clients and their families to other appropriate providers when it cannot provide for the patients/clients' identified needs.
3. *Medical and/or Educational Necessity.* Medical care and services shall be based on medical necessity and professionally recognized standards of care.
4. *Quality of Assurance.* Covered Departments shall have processes in place to objectively measure and systematically monitor the quality and appropriateness of medical care and related services; as well as to identify and pursue opportunities

for improvement. To the extent possible, the County's quality assessment and improvement processes shall be coordinated with the County's Corporate Compliance Plan.

E. Governance.

1. *Broad Oversight.* The Compliance Committee and the Oswego County Legislature shall exercise reasonable oversight over the implementation of the Corporate Compliance Plan and ensure that they received relevant information in a timely manner as is necessary and appropriate. The duty of "reasonable oversight" includes the duty to make reasonable inquiries when presented with extraordinary facts or circumstances of a material nature (i.e. indications of financial improprieties, self-dealing, or fraud) or a major governmental investigation.
2. *Conflict of Interest.* In accordance with Oswego County's Code of Ethics, and Local Law No. 3 of 2002, any actual or potential conflict of interest must be disclosed to ensure the integrity of the County's operations. All Affected Individuals must disclose to the Compliance Officer any financial interest that they or a member of their family have in any entity that does business or competes with the County in any manner.

F. Credentialing.

1. *Background Checks.* The County, through the Oswego County Human Resources Department, shall screen prospective employees, members, and contractors prior to engaging their services against websites which provide information on excluded individuals and entities, criminal backgrounds, and professional licensure and certification. Screening should be done periodically to ensure that such individuals and entities have not been excluded, convicted of a disqualifying criminal offense, or had their licensure or certification suspended, revoked or terminated since the initial screening.
2. *Notice to Contractors/Vendors.* All County contracts with Covered Departments shall contain a notice that the County's Compliance Plan applies to all transactions, including without limitation, notice that if the contractor/vendor has been convicted of an offense that would preclude employment under Medicaid or Medicare regulations, the contractual relationship shall be subject to termination.

G. Business Practices.

Oswego County is committed to complying with all federal, state and local laws, rules and regulations in its operations and business practices. Additionally, the County has adopted a Code of Ethics and Local Law No. 3 of 2002 to govern the expectations of ethical conduct by its employees and elected officials.

1. *Stark Law and Anti-Kickback Statute.* As more fully described herein, the Stark Law prohibits any physician or other health care provider employed by or contracting with the County from making a referral for health care services to any entity with which the physician or any members of his/her immediate family has a

financial relationship. The Anti-Kickback Statute prohibits the County or any of its employees or contractors/vendors from soliciting, offering or receiving anything of value in exchange for referring goods or services which are paid for through Medicare or Medicaid. Both the recipient and the offeror of the remuneration are subject to the Anti-Kickback Statute. The County will promptly review and investigate any instance of alleged violation of these statutes.

2. *Business Records.* Business records must be accurate and truthful, with no material omissions.
3. *Relationships with Other Providers.* Contracts, leases, and other financial relationships with hospitals, physicians, hospices, other medical providers and suppliers who have a referral relationship with the County shall be based on the fair market value of the services or items being provided or exchanged, and not on the basis of the volume or value of referrals of Medicare or Medicaid business between the parties. Free or discounted services or items will not be accepted or provided in return for referrals.

SECTION 4. COMPLIANCE PROGRAM OVERSIGHT.

A. The Role of the Compliance Officer

The Oswego County Legislature shall designate a Compliance Officer.

The Compliance Officer has primary responsibility for Compliance Program development, implementation, monitoring, and evaluation for effectiveness of this Compliance Plan, as well as the Oswego County HIPAA Policies.

B. Reporting Relationship

The Compliance Officer has direct lines of communication to the Compliance Committee, County Administrator, County Legislature, and County Attorney.

1. *Investigative Reports.* Compliance issues shall be reported to the County's Corporate Compliance Officer. The Corporate Compliance Officer, together with the County Attorney's Office, shall initiate an investigation into the Complaint. Upon completion of the investigation, the Corporate Compliance Officer shall work with the affected Department Head to initiate a corrective action plan. Reports of the Corporate Compliance Officer's investigation shall be provided to the Oswego County Administrator, the Compliance Committee and the Department Head of the affected Covered Department.
2. *Annual Reports.* The Corporate Compliance Officer shall report at least annually to the Oswego County Legislature, and the Health Department regarding the activities of the Compliance Committee.

3. *Internal Reports.* The Corporate Compliance Officer shall update the relevant Department heads on the activities of the Compliance Plan.

C. Role and Responsibilities

The Compliance Officer's primary responsibilities include:

1. Overseeing and monitoring the adoption, implementation, and maintenance of the Compliance Program;
2. Developing and implementing Compliance Program policies and procedures and the Code of Conduct;
3. Reviewing and revising, periodically, the Code of Conduct, the Compliance Program, and policies and procedures as changes occur within Oswego County, and/or in the law, regulations, or governmental and third-party payers.
4. Evaluating the effectiveness of the Compliance Program, policies and procedures, and Standards of Conduct.
5. Developing, implementing, and monitoring the annual Compliance Work Plan.
6. Reporting, no less frequently than quarterly, to the County Administrator, County Legislature, and Compliance Committee on the progress of implementation of the Compliance Program.
7. Assisting the County Administrator, Covered Departments Heads, Covered Departments Management, and the Compliance Committee in establishing methods to improve Oswego County's quality of service and to reduce vulnerability to fraud, abuse, and waste.
8. Developing, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the Compliance Program and seeks to ensure that all Affected Individuals, consistent with roles and any associated risk areas, are knowledgeable of, and comply with, pertinent Federal and State standards and Oswego County's Standards of Conduct.
9. Ensuring that excluded individuals and entities are not employed or retained by the County.
10. Directing Oswego County internal audits established to monitor effectiveness of compliance standards and the Compliance Program.
11. Independently investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with

all departments, providers, and sub-providers, agents, and, if appropriate, independent contractors.

12. Coordinating internal investigations and implementing corrective action(s).
13. Developing policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.
14. Providing guidance to Covered Department Heads, supervisors, medical/clinical program personnel, and individual departments regarding policies and procedures and governmental laws, rules, and regulations.
15. Maintaining a reporting system, including an anonymous means to report, and responding to concerns, complaints, and questions related to the Compliance Program.
16. Overseeing efforts to communicate awareness of the existence and contents of the Compliance Program.
17. Ensuring that independent contractors and contractors (recipient service provision, vendors, billing services, etc.) are aware of the requirements of Oswego County's Compliance Program.
18. Acting as a resourceful leader regarding regulatory compliance issues. Actively seeking up-to-date material and releases regarding regulatory compliance issues.
19. Continuing the momentum of the Compliance Program and the accomplishment of its objectives.
20. Maintain documentation of the following: internal and external audit and investigation results, logs of hotline calls and their resolution, corrective action plans, due diligence efforts with regard to business transactions, records of compliance training, and modification and distribution of policies and procedures.

D. The Structure, Duties, and Role of the Compliance Committee.

The Compliance Committee shall advise and assist the Compliance Officer with the implementation of the Compliance Program. The Committee shall be comprised, at a minimum, of the Corporate Compliance Officer, County Administrator, the County Attorney (or designee), Department of Public Health Director (or designee), Department of Mental Hygiene (or designee), County Auditor (or designee), and Human Resources Director (or designee). The Corporate Compliance Officer shall be the Chair of the Committee.

The Compliance Committee reports directly to the County Legislature. The Compliance Committee will meet on a regular basis, but not less than quarterly. Meeting minutes will be maintained by the Compliance Officer.

The Compliance Committee is responsible for the following:

1. Analyzing the regulatory environment where Oswego County does business, including legal requirements with which it must comply.
2. Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
3. Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner.
4. Ensuring that the County has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues and has effective policies and procedures for correcting and reporting such issues.
5. 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.
6. Coordinating with the Compliance Officer to ensure that the written policies and procedures and Standards of Conduct are current, accurate, and complete.
7. Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures.
8. Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
9. Developing a process to solicit, evaluate, and respond to complaints and problems.
10. Monitoring internal and external audits to identify issues related to non-compliance.
11. Implementing corrective and preventative action plans and follow-up to determine effectiveness.
12. Ensuring the development and implementation of an annual Compliance Work Plan.

13. Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program.
14. Ensuring that the County has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste, and abuse.
15. Monitoring and evaluating the County's Compliance Program for effectiveness at least annually and making recommendations for necessary modifications to the Compliance Program as applicable.
16. Developing and implementing a Compliance Committee Charter. The Charter will outline the Compliance Committee's duties and responsibilities, membership, designation of a chairperson and frequency of meetings. The Charter will be reviewed and updated annually.

E. Delegation of Substantial Discretionary Authority

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for the County is required to disclose any name changes and any involvement in non-compliant activities including healthcare-related crimes. In addition, the County performs reasonable inquiries into the background of such applicants, all prospective employees, the County Administrator, Department Heads or Directors, and other senior management, interns, contractors, and vendors.

The following resources may be utilized when conducting screening:

1. The System for Award Management (SAM) available on the SAM website. The URL address is: <https://www.sam.gov>
2. HHS/OIG List of Excluded Individuals and Entities. The URL address is: <http://exclusions.oig.hhs.gov/>
3. Medicaid Exclusions I Office of the Medicaid Inspector General. The URL address is: <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
4. Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/opsearches.htm>)

SECTION 5. EDUCATION AND TRAINING.

A. Expectations.

Education and training are critical elements of the Compliance Program. All Affected Individuals are expected to be familiar with and knowledgeable about Oswego County's Compliance Program and have a solid working knowledge of their responsibilities under the Compliance Program. Compliance Program Policies and Procedures and Standards of Conduct will be communicated to all Affected Individuals through required participation in training programs.

B. Training Topics: General.

1. All Affected Individuals shall participate in training on the topics identified below:
 - i. Oswego County's Compliance Plan;
 - ii. Code of Conduct and other related written guidance;
 - iii. Federal False Claims Act;
 - iv. New York False Claims Act;
 - v. Whistleblower Protections;
 - vi. Risk areas and organizational experience;
 - vii. The role and responsibilities of the Compliance Officer and the Compliance Committee;
 - viii. Communication channels (name of Compliance Officer, reporting mechanisms, anonymous reporting mechanism);
 - ix. Oswego County's expectations for reporting:
 - a. known or suspected fraud, waste, and abuse;
 - b. illegal or unethical acts;
 - c. actual or suspected violations of Federal or State laws and regulations;
 - d. actual or suspected violations of the Standards of Conduct, the Compliance Program, and Oswego County's policies and procedures;
 - e. improper acts in the delivery or billing of services;
 - f. other wrongdoing (collectively referred to as "compliance concerns");
 - g. how the County responds to such reports including the investigation process and corrective actions;
 - h. Oswego County's disciplinary policy and standards;
 - i. Prevention of fraud, waste, and abuse; and
 - j. Non-retaliation and non-intimidation policy.
2. All Affected Individuals will complete the Compliance Program training no less frequently than annually.
3. Oswego County will maintain an annual training plan. The training plan will, at a minimum, outline the subjects or topics for compliance training and education, 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 training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.

4. In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics, such as documentation of services and coding and billing procedures. Department Heads or Directors shall assist the Compliance Officer in identifying areas that require specific training and education.

C. Orientation.

As part of Orientation, every Affected Individual shall receive a written copy of the Compliance Plan and Standards of Conduct and be provided access to Compliance Program Policies and Procedures.

D. Attendance.

All education and training relating to the Compliance Plan will be verified by attendance and a signed acknowledgement of receipt of the Compliance Plan and Standards of Conduct.

Attendance at compliance training sessions is mandatory and is a condition of continued employment, contract, appointment and/or assignment with the County.

SECTION 6. LINES OF CONFIDENTIAL COMMUNICATION.

A. Expectations

1. Open lines of communication between Oswego County's Department Head, the Compliance Officer, and each Affected Individual subject to this Compliance Plan are essential to the success of Oswego County's Compliance Program and commitment to comply with all applicable laws and regulations and the prevention of Medicaid or Medicare fraud, waste, and abuse.
2. All Affected Individuals must report compliance concerns. Failure to report is deemed misconduct and a violation of this requirement.
3. Every Affected Individual has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

B. Reporting Procedure.

1. If an Affected Individual witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan and/or Standards of Conduct, he or she should contact the Compliance Officer, immediate supervisor, Department Head, or a member of the Compliance Committee.

2. Reports may be made in person; by mail, phone, or email; by calling a telephone line dedicated for the purpose of receiving such notification, at (315) 349-3514, by e-mail to Jeanne.King@oswegocounty.com, or by mailing information to the attention of the Compliance Officer at 70 Bunner Street, Oswego, NY 13126. Affected Individuals may also anonymously report to the Compliance Officer by leaving a note in the green "ideas box" in the second floor supply room located in the Department of Health building.
3. Upon receipt of a question or concern, any supervisor, officer, or director shall document the issue at hand and report to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the County Administrator.
4. The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the Affected Individual was seeking information concerning the Standards of Conduct or its application, the Compliance Officer or designee shall record the facts of the inquiry and the nature of the information sought and respond as appropriate.

C. Protections.

Oswego County shall, as much as is possible, protect the anonymity or identity of the Affected Individual who reports a compliance concern or raises a question about Oswego County's Compliance Program and Standards of Conduct. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding.

D. Policy of Non-Retaliation and Non-Intimidation.

1. Oswego County shall not take any retaliatory action against an Affected Individual who, in good faith, reports a compliance concern, as defined by this Plan or for good faith participation in the Compliance Program, including but not limited to:
 - i. Reporting potential issues;
 - ii. Investigating issues;
 - iii. Self-evaluations;
 - iv. Audits;
 - Remedial actions; and
 - v. Reporting to appropriate officials as provided in NY Labor Law §§ 740 and 741.
2. Any employee who threatens retribution, retaliation, or intimidation against the employee who acts in good faith pursuant to their responsibilities under the Compliance Plan is acting against Oswego County's Compliance Policy.

Discipline, up to and including termination of employment, contract, appointment, or assignment, will result if such retribution, retaliation or intimidation is proven.

3. Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting a compliance concern or for good faith participation in the Compliance Program shall report the actions to the Compliance Officer, who shall conduct an investigation into the allegation in accordance with Section 9 (Response to Compliance Issues) of this Compliance Plan (Response to Compliance Issues).

E. Guidance.

Any Affected Individual may seek guidance about the Compliance Plan or Standards of Conduct at any time by following the reporting mechanisms outlined above.

SECTION 7. DISCIPLINE AND ENFORCEMENT OF COMPLIANCE STANDARDS.

A. Disciplinary Action: General.

1. Affected Individuals who fail to comply with Oswego County's Compliance Program and Code of Conduct, or who, upon investigation, are found to have committed illegal or unethical acts or violations of applicable Federal and State laws and regulations, the Compliance Program, the Standards of Conduct, or the County's policies and procedures, will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with the County.
2. When the determination is made that a compliance violation occurred involving a contractor or vendor, the Compliance Officer will notify the County Administrator, Director of Human Resources and County Attorney to work collaboratively to determine and execute the appropriate corrective action.
3. The County will apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to:
 - i. verbal counseling or warning;
 - ii. counseling with written warning;
 - iii. re-training;
 - iv. reassignment or demotion;
 - v. suspension without pay; and/or,
 - vi. termination of employment, contract, assignment, or appointment.

The County will consider intentional or reckless behavior as being subject to more significant discipline.

4. The following actions will result in more significant disciplinary action:
 - i. Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
 - ii. Failure to comply with the County's policies governing the prevention, detection, or reporting of fraud and abuse;
 - iii. Falsification of records;
 - iv. Submitting or causing to submit a false claim;
 - v. Failure to report a violation by a peer or subordinate;
 - vi. Failure to cooperate in an investigation; and
 - vii. Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation.
5. Any discipline will be reasonably documented in the Affected Individual's file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during an employee's regular and promotional evaluations.
6. The Compliance Officer will maintain a written record of all disciplinary actions taken against Affected Individuals related to non-compliance and violations, including verbal warnings, and will reference these records when necessary to ensure consistency in application of disciplinary measures. The Compliance Officer will provide a report on disciplinary actions taken to the Compliance Committee and the Board of Directors.

B. Disciplinary Action: Supervisory

Department Heads and supervisors will be disciplined for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and procedures and legal requirements where reasonable diligence on the part of the Department Head or supervisor would have led to the earlier discovery of any problems or violations and would have provided the County with the opportunity to correct them.

SECTION 8. AUDITING AND MONITORING.

A. Internal Audits.

1. Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of Oswego County's Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the Compliance Committee, is an integral component of Oswego County's auditing and monitoring systems.
2. On an annual basis, the Compliance Officer, in conjunction with the County Administrator, Department Heads, and the Compliance Committee, will develop an audit plan based on an organizational risk assessment.

3. The ongoing auditing and monitoring will evaluate at minimum, the following risk areas:
 - i. Billings;
 - ii. Payments;
 - iii. Ordered services;
 - iv. Medical necessity;
 - v. Quality of care;
 - vi. Governance;
 - vii. Mandatory reporting;
 - viii. Credentialing;
 - ix. Contractor, subcontractor, agent, or independent contract oversight;
 - x. Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions;
 - xi. Review of documentation and billing relating to claims made to Federal, State, and third party payers for reimbursement;
 - xii. Compliance training and education;
 - xiii. Effectiveness of the Compliance Program; and
 - xiv. Other risk areas that are or should reasonably be identified by the County through its organizational experience.
4. The audits and reviews will examine the County's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), and record reviews.
5. Results of all auditing and monitoring activities will be reported to the Compliance Committee and County Legislature.
6. Additional steps to ensure the integrity of the Compliance Plan will include:
 - i. The Compliance Officer will be notified immediately in the event of any visits, audits, investigations, or surveys by any Federal or State agency or authority, and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing the County and/or administering a Federally or State-funded program or county-funded program with which the County participates.
 - ii. Establishment of a process detailing ongoing notification by the Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

SECTION 9. RESPONSE TO COMPLIANCE ISSUES.

A. Violation Detection.

1. Oswego County maintains a formal confidential and anonymous compliance reporting process to encourage the reporting of any compliance concerns. Affected Individuals must promptly report any compliance concerns to Compliance Officer, the immediate

supervisor, Department Head, or a member of the Compliance Committee. Service recipients, vendors, and any party conducting business with Oswego County may report compliance concerns to the Compliance Officer through the confidential or anonymous reporting process.

2. As part of its Compliance Program, Oswego County will ensure that all reports of compliance concerns are immediately and objectively investigated and resolved promptly. Such investigations may be conducted by the Compliance Officer, members of the Compliance Committee, other employees or external parties as indicated or recommended by the Compliance Officer, the County Administrator and/or the County Attorney.
3. The Compliance Officer will take immediate measures to secure relevant evidence or documentation and will ensure the confidentiality of any information obtained from a report, interview or through an investigation, unless otherwise required by law.
4. Unless a potential conflict of interest exists, the Compliance Officer will inform the County Administrator of any pending investigations. In the case of a conflict of interest, the Compliance Officer will inform the County Attorney, who will then determine if retaining outside counsel is necessary.

B. Reporting.

1. The results of the investigation and remedial actions will be communicated confidentially to the County Administrator and the County Attorney. Confidential communication to any other employees is based on a need-to know basis. The Compliance Officer shall report to the Compliance Committee regarding each investigation conducted unless conducted under attorney privilege.
2. At the conclusion of an investigation conducted by the County Attorney, or outside counsel where appropriate, said counsel shall issue a report to the Compliance Officer, County Administrator, and the Compliance Committee summarizing their findings, conclusions, and recommendations and will render an opinion as to whether a violation of the law has occurred. The report will be reviewed with the County Attorney, and/or outside counsel where appropriate, in attendance. Any additional action will be on the advice of counsel.

C. Rectification.

1. If the Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation.

2. If the County identifies that an overpayment was received from any third-party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel.
3. It is the County's policy to not retain any funds received from overpayments. Overpayments will be reported and refunded to Medicaid and Medicare in accordance with the appropriate self-disclosure protocols and any required time frames.
4. In instances where it appears that an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

D. Recordkeeping.

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. The Compliance Officer will organize the information so that the County can determine if an infraction occurred. The Compliance Officer will securely maintain all notes of the interviews, all evidence and review of documents as part of the investigation file. This record will be considered confidential and not released without the approval of the County Administrator and/or legal counsel.

SECTION 10. IMPORTANT LAWS AND REGULATIONS: WHISTLEBLOWER PROTECTION.

As a Medicare and Medicaid participating provider, the County is required to comply with various federal and state laws and regulations, including those designed to deter fraud, waste and abuse. The County has established written policies to detect and prevent Medicare and Medicaid fraud and abuse as part of its Compliance Program.

The Whistleblower Protection is intended to encourage good faith participation in the Compliance Program and enable Affected Individuals to promptly raise questions or concerns. Any individual who reasonably believes and/or who, in good faith, raises questions or reports concerns about any ethical, legal, and/or regulatory issue, problem, concern or violation (including an actual or suspected violation of laws, regulations, or policies, including the Compliance Plan or Code of Conduct) may do so without concern for retaliation or intimidation, or disciplinary action (or in the case of employees, no adverse employment consequence or threat of an adverse employment consequence).

Affected Individuals will not be subject to reprisals for good faith participation in the Compliance Program, including but not limited to reporting or supplying information about potential compliance violations, participating in investigations, self-evaluations, audits and remedial actions, or reporting to appropriate officials as provided in Sections 740 and 741 of the New York Labor Law, excepting cases where such individual is responsible for the violation or when deliberate false reporting has occurred.

Affected Individuals are also protected under this provision and the False Claims Acts against any form of retaliation or intimidation for reporting fraud, waste or abuse to the appropriate federal or state entities or filing a False Claim lawsuit, which protects such individual who files a false claims lawsuit from being fired, threatened, harassed, or other forms of retaliation. Any allegations that prove not to be substantiated and that prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Any Affected Individual who attempts to commit, commits, or condones any form of intimidation or retaliation against someone who has reported a suspected violation is subject to disciplinary action up to and including termination of employment or disassociation with Oswego County. It is expected that Affected Individuals will act in accordance with the Code of Conduct, must refuse to participate in unethical or illegal conduct, and will fully cooperate with any investigation of potential violation.

The New York Labor Law also protects representatives from retaliatory practices. Additional details regarding the Federal and State fraud and abuse and whistleblower protection laws, including employees' protections, rights and obligations under Sections 740 and 741 of the New York Labor Law is available in the County's Compliance Policy, "False Claims Act and Whistleblower Provisions".

OSWEGO COUNTY

Corporate Compliance Plan Policies



Effective: ____, 2024 (Resolution No. 24-__)

TABLE OF CONTENTS

1. Policies Overview
2. Definitions
3. Anti-Kick Back Policy
4. Auditing and Monitoring Policy
5. Billing, Errors, Overpayments, and Self-Disclosure
6. Compliance Education and Training
7. Conflict of Interest
8. Discipline and Enforcement of Compliance Standards
9. Exclusion and Sanction Screening
10. False Claims and Whistleblower Protections
11. Overview of Relevant Laws related to False Claims Act (state and federal)
12. Reporting and Investigation of Compliance Concerns
13. Response to Governmental Investigations
14. Search Warrants
15. Role and Responsibilities of the Compliance Committee
16. Standards of Conduct
17. Subpoenas
18. Whistleblower Protections and Non-Retaliation

Appendix A: Oswego County Local Law No. 3 of 2002 and County's Ethics Code

SECTION 1. OVERVIEW.

The following are the policies of Oswego County that are to be implemented and used in accordance with the Oswego County's Corporate Compliance Plan:

1. Anti-Kick Back Policy (Section 3)
2. Auditing and Monitoring Policy (Section 4)
3. Billing, Errors, Overpayments, and Self-Disclosure (Section 5)
4. Compliance Education and Training (Section 6)
5. Conflict of Interest (Section 7)
6. Discipline and Enforcement of Compliance Standards (Section 8)
7. Exclusion and Sanction Screening (Section 9)
8. False Claims and Whistleblower Protections (Section 10)
9. Overview of Relevant Laws related to False Claims Act (state and federal) (see Section 11)
10. Policy Development, Approval and Maintenance (see PRP-2006-1)
11. Reporting and Investigation of Compliance Concerns (see Section 12)
12. Response to Governmental Investigations (see Section 13)
13. Search Warrants (see Section 14)
14. Role and Responsibilities of the Compliance Committee (see Section 15)
15. Standards of Conduct (see Section 16)
16. Subpoenas (see Section 17)
17. Travel and Other Expense Reimbursement (see PRP-2022-7)
18. Whistleblower Protections and Non-Retaliation (see Section 18)

SECTION 2: DEFINITIONS AND ACRONYMS. These definitions shall be read in conjunction with the definitions stated in the County's Ethics Local Law and the County's Ethics Code, attached herein as Appendix A.

Affected Individuals (Pursuant to 18 NYCRR 521-1.2): All persons who are affected by the required provider's risk areas including the required provider's employees, the Chief Executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

Business Courtesies: A business courtesy is anything of value, a favor, or a benefit provided free of charge or at a charge less than fair market value in the context of a business relationship. The Policy applies to gifts, entertainment, and hospitality involving the County's employees or legislators and its referral sources and business partners intended to enhance business relationships and/or further their mutual business interests. Examples include gifts, entertainment, or hospitality for the purposes of inducing:

- i. Referrals for the County's services or treatment;
- ii. The purchasing, leasing, or ordering of any item or service; or
- iii. The recommendation of the purchasing, leasing, or ordering of any such item or service.

Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise:

- i. an employee's or Board member's business judgment;
- ii. delivery of services; or
- iii. ability for an employee to do their job. An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that employee, Board member, or for an immediate family member as a result of business dealings.

Contractor (aka Vendor):

- i. Any independent contractor, contractor, subcontractor, or other person who, on behalf of the County, furnishes or otherwise authorizes the furnishing of Medicare, Medicaid, or other federally-funded healthcare items or services, or performs billing or coding functions; or
- ii. Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are directly related to healthcare provision, and/or are included in or are a necessary component of providing items or services reimbursed by Medicare, Medicaid, or other federally funded healthcare program; or
- iii. Any independent, contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the County.

Effective Compliance Program: A compliance program adopted and implemented by the required provider that, at a minimum, satisfies the requirements of 18 NYCRR Subpart 521-1.2 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 noncompliance with MA program requirements, including fraud, waste, and abuse most likely to occur for the required provider's risk areas and organizational experience.

Employee: For the purposes of this Plan, "employee" shall encompass all officers and employees, interns, whether elected or appointed, paid or unpaid, members and employees of all boards, commissions or agencies of this local government.

Immediate Family Member: For the purpose of this policy, an immediate family member is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage. An immediate family member of a person includes:

- i. The person's spouse;
- ii. Natural or adoptive parent, child, or sibling;
- iii. Stepparent, stepchild, stepbrother, or stepsister;
- iv. Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
- v. Grandparent or grandchild; and
- vi. Spouse of a grandparent or grandchild.

MMCO: Medicaid Managed Care Organizations

Nominal Value: Oswego County has determined that items with a value of \$75.00 or less be of nominal value.

Organizational Experience: The required provider's:

- i. knowledge, skill, practice and understanding in operating its compliance program;
- ii. identification of any issues or risk areas in the course of its internal monitoring and auditing activities;
- iii. experience, knowledge, skill, practice and understanding of its participation in the MA program and the results of any audits, investigations, or reviews it has been subject of; or aware of for its category or categories of service.

Potential Referral Source: A potential referral source includes a physician, other healthcare provider, or party who could reasonably be a source of referral of individuals or patients to the County for services or treatment.

Related Party:

- i. any director, officer, or key employee (e.g., members of senior leadership) of Oswego County or its related entities;
- ii. any relative of any director, officer, or key employee of Oswego County or its related entities; or

- iii. an entity in which any individual described in (i) or (ii) has a 35% or greater ownership or beneficial interest, or in the case of a partnership or professional corporation, a direct ownership interest in excess of 5%.

Remuneration: Any type of direct or indirect payment, bribe, rebate, or other type of inducement.

SECTION 3. ANTI-KICKBACK.

A. Anti-Kickback Purpose:

Oswego County recognizes that there are legitimate and lawful reasons to accept or provide reasonable business courtesies. However, in healthcare, business courtesies pose a risk for conflict of interest or fraud and/or abuse related to anti-kickback laws and regulations. The Federal Anti-Kickback law prohibits the offer of payment, solicitation, or receipt of anything of value to induce or reward the referral of Federal health care program recipients, such as Medicare and Medicaid recipients. The Federal Anti-Kickback statute also prohibits the payment or receipt of any remuneration that is intended to induce the purchasing, leasing, or ordering of any item or service that may be reimbursed, in whole or in part, under a Federal health care program. It also prohibits the payment or receipt of any remuneration that is intended to induce the recommendation of the purchasing, leasing, or ordering of any such item or service.

The purpose of this policy is to assure that the County complies with Federal Anti-Kickback laws. The policy provides guidance for providing business courtesies.

B. Anti-Kick Back Policy:

- i. Any business courtesy intended to induce or reward referrals or result in the purchase of goods or services is strictly prohibited.
- ii. It is the policy of Oswego County that gifts, entertainment, and other benefits will not be provided to a potential referral source, except as permitted by this policy.
- iii. Any business courtesies involving physicians or other individuals or entities in a position to refer individuals or patients to Oswego County for services must strictly follow the County's policies and be in conformance with all Federal and State laws, regulations, and rules regarding these practices.

C. Anti-Kick Back Procedures:

- i. Oswego County's employees are prohibited from offering business courtesies to a potential referral source unless the following criteria are met:
 - a. The business courtesy is not based, directly or indirectly, on the volume or value of referrals or other business generated by the potential referral source;
 - b. The business courtesy is not solicited by the potential referral source or the referral source's employees;
 - c. The business courtesy does not consist of cash or the equivalent of cash; and

- d. The business courtesy does not violate the Federal Anti-Kickback statute or any state or Federal law governing claims submission.
- ii. All County employees must receive approval from the Compliance Officer prior to extending business courtesies to potential referral sources and business partners. The Compliance Officer will record any business courtesy extended to potential referral sources and business partners on the Gifts and Entertainment Recording Log, attached hereto. The Compliance Officer will ensure that business courtesies are of nominal value.
- iii. Employees and their Immediate Family Members are prohibited from receiving and/or accepting business courtesies from the County's business partners or potential business partners as an inducement to purchase or lease goods or services.
- iv. Employees and their Immediate Family Members shall not accept or solicit excessive gifts, meals, expensive entertainment, or other offers of goods or services that have more than a nominal value from vendors, suppliers, contractors, or other persons.
- v. Employees may only retain gifts from vendors that have a nominal value. Gifts from vendors must be reported to the Compliance Officer and recorded on the Gifts and Entertainment Recording Log. If an employee has any concern as to whether a gift should be accepted, the Compliance Officer should be consulted. To the extent possible, these gifts should be shared with other individuals/employees at the County.

C. Anti-Kick Back Sanctions:

Non-compliance with this section may result in disciplinary action, up to and including termination.

D. Anti-Kick Back Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County will conduct, at a minimum, an annual review of the Anti-Kick Back policy section based on changes in the law or regulations, as the County's practices change.

Furthermore, this policy shall be tested for effectiveness on an annual basis or more frequently as identified in accordance with the County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. The results will be reported to the Compliance Committee and Governing Body on a quarterly basis.

E. Anti Kick Back Record Retention:

Oswego County shall retain this policy and all subsequent revisions, and any related documentation thereto for a minimum period of six (6) years.

SECTION 4. AUDITING AND MONITORING.

A. Auditing and Monitoring Purpose:

Pursuant to 18 NYCRR Part 521 and Social Services Law § 363-d, Oswego County developed and implemented a Compliance Program in an effort to establish, in part, effective internal controls that promote adherence to applicable Federal and State laws and requirements. An important component of the Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified risk areas.

The County recognizes the need for internal controls, but also realizes that resources are limited. Therefore, this policy focuses on the County's resources to effectively and efficiently audit and monitor risk areas.

B. Auditing and Monitoring Policy:

It is the Policy of Oswego County to conduct ongoing auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, clinical operations, and service provision. It is the responsibility of the entire Management Team to ensure that ongoing auditing and monitoring is properly executed, documented, and evidenced.

Likewise, it is the Policy of Oswego County to analyze and trend the results of all audits (both internal and external) on a regular basis to ensure that the County's Compliance Program is effective.

C. Auditing and Monitoring Procedures.

1. On an annual basis, the Compliance Officer, in conjunction with the Chief Executive, Senior Management, and Compliance Committee, will determine the scope and format of routine audits of the County's operations based on an organizational risk assessment. The Compliance Officer will include all scheduled audits on a work plan or audit plan that is shared with the Compliance Committee and the County Legislator.
2. Each County program or department shall conduct a review of its compliance with applicable regulations and quality measures on a quarterly basis. Senior Management staff shall be responsible for identifying needs for internal auditing of specific issues under their oversight. This shall annually, at a minimum, as a part of the County's risk assessment and for consideration into the annual work plan and audit plan.
3. The Compliance Officer shall recommend and facilitate auditing and monitoring of the identified risk areas related to compliance with laws and regulations, as well as the County's policies, procedures, and Standards of Conduct. (Risk areas may be identified through the regular course of business, external alerts, external audits or reviews, or internal reporting channels).
4. The Compliance Officer shall be responsible for oversight of the County's internal auditing system and is authorized to delegate auditing duties to other County personnel, accountants, consultants, and attorneys, as necessary and appropriate.

5. The Compliance Officer shall conduct and/or oversee compliance audits and reviews with assistance from Management staff and/or Quality Assurance/Internal Audit staff with the requisite skills to carry out the audit. Whenever feasible, the Compliance Officer shall seek to have audits conducted by County employees who are not involved in the delivery of services subject to the audit.
6. The Compliance Officer shall facilitate all audits of financial processes or systems with the Chief Financial Officer. The audits will serve to ensure that internal controls are in place so that:
 - i. Generally Accepted Accounting Principles (GAAP) are followed; and
 - ii. Federal, State, and local laws, regulations, and requirements are met.
7. The Compliance Officer will facilitate all audits of operational and programmatic issues with County Administrator.
8. The ongoing auditing and monitoring will serve to evaluate, at minimum, the following risk areas:
 - i. Billings;
 - ii. Payments;
 - iii. Ordered services;
 - iv. Medical necessity;
 - v. Quality of care;
 - vi. Governance;
 - vii. Mandatory reporting;
 - viii. Credentialing;
 - ix. Contractor, subcontractor, agent, or independent contract oversight;
 - x. Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions;
 - xi. Review of documentation and billing relating to claims made to Federal, State, and third party payers for reimbursement;
 - xii. Compliance training and education;
 - xiii. Effectiveness of the Compliance Program; and
 - xiv. Other risk areas that are or should reasonably be identified by the Organization through its organizational experience.
9. The audits and reviews shall examine the County's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), clinical record reviews to support claims for reimbursement, and documentation reviews.
10. The Compliance Officer shall review and approve the sample size and sample criteria prior to each audit unless the detail is included in the annual audit plan or work plan.

11. All audit and review tools used shall be standardized throughout the County and approved by the Compliance Officer.
12. A written report of all internal audit and review results shall be provided to the Compliance Officer and respective department or division director within seven (7) business days from the completion of the review or audit. Within ten (10) business days from the receipt of the written report of findings, the department head shall submit a written Plan of Corrective Action to the Compliance Officer for review. If there are no corrective actions to be taken, the department head shall merely acknowledge receipt of the review or audit. The department head is responsible for ensuring that any and all corrective measures are implemented and monitored for effectiveness.
13. The Compliance Officer shall determine the timeframe for a post-audit review. The objective of the post-audit review is to ensure that corrective actions were completed and effective in preventing any recurrences of any and all deficiencies.
14. The results of all internal auditing and monitoring activities, including records reviewed, audit results, and corrective actions, shall be recorded and maintained by the Compliance Officer.
15. Should non-compliance be detected during routine internal monitoring and activities, the Compliance Officer shall ensure a thorough investigation in accordance with the Reporting and Investigation of Compliance Concerns Policy.
16. Any correspondence from any regulatory agency charged with administering a federally- or state-funded program received by any department of the County shall be copied and promptly forwarded to the Compliance Officer for review and subsequent discussion by the Compliance Committee.
17. Program management shall immediately notify the Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority. Results (whether oral or written) of any visits, audits, investigations, or surveys shall be forwarded to the Compliance Officer promptly upon receipt by County personnel.
18. The Compliance Officer shall be responsible for reporting to the Compliance Committee on the general status of all audits and reviews, the outcome of compliance auditing and monitoring, and the corrective actions taken. The reporting shall occur at the first regularly scheduled Compliance meeting after the conclusion of the audit or review.
19. The Compliance Officer shall be responsible for reporting the results of auditing and monitoring activities and corrective actions at least annually to the Board of Directors. The report shall likewise include monitoring of trends, an assessment of any compliance risks to the County, and an evaluation of the effectiveness of the County's Compliance Program.
20. At least annually, the Compliance Officer shall benchmark audit results and compare results of similar audits to determine whether improvement is occurring.

21. On an annual basis, the Compliance Officer, in collaboration with the Compliance Committee, shall conduct a review to monitor the effectiveness of the Compliance Program, Compliance Program Policies and Procedures, and the Standards of Conduct to determine:

- a. Whether such written policies, procedures, and Standards of Conduct have been implemented;
- b. Whether Affected Individuals are following the policies, procedures, and Standards of Conduct;
- c. Whether such policies, procedures, and Standards of Conduct are effective; and
- d. Whether any updates are required.

The Compliance Officer shall provide a report of the aforementioned review to the Compliance Committee and the County Legislator.

D. Auditing and Monitoring Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Auditing and Monitoring Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy, at a minimum annually, based on changes in the law or regulations, as the County's practices change. Additionally, this policy shall be tested for effectiveness on an annual basis or more frequently as identified in accordance with Oswego County's Compliance Program. Testing will include but is not limited to:

- i. ensuring that the policy is appropriately followed;
- ii. the policy is effective;
- iii. the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and County Legislator on a regular basis.

F. Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

SECTION 5. BILLING ERRORS, OVERPAYMENTS, AND SELF-DISCLOSURE.

A. Billing Errors, Overpayments, and Self-Disclosure Purpose.

Pursuant to Social Services Law § 363-d, 18 NYCRR Part 521, and Affordable Care Act of 2010, 42 USC S1302a-7k(d), Oswego County is committed to adopting and implementing an effective

Compliance Program that includes ensuring the ability to detect, correct, and resolve payment and billing errors as quickly and as efficiently as possible.

B. Billing Errors, Overpayments, and Self-Disclosure Policy.

It is the policy of Oswego County that any overpayments or inaccurate billing of claims be detected, reported, and returned in a timely manner following all rules, regulations, and laws.

Oswego is committed to ensuring that in the event that the Organization has received an overpayment under the Medicaid Assistance Program (Medicaid), Medicare, or another third party payer, the Organization shall report and return the overpayment, notify the appropriate payer, and comply with all Federal and State laws, regulations, guidelines, and policies.

C. Billing Errors, Overpayments, and Self-Disclosure Procedure:

1. *Identification of Billing Errors and Overpayments*

- a. The Compliance Officer must be promptly notified of all potential or actual billing errors and suspected overpayments. Examples of billing errors or reasons for overpayment may include, but are not limited to, the following:
 - i. Coding errors;
 - ii. Errors in rate or unit;
 - iii. Keying or inputting errors;
 - iv. Provision of unauthorized services;
 - v. Services are not medically necessary, or necessity is not documented in the record;
 - vi. Absence of one or more required elements of documentation;
 - vii. Service was not rendered;
 - viii. Falsification of service or billing documents;
 - ix. Duplicate payments;
 - x. Fraudulent behavior by employees or others;
 - xi. Discovery of an employee or contractor on the Federal or State exclusion lists; and
 - xii. Damaged, lost, or destroyed records.
- b. The Compliance Officer will notify the County Administrator, County Treasurer, and County Attorney of potential billing issues and overpayments. The preliminary circumstances will be reviewed to determine if a suspension of billing is to be initiated.
- c. The Compliance Officer or designee will investigate the issue; review any underlying facts; quantify and identify the amount of overpayment; ensure that any errors are corrected; and ensure that any refunds are made to the appropriate governmental agency or third-party payer. The investigation will be conducted in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure. The Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether an overpayment has occurred and/or to quantify the overpayment.

- d. An overpayment is deemed "identified" when it is determined or should have been determined through the exercise of reasonable diligence, that an overpayment was received, and the amount of the overpayment has been quantified.
- e. The Compliance Officer is responsible for ensuring that the Organization properly discloses all overpayments to the appropriate payer and makes any reports and refunds that are necessary within the required timeframe for the payer.
- f. Medicaid and Medicare overpayments must be reported and returned:
 - i. no later than 60 days after the date the overpayment was identified; or
 - ii. by the date that any corresponding cost report is due, if applicable.
- g. Medicaid overpayments must be reported and returned in accordance with the Office of Medicaid Inspector General's (OMIG) Self-Disclosure Protocol. The Protocol is available on OMIG's website at <https://omig.ny.gov/>. (See also Section 5 (C)(2), Medicaid Self-Disclosure).
- h. Medicare overpayments are reported and refunded to the Medicare Administrative Contractor (MAC) or through the Office of Inspector General's Voluntary Self Disclosure program.
- i. Overpayments to other third-party payers will be made in accordance with the contractual agreement.
- j. Any overpayments retained by the Organization after the deadline for reporting and returning the overpayment may be subject to a monetary penalty.
- k. The Compliance Officer must approve the overpayment and self-disclosure procedures and/or any revisions to procedures or forms before implementation.
- l. Failure to report a potential reimbursement and billing issue or suspected overpayment will result in disciplinary action, up to and including termination of employment or contract.
- m. The Compliance Officer will maintain a file for each overpayment and self-disclosure. All interview notes, evidence, claims data, and written communication to and from the government agency or third-party payer will be maintained in the file in a secure location.
- n. The Compliance Officer will maintain a log of all overpayments that have been disclosed to governmental authorities and third-party payers. The following information will be recorded on the Overpayment and Disclosure Log (attached to this Policy):
 - i. The date that the overpayment was identified/quantified;

- ii. The date that the overpayment was disclosed;
 - iii. The date that the overpayment was refunded;
 - iv. The cause of the overpayment;
 - v. The department, program, or service;
 - vi. The amount of the overpayment; and
 - vii. The corrective action(s) to prevent the overpayment from recurring.
 - o. A report of overpayments, the results of investigations, and remedial actions will be reported to the Compliance Committee on a quarterly basis, and to the County Legislature at least annually.
2. *Medicaid Self-Disclosure*
- a. Oswego County shall participate in the OMIG's self-disclosure program under the following eligible conditions as required:
 - i. The Organization is not currently under audit, investigation, or review by the Medicaid Inspector General, unless the overpayment and the related conduct being disclosed does not relate to the OMIG audit, investigation, or review;
 - ii. The Organization is disclosing an overpayment and related conduct that at the time is not being determined, calculated, researched, or identified by OMIG;
 - iii. The overpayment and related conduct will be reported by the deadline previously specified, i.e., within 60 days of identification and the overpayment is quantified, or the date any corresponding cost report is due; and
 - iv. The Organization is not a party to any criminal investigation being conducted by the deputy attorney general for the Medicaid Fraud Control Unit or any agency of the US government or any political subdivision thereof.
 - b. Oswego County shall pay the overpayment amount determined by OMIG within 15 days of OMIG notifying the Organization of the amount due, unless the OMIG permits the County to repay the overpayment and interest due in installments.
 - c. Oswego County will enter into a self-disclosure compliance agreement with the Medicaid Inspector General that will be executed within 15 days of receiving said agreement from the Medicaid Inspector General or other time frame permitted by OMIG, but not less than 15 days.
 - d. Any false material information or omitted material information when submitting a self-disclosure, any attempts to evade an overpayment due, or any failure to comply with the terms of a self-disclosure and compliance agreement will not be tolerated and will be subject to disciplinary action up to and including termination.

D. Billing Errors, Overpayments, and Self-Disclosure Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Billing Errors, Overpayments, and Self-Disclosure Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy, at a minimum annually, based on changes in the law or regulations, as the County's practices change. Furthermore, this policy shall be tested for effectiveness on an annual basis or more frequently as identified in accordance with the County's Compliance Program. Testing will include but is not limited to:

- i. ensuring that the policy is appropriately followed;
- ii. the policy is effective;
- iii. the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and County Legislators on a regular basis.

F. Billing Errors, Overpayments, and Self-Disclosure Record Retention Statement:

Oswego County shall retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 6. COMPLIANCE EDUCATION AND TRAINING.

A. Compliance Education and Training Purpose.

Pursuant to Social Services Law § 363-d and 18 NYCRR Part 521, Oswego County is committed to the development and implementation of regular, effective education and training seminars is an integral part of the Compliance Program. Compliance education is divided into two general components. First, all Affected Individuals must receive an introduction to the Compliance Program. Second, those parties whose work is linked to identified risk areas should receive specialized compliance education pertaining to their function and responsibilities.

B. Compliance Education and Training Policy.

It is the Policy of Oswego County to ensure that all Affected Individuals receive formal training relating to the County's Compliance Program. The County shall ensure that all trainings are provided in a way that is accessible to all Affected Individuals and that they are in alignment with the required State and Federal laws, rules, and regulations.

It is the Policy of Oswego County to ensure that Affected Individuals in identified risk areas, and members of the Compliance Committee, County Administrator, the relevant Department Heads and Senior Management, receive more detailed education tailored to their function and responsibilities.

This Policy applies to all Affected Individuals. Successful completion of the training session is mandatory and a condition of continued employment, contract, appointment, or assignment with the County.

C. Compliance Education and Training Procedures:

1. The Compliance Officer is responsible for developing the compliance education curriculum and monitoring and ensuring that compliance training and orientation meet the Policy standards on this subject.
2. Compliance education and training seminars must include an explanation of the structure and operation of the Compliance Program. They will introduce the Compliance Officer and the roles and responsibilities of the Compliance Committee to Affected Individuals.
3. Compliance education and training seminars shall include, at a minimum, information on the following aspects of the Compliance Program:
 - a. Oswego County's Compliance Plan
 - b. Standards of Conduct, Ethics Code, Ethics Local Law and other related written guidance;
 - c. Federal False Claims Act;
 - d. New York False Claims Act;
 - e. Whistleblower Protections;
 - f. Risk areas and organizational experience;
 - g. The role and responsibilities of the Compliance Officer and the Compliance Committee;
 - h. Communications channels (name of Compliance Officer, reporting mechanisms, anonymous reporting mechanism);
 - i. Oswego County's expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and Oswego County's policies and procedures; improper acts in the delivery of billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for the purposes of this policy);
 - j. How the County responds to reports of compliance concerns, including the investigation process and corrective actions;
 - k. Oswego County's disciplinary policy and standards;
 - l. Prevention of fraud, waste, and abuse; and
 - m. Non-retaliation and non-intimidation policy.

- n. Specialized areas for education will include, but are not limited to, the following risk areas:
 - i. Improper or fraudulent billing for services;
 - ii. Preparation of inaccurate or incorrect cost reports;
 - iii. Misuse of County funds;
 - iv. Payment or receipt of remuneration or gifts in return for referrals of service recipients or business contracts;
 - v. Medicaid requirements specific to the County's services and programs;
 - vi. Coding and billing requirements and best practices, if applicable;
 - vii. Claim development and the submission process, if applicable;
 - viii. Government and private payor reimbursement principles; and
 - ix. Government initiatives related to the services provided by the County, if applicable.
4. Comprehensive education materials will be developed to facilitate the compliance sessions and ensure that a consistent message is delivered to all Affected Individuals. Education protocols and materials must be standardized, so as to evidence that everyone attending a seminar receives the same instruction.
5. As part of their initial orientation, each employee, including the Chief Executive and other senior administrators, and Board members shall receive a training session within the first ____ (30?) days of employment or association with the County. Each party will receive an introduction to County's Compliance Program and objectives, and written copies of the Standards of Conduct and Compliance Plan, and be provided access to Compliance Program policies and procedures. Each party will sign an acknowledgement form (attached to this Policy), or equivalent, that they are aware of and will abide by the Compliance Plan and Standards of Conduct.
6. All Affected Individuals shall receive training and/or education at least once per year that includes a review of the existing Compliance Plan, the Standards of Conduct, and any applicable policies and procedures. The session shall also address any changes in Federal or State laws and regulations.
7. All education and training relating to the Compliance Program shall be verified by attendance and a signed acknowledgement of receipt of training. Training records are to include the date, start and end time of the training, and the content of the material presented. The Compliance Officer shall maintain records of attendance for all training sessions.
8. Only properly trained individuals will be used to provide compliance education and training seminars. Compliance Program trainers must be knowledgeable of the
 - i. Compliance Plan;
 - ii. applicable Federal laws and regulations;
 - iii. relevant County policies/procedures;
 - iv. operations of the Compliance Program; and
 - v. content of the Standards of Conduct.

9. The Compliance Officer is responsible for coordinating with Management to ensure that specialized compliance education occurs in identified risk areas.
 10. The Compliance Officer shall ensure that all contractors and vendors meeting the criteria below are provided with a copy of the Compliance Plan and the False Claims Act and Whistleblower Policy upon entering into a contractual agreement with the County.
 11. Oswego County shall ensure that the Compliance Officer has sufficient opportunities to receive training on compliance issues. Compliance training will be secured and made available to new Compliance Officers as part of the orientation to the role.
 12. The Compliance Officer is responsible for submitting periodic reports to the Compliance Committee and County Legislators on all education seminars related to the Compliance Program. This information will be trended and analyzed to evaluate and ensure that the County has an effective Compliance Program.
 13. All education and/or training related to the Compliance Program will be incorporated into the County's training plan. The training plan shall, at a minimum, outline the subjects or topics for training and education, 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 training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.
- D. Compliance Education Training Sanction Statement.
Non-compliance with this policy may result in disciplinary action, up to and including termination.
- E. Compliance Education Training Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes. Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.
- F. Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 7. CONFLICT OF INTEREST.

A. Conflict of Interest Purpose.

Pursuant to Not-for-Profit Law § 715, all employees and Board members of Oswego County have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy is established to ensure that services and business activities are conducted in an objective manner and are not motivated by a desire for personal or financial gain. The County Legislator is responsible for the implementation of the Conflict of Interest Policy. This Policy shall be read and implemented in conjunction with the County's Code of Ethics and Ethics Local Law.

B. Conflict of Interest Policy.

It is the Policy of Oswego County to ensure that decisions about the County's operations are made to benefit the County when contemplating a transaction or arrangement that could benefit an officer, director, or employee.

1. Employees, officers, and Board members are required to disclose any actual or potential conflict of interest and seek guidance on how to handle the situation.
2. Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise:
 - a. an employee's business judgment;
 - b. delivery of services; or
 - c. ability for an employee to do his or her job.
3. An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for an immediate family member as a result of business dealings.
4. Business dealings with outside entities should not result in unusual gain for those entities, Oswego County, or an employee. Unusual gain refers to gifts, bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit the employer, the employee, or both or that would reasonably be determined to influence the employer, employee, or both.
5. The materials, products, designs, plans, ideas, and data are the property of the County and should never be given to an outside firm or individual without appropriate prior authorization from the Chief Executive. Any improper transfer of material or disclosure of information, even though it is not apparent that an employee has personally gained by such action, is prohibited.

6. Oswego County will not enter into a related party transaction unless the Board affirmatively determines that the transaction is fair, reasonable, and in the best interest of the Organization. A related party transaction means any transaction, agreement, or arrangement in which a related party has a financial interest.

C. Conflict of Interest Procedures:

1. Each employee will be provided with Oswego County's Conflict of Interest Policy, Ethics Code and Ethics Local Law, where applicable, as part of the new hire orientation process. Each employee shall sign a statement that affirms that the employee has:
 - i. Received a copy of the Conflict of Interest Policy;
 - ii. Read and understands the Policy; and
 - iii. Agreed to comply with the Policy.
2. Employees must disclose any potential conflicts of interest upon hire and when a potential conflict arises. The Employee completes the Conflict of Interest Disclosure Statement form (attached to this Policy) to record an actual or potential conflict of interest upon hire and when a potential conflict arises. Completed forms are to be forwarded to and retained by the Compliance Officer.
3. Key employees (members of senior leadership), the Chief Executive, officers, and Board members must complete a Conflict of Interest Disclosure Statement upon hire or prior to being seated (voted on for approval) and annually thereafter in order to report any actual or potential conflict of interest. Such annual statement shall not exempt any key employee, officer, or Board member from disclosing a potential conflict of interest pursuant to Procedure #11 below. The Compliance Officer shall provide copies of all completed Conflict of Interest Disclosure Statements by department heads, directors, senior management, officers, and County Legislators to the Chair of Legislature.
4. An employee with questions or concerns about a potential conflict of interest shall promptly address the issue with appropriate Management staff and/or the Compliance Officer. Management staff shall consult with the Compliance Officer before responding to a concern or question about a potential conflict of interest.
5. Department heads, directors, senior management, officers, and County Legislators are expected to avoid actions that could be perceived or interpreted as being in conflict with the best interest of the County.
6. Actual or potential conflicts of interest must be disclosed to appropriate management personnel and the Compliance Officer. Employees who may be involved in any County's business transaction in which there is an actual or potential conflict of interest will promptly notify their immediate supervisor and Compliance Officer. Upon receipt of such notification, the Compliance Officer shall promptly notify the Compliance Committee Chair.

7. The completed Conflict of Interest Disclosure Statements are reviewed by the Compliance Officer and Compliance Committee and, if necessary, appropriate actions and adjustments are made to avoid possible conflicts of interest. The Compliance Officer will report significant concerns regarding the Conflict of Interest Disclosure Statements to the Compliance Committee and the Chair of the Legislature.
8. The Compliance Officer will maintain a written record of any report of potential conflict of interest and of any adjustments made to avoid potential conflicts of interest.
9. The Chair of the Legislature, after receiving information about a potential conflict of interest, will take such action as is necessary to ensure that the transaction is completed in the best interest of County without the substantive involvement or influence of the person with the potential conflict of interest.
10. Department heads, directors, senior management, officers, and County Legislators who have a direct or indirect interest in a related party transaction must disclose, in good faith, such interest to the Board or Committee considering the transaction and the material facts concerning such interest.
11. Department heads, directors, senior management, officers, and County Legislators who have a direct or indirect interest in a related party transaction may not be present or otherwise participate in any Board or Committee deliberations or voting concerning the transaction; however, such individuals may present information concerning a related party transaction prior to the commencement of deliberations or voting.
12. Prior to entering into a related party transaction, the Board or Committee must consider alternatives, to the extent available, that would not be a related party transaction.
13. The Board or Committee must approve the related party transaction by not less than a majority vote of those present at the meeting.
14. The Board or Committee must contemporaneously document, in writing, the basis for its approval of the related party transaction, including its consideration of alternatives to the related party transaction.
15. Board or Committee members with conflicts will absent themselves from the discussion/deliberation and vote on the item/circumstance that the Board or Committee members has identified as a conflict. The meeting minutes shall indicate when the member left the room, that the discussion and vote, if any, occurred, and then that the member was invited to return to the meeting. If any member with a conflict does not excuse themselves from the meeting, the Chair of such Board, Committee, or Legislature shall ask the member to leave the room. The existence and resolution of the conflict, if any, must be documented.
16. Board or Committee members are strictly prohibited from any attempt to influence the discussion, deliberations, or vote on any subject that relates to the member's conflict.

17. Employees must seek guidance and approval from appropriate Management personnel prior to pursuing any business or personal activity that may constitute a conflict of interest.
18. Outside employment may not interfere with an employee's ability to perform their job with the County. In addition, County employees may not compete against the County, work for its competitors, or have any ownership interest in a competitor.
19. The Compliance Officer shall document the existence and resolution of any conflict in the County's records, including putting in the minutes of any meeting at which a conflict was discussed and voted upon.
20. The Compliance Officer will investigate any violations of this Policy.

D. Conflict of Interest Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Conflict of Interest Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 8. DISCIPLINE AND ENFORCEMENT OF COMPLIANCE STANDARDS.

A. Discipline and Enforcement of Compliance Standards: Purpose.

Pursuant to Social Services Law §363-d and 18 NYCRR Part 521, Oswego County is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and the County's Standards of Conduct. To support this commitment, Oswego County has developed procedures for disciplinary

actions to be taken for illegal or unethical acts; violations of Federal or State laws and regulations; violations of the Standards of Conduct, the Compliance Program, and Oswego County's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance violations" for purposes of this Policy) by Affected Individuals.

B. Discipline and Enforcement of Compliance Standards: Policy.

It is the Policy of Oswego County to ensure that:

1. Affected Individuals who, upon investigation, are found to have committed compliance violations will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with Oswego County.
2. The following actions shall result in disciplinary action:
 - i. Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
 - ii. Failure to comply with the Organization's policies governing the prevention, detection, or reporting of fraud and abuse;
 - iii. Falsification of records;
 - iv. Submitting or causing to submit a false claim;
 - v. Failure to report a violation by a peer or subordinate;
 - vi. Failure to cooperate with an investigation; and/or
 - vii. Retribution, retaliation, or intimidation against a person for reporting a possible compliance violation or participating in an investigation.
3. The County shall apply progressive discipline consistent with the violation. Examples of such disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to:
 - i. verbal counseling or warning;
 - ii. counseling with written warning;
 - iii. retraining;
 - iv. reassignment or demotion;
 - v. suspension without pay; and/or
 - vi. termination of employment, contract, assignment, or appointment.

The County will consider intentional or reckless behavior as being subject to more significant disciplinary action.

4. The Compliance Officer shall be responsible for assuring that disciplinary actions related to compliance violations are consistent with actions taken in similar instances of noncompliance and that the same disciplinary action applies to all levels of Affected Individuals.

C. Discipline and Enforcement of Compliance Standards: Procedures.

1. All reports of compliance violations are to be reported to the Compliance Officer in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure. In any alleged violation, Legal counsel may be consulted, as appropriate.
2. To the extent possible, disciplinary action for employees will be taken in accordance with the County's Human Resource Manual or Collective Bargaining Agreement, where applicable.
3. When the determination is made that a compliance violation by an Affected Individual has occurred, the Compliance Officer will notify the Compliance Committee, County Administrator, the appropriate department head or director, and/or the employee's direct supervisor.
4. When the determination is made that a compliance violation by a department head or director, senior management, or County Legislator has occurred, the Compliance Officer will notify the County Administrator and the Chair of the Legislature. If the Chair of the Legislature is implicated in the violation, the Compliance Officer and County Administrator will work with the Committee Compliance to determine and execute appropriate disciplinary action.
5. When the determination is made that a compliance violation by the County Administrator has occurred, the Compliance Officer will notify the Chair of the Legislature in order to determine and execute appropriate disciplinary action.
6. When the determination is made that a compliance violation occurred involving a contractor or vendor, the Compliance Officer will notify the County Administrator and relevant department head or director and work collaboratively to determine and execute the appropriate corrective action.
7. If appropriate, the Compliance Officer may notify the County Legislature or the Compliance Committee prior to the next regularly scheduled meeting when a full report of compliance-related disciplinary actions would normally be presented.
8. The Compliance Officer and Director of Human Resources will work in collaboration with the appropriate supervisor/manager in determining and executing the disciplinary action related to a compliance violation by an employee. The Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.
9. The Compliance Officer and/or Director of Human Resources shall consult with the Compliance Committee, the County Administrator, and legal counsel, as necessary to determine the appropriate disciplinary action to be taken.
10. Discipline will be appropriately documented in the disciplined employee's personnel file, along with a written statement of reason(s) for imposing such

discipline. Such documentation will be considered during the employee's regular and promotional evaluations.

11. The Compliance Officer will maintain a written record of all disciplinary actions taken against Affected Individuals, including verbal warnings, and will reference these records when necessary to ensure consistency in the application of disciplinary measures.
12. The Compliance Officer shall maintain a record of all disciplinary actions, including verbal warnings, taken against Affected Individuals related to compliance violations and report regularly to the Compliance Committee and not less than annually to the County Legislature regarding such actions.
13. The Compliance Officer will reference the record of disciplinary actions as necessary to ensure consistency in the application of disciplinary measures related to compliance violations.
14. The Compliance Officer will ensure that the disciplinary procedures are disseminated to all Affected Individuals and that these individuals have received relevant training in accordance with the Organization's training plan.

D. Discipline and Enforcement of Compliance Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Discipline and Enforcement of Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 9. EXCLUSION AND SANCTION SCREENING.

A. Exclusion and Sanction Screening Purpose:

Oswego County is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, all necessary steps will be taken by Oswego County to ensure that it does not employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.

B. Exclusion and Sanction Screening Policy:

1. It is the policy of Oswego County not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.
2. It is the policy of Oswego County that all County employees including the County Administrator and senior leadership, interns, and County Legislators have an affirmative responsibility to notify the Compliance Officer promptly if charged with a criminal offense related to healthcare or proposed or found to be subject to exclusion from federal healthcare programs.
3. It is the policy of Oswego County to conduct exclusion (sanction) screening of all current and proposed employees including the County Administrator and senior leadership, interns, and County Legislators.
4. It is the policy of Oswego County to verify that contractors, as defined by this Policy, who provide and/or perform services for the County have not been the subject of adverse governmental actions and/or excluded from the federal healthcare programs.
5. It is the policy of Oswego County to verify that any physician or other healthcare practitioner ordering, authorizing, or prescribing goods or services under a federally-funded healthcare program, such as Medicare or Medicaid, has not been excluded from participation from federal healthcare programs.

C. Exclusion and Sanction Screening Procedures.

1. *Applicable to Employees, Interns, and Board Members:*
 - a. Oswego County will conduct exclusion checks to verify that all employees including the County Administrator and senior leadership, interns, and County Legislators have not been excluded from federal healthcare programs. An exclusion check is a search of the following sources to determine if the individual's name appears on any of the lists:
 - i. U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - ii. The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>

- iii. For New York Agencies only: NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaidfraud/medicaid-exclusions>
 - iv. For Medicaid Managed Care Organizations (MMCO) only: MMCOs will be responsible for utilizing any other list or database that is required within their contract(s).
- b. An exclusion check will be performed on all applicants for employment as part of the preemployment screening process. All names used by the applicant will be obtained and utilized as part of the exclusion screening process. If the exclusion check indicates that any individual has been excluded from federal healthcare programs, the applicant will not be offered employment.
- c. An exclusion check will be performed for potential department heads or directors and senior management, and as part of the screening process. All names used by the potential employee will be obtained and utilized when conducting the exclusion screening. If the exclusion check indicates that a potential department heads or directors and senior management has been excluded from federal healthcare programs, the individual will not be considered for such position.
- d. An exclusion check will be performed on all interns as part of the screening process. All names used by the intern will be obtained and utilized when conducting the exclusion screening. If the exclusion check indicates that the intern has been excluded from federal healthcare programs, the intern will not be offered an internship.
- e. The Human Resource Director will maintain an updated list of employees in an approved format and will make the list available to the personnel responsible for exclusion screening of such parties.
- f. The Compliance Officer will ensure that exclusion screening is conducted on all employees at least every 30 days thereafter. All names used by the parties will be utilized when the exclusion screening is conducted.
- g. Any potential matches identified in the ongoing exclusion screening process for employees, interns, and Board members will be reviewed and resolved by the Compliance Officer. The excluded party will be immediately relieved from duty and the Compliance Officer will consult with legal counsel in the event the Organization has been reimbursed for services from the excluded party.
- h. The exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.
- i. If any employee is charged with a criminal offense related to healthcare or is proposed or found to be subject to exclusion from federal healthcare programs, they

must be removed from direct responsibility or involvement in any federally funded healthcare program while the matter is pending. If the matter results in conviction or exclusion, Oswego County will immediately terminate the County's relationship with the employee.

- j. In addition to exclusion screening, the credentials of medical/healthcare and other professionals employed by Oswego County will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individuals that might impair their performance of duties on behalf of the County. The process is applicable to all employees for which license/certification is required for their duties. The verification will be conducted as part of the hiring process and at least annually thereafter.
2. *Applicable to Contractors:*
- a. The County personnel responsible for negotiating or securing contracts shall conduct exclusion checks prior to entering an agreement with a contractor, as defined by this Policy. An exclusion check is a search of the following sources to determine if the individual's or entity's name appears on any of the lists:
 - i. U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - i. The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
 - ii. For New York Agencies only: NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OM IG) website at <https://omig.ny.gov/medicaidfraud/medicaid-exclusions/>
 - iii. For MMCOs only: MMCO shall be responsible for utilizing any other list or database that is required within their contract(s).
 - b. If the exclusion check indicates that a contractor has been excluded from federal healthcare programs, the contract will not be executed until a determination is made by the Compliance Officer as to whether the contract pertains to activities subject to the prohibition on participation by excluded entities.
 - c. The relevant Department head or director shall maintain an up-to-date list of contractors in an approved format and will make the list available to the personnel responsible for exclusion screening of such parties.
 - d. The Compliance Officer will ensure that an exclusion check of contractors is conducted prior to entering into a business contract with the contractor and at least every 30 days thereafter.
 - e. Any matches identified in the ongoing exclusion screening process for contractors will be reviewed and resolved by the Compliance Officer. If the exclusion check indicates that a contractor has been excluded from federal healthcare programs, the

Compliance Officer will make a determination as to whether the contract pertains to activities subject to the prohibition on participation by excluded entities. The contract will be immediately terminated if the goods or services are subject to the prohibition on participation by excluded entities.

- f. The Compliance Officer will consult with legal counsel if the County has been reimbursed for goods or services from the excluded individual or entity.
 - g. The indicated exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.
 - h. The Compliance Officer, in conjunction with the relevant Department head or director, shall ensure that all contracts entered into by the County will contain a certification that the federal or state government does not exclude the contractor, its employees, or subcontractors.
3. *Applicable to Ordering/Prescribing Physicians and Other Healthcare Practitioners:*
- a. Oswego County will ensure that an initial exclusion check is conducted on each physician and healthcare practitioner who authorizes, prescribes, or orders goods or services funded by Medicaid, Medicare, or other federally-funded healthcare programs. An exclusion check is a search of the following sources to determine if the party's name appears on any of the lists:
 - i. U. S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - ii. The System for Award Management (SAM) available on the SAM website at <https://www.sam.gov>
 - iii. For New York Agencies only: NYS Medicaid Fraud Database available on the NYS Office of Medicaid Inspector General (OMIG) website at <https://omig.ny.gov/medicaidfraud/medicaid-exclusions>
 - b. Any County department or program providing healthcare services that require an authorization, order, or prescription by a physician or other healthcare practitioner will ensure that an initial exclusion check is conducted on each physician or practitioner who authorizes, orders, or prescribes goods or services reimbursed by Medicaid, Medicare, or other federally funded healthcare programs.
 - c. The department or program will maintain an up-to-date list of physicians and practitioners who authorize, order, or prescribe Medicaid, Medicare, or other federally-funded healthcare program services. The list will be maintained in an approved manner and be made available to the personnel responsible for the exclusion screening of such parties.

- d. The Compliance Officer will ensure that an exclusion check of all physicians and practitioners who authorize, order, or prescribe healthcare goods or services provided by the County is conducted at least every 30 days.
- e. Any matches identified in the ongoing exclusion screening process for physicians and practitioners will be reviewed and resolved by the Compliance Officer. If the exclusion check indicates that a physician or practitioner has been excluded from federal healthcare programs, the services or goods will not be billed to Medicaid, Medicare, or other federally-funded healthcare programs. The Compliance Officer will consult with legal counsel if the County has been reimbursed for goods or services authorized, ordered, or prescribed by an excluded physician or practitioner.
- f. The indicated exclusion will be reported as a violation of the Compliance Program and investigated and reported in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure.

4. *Monitoring for Compliance with Policy:*

- a. The Compliance Officer shall ensure the results of all exclusion checks are maintained for a period of at least six years.
- b. The Compliance Officer is responsible for monitoring this Policy for compliance and reporting results quarterly to the Compliance Committee and the County Legislature, along with any recommendations for remedial actions or improvements to the program.
- c. An annual audit of employment applications, appointments, and contractors (as defined by this Policy) with which Oswego County enters into a contractual relationship will be conducted by the Compliance Officer to verify that this policy is enforced. A report of this audit will be made to the Compliance Committee and Board, along with any recommendations for remedial actions or improvements to the process as part of the annual compliance report.

D. Exclusion and Screening Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Exclusion and Screening Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with

County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 10. FALSE CLAIMS ACT AND WHISTLEBLOWER PROTECTIONS.

A. False Claims Act and Whistleblower Protections Purpose.

Oswego County is committed to prompt, complete, and accurate billing of all services provided to service recipients. Oswego County and its employees and contractors shall not make or submit any false or misleading entries on any claim forms. No employee or contractor shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager, that results in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

This policy applies to all employees, including the County Administrator, department heads or directors, senior management and contractors.

B. False Claims Act and Whistleblower Protections Policy.

It is the policy of Oswego County to detect and prevent fraud, waste, and abuse in Federal and State healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. SS 3729 — 3733), the Administrative Remedies For False Claims (31 USC Chapter 38 553801-3812), the New York State False Claims Act (State Finance Law SSI 87-194), and other New York State laws concerning false statements or claims and employee protections against retaliation for reporting. This policy also sets forth the procedures that Oswego County has put into place to prevent any violations of Federal or New York State laws regarding fraud, waste, or abuse in its healthcare programs. (Refer to the appendix entitled "Overview of Relevant Laws" for further information.)

C. False Claims Act and Whistleblower Protections Procedure.

1. Oswego County shall provide training and/or education in this policy and procedure to all Committee members, all employees including the County Administrator, department heads or directors and senior leadership, and contractors, as defined herein.

2. Training and/or education in this Policy will be provided to all employees as part of the new employee orientation.
3. Training and/or education in this Policy will be provided to all Committee Members and to new Committee members as part of Committee orientation.
4. The Compliance Officer will ensure that all employees including County Administrator, department heads or directors and senior leadership, and contractors receive training and/or education related to the contents of this Policy and the False Claims Act. The Compliance Officer will ensure that records are maintained to document the receipt of training.
5. The Compliance Officer will ensure that this Policy is attached to any contract with a contractor as defined by this Policy.
6. The prevention of fraud, waste and abuse, Oswego County requires compliance with the following requirements related to the provision of service(s) and claims for reimbursement:
 - a. All service documentation, records, and reports are prepared timely, accurately, and honestly;
 - b. All documentation supporting claims for service is complete and maintained in accordance with regulatory requirements and the County's policies;
 - c. All claims submitted to any government or private healthcare program are accurate and comply with all Federal and State laws and regulations and payer requirements;
 - d. Claims are only submitted for medically necessary services provided by eligible providers;
 - e. All claims are properly documented and accurately coded; and
 - f. Billing errors are promptly identified, and any payments received in error are promptly returned to the payer.
7. Any employee or contractor who has any reason to believe that anyone is engaging in false billing practices, false documentation of services, and other non-compliance related to service provision and billing is expected to report the practice to the Compliance Officer in accordance with the Reporting and Investigation of Compliance Concerns Policy.
8. Any form of retribution, intimidation, and/or retaliation against any party who reports, in good faith, a perceived problem or concern regarding the provision or billing of services is strictly prohibited.
9. Any employee or contractor who commits or condones any form of retribution, intimidation, or retaliation will be subject to discipline up to, and including, termination of employment or contract.
10. Oswego County will perform billing activities in a manner consistent with the regulations and requirements of third-party payers, including Medicaid, Medicare, and other Federal healthcare programs.

11. Oswego County will conduct regular auditing and monitoring procedures as part of its efforts to ensure compliance with applicable regulations.
12. Oswego County will report and refund all overpayments to Medicaid and Medicare within 60 days of identification of the overpayment in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy.

D. False Claims Act and Whistleblower Protections Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. False Claims Act and Whistleblower Protections Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 11. OVERVIEW OF RELEVANT LAWS RELATED TO FALSE CLAIMS ACT (STATE AND FEDERAL).

A. The False Claims Act (31 USC Chapter 37, 3729-3733)

1. The False Claims Act is a Federal law designed to prevent and detect fraud, waste, and abuse in Federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who "knowingly" submits false claims to the Federal Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of approximately \$12,000 to \$25,000 for each false claim submitted.
2. The law was revised in 1986 to expand the definition of "knowingly" to include a person who:
 - i. Has actual knowledge of falsity of information in the claim;

- ii. Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
 - iii. Acts in reckless disregard of the truth or falsity of the information in a claim.
- 3. False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim. Examples include, but are not limited to, the following:
 - i. Knowingly making false statements;
 - ii. Falsifying records;
 - iii. Submitting claims for services never performed or items never furnished; Double-billing for items or services;
 - iv. Upcoding;
 - v. Using false records or statements to avoid paying the Government; Falsifying time records used to bill Medicaid; or
 - vi. Otherwise causing a false claim to be submitted.

4. *Whistleblower or "Qui Tam" Protections:*

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a "Qui Tam" or whistleblower protection.

The United States Government, or an individual citizen acting on behalf of the United States Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or "Relator," who has actual knowledge of allegedly false claims may file lawsuit on behalf of the United States Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

More information can be found at [31 USC 3730: Civil actions for false claims \(house.gov\)](#)

5. *Employee Protections.*

The False Claims Act prohibits discrimination by Oswego County against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorney fees.

More information can be found at [31 USC 3729: False claims \(house.gov\)](#).

6. *Administrative Remedies for False Claims (31 USC Chapter 38, 553801-3812).*

The Federal False Claims Act allows for administrative recoveries by Federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information, or omits material information. The Federal agency receiving the claim may impose a monetary penalty of up to \$5,500 per claim and damages of twice the amount of the original claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid.

More information can be found at 31 USC Chapter 38 - Administrative Remedies for False Claims and Statements.

B. New York State Laws: Civil and Administrative Laws.

1. *New York State False Claims Act (State Finance Law §§187-194).*

The New York State False Claims Act closely tracks the Federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any State or local government, including healthcare 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 be responsible for the government's legal fees.

The New York State Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit.

The New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

More information can be found at:

<http://public.leginfo.state.ny.us/lawssrch.cqi?NVLWO>: under FIS/Financial Services Law.

2. *Social Service 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 up to three times the amount of the incorrectly paid claim. In the case of nonmonetary false statements, the local Social Service district or State 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 five years, a penalty up to \$7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

More information can be found at
<http://public.leginfo.state.nv.us/lawssrch.cgi?NVLWO:> under SOS/Social Services.

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 and the person's family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

More information can be found at
<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:> under SOS/Social Services.

C. New York State Laws: Criminal Laws

1. *Social Service 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.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:> under SOS/Social Services.

2. *Social Service Law §366-b: Penalties for Fraudulent Practices.*

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which they are legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

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.

More information can be found at <http://public.leginfo.state.nv.us/lawssrch.cgi?NVLWO:> under SOS/Social Services.

3. *Penal Law Article 155: Larceny.*

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

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:> under PEN/Penal.

4. *Penal Law Article 175: Written False Statements.*

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an organization's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class E felony.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:> under PEN/Penal.

5. *Penal Law Article 177: Health Care Fraud.*

This Article establishes the crime of Health Care Fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), they knowingly provide false information or omits material information for the purpose of requesting payment for a healthcare item or service and, as a result of the false information or omission, receives such a payment in an amount to which they are not entitled. Prosecution under Health Care Fraud is determined by the amount of payment inappropriately received.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:> under PEN/Penal.

6. *Labor Law §740.*

An employer may not take any retaliatory personnel 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.

This law offers protection to an employee who:

- i. Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy, or practice of the employer that is in violation of law, rule, or regulation that presents a substantial and specific danger to the public health or safety;

- ii. Provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such violation of a law, rule, or regulation by the employer; or
- iii. Objects to, or refuses to participate in, any such activity, policy, or practice in violation of a law, rule, or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, with certain exceptions. The law allows employees who are the subject of a retaliatory action to bring a suit in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:> under LAB/Labor.

7. Labor Law §741.

Under this law, a healthcare 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 or improper quality of workplace safety.

This law offers protection to an employee who:

- i. Discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or
- ii. Objects to, or refuses to participate in any activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The employee's disclosure is protected under this law 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.

Certain exceptions apply, such as, if the 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 healthcare 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.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:> under LAB/Labor.

SECTION 13. REPORTING AND INVESTIGATION OF COMPLIANCE CONCERNS.

A. Reporting and Investigation of Compliance Concerns Purpose:

Oswego County recognizes that a critical aspect of its Compliance Program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State requirements, the County's ethical and business policies, and fraud, waste, and abuse prevention.

To promote this culture, Oswego County has established processes to encourage effective communication and the reporting of compliance questions, issues, concerns, or events that will result in a thorough investigation and appropriate remedial actions.

B. Reporting and Investigation of Compliance Concerns Policy:

Pursuant to Social Services Law §363-d and 18 NYCRR Part 521, it is the Policy of Oswego County to maintain a formal confidential and anonymous compliance reporting process to encourage the reporting of any known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and Oswego County's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy). It is the Policy of Oswego County to fully and promptly investigate all reports of any compliance concerns and take appropriate remedial and/or disciplinary action upon completion of the investigation.

C. Reporting and Investigation of Compliance Concerns Procedures:

1. Reporting Process:

- i. All Affected Individuals have an affirmative duty and responsibility to promptly report any compliance concerns.
- ii. An "open-door policy" will be maintained at all levels of Management to encourage the reporting of problems and compliance concerns through normal business channels and appropriate levels of the County for timely and effective resolution. The County recognizes there may be situations where such reporting is impractical or inappropriate. In those instances, direct access to various levels of Management may be more appropriate.
- iii. Oswego County encourages all Affected Individuals, service recipients, vendors, and any party conducting business with it to promptly communicate questions, issues, or compliance concerns through any one of the following means:

1. Direct written or oral communication by fax, mail, email, telephone, or personal contact to the immediate supervisor, a member of Management, the County Administrator, a member of the Compliance Committee, or the Compliance Officer.
 2. Confidentially or anonymously to the Compliance Officer through the Compliance Hotline (or other title or anonymous reporting mechanism). If the reporter elects to make the report anonymously to the Compliance Officer, no attempt will be made to trace the source of the report or identify the person making the report.
- iv. If the compliance concern is about the Compliance Officer, the County Administrator and the County Attorney shall be notified.
 - v. If the Compliance Officer receives a concern related to the County Administrator, then Compliance Officer shall report such information to the Chair of the County Legislature and the County Attorney.
 - vi. If a Compliance Committee member has knowledge of a compliance concern as defined by this Policy, the Compliance Officer and the County Administrator are to be notified. If such concern is about the County Administrator, the Compliance Officer, the Chair of the County Legislature and the County Attorney are to be notified.
 - vii. Employees have the same obligations for reporting suspected compliance concerns committed by the County's vendors or contractors.
 - viii. Affected Individuals cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be considered a mitigating factor in determining possible sanctions.
 - ix. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to or under investigation by Federal, State, or local law enforcement, or should the disclosure be required during a legal proceeding. Those staff assigned to complete any investigation of a compliance concern shall treat the investigation as entirely confidential and shall reveal no details or discuss the content or status of the investigation with County staff or any other party except as may be directed by the Compliance Officer or legal counsel. Failure of staff to respect the confidentiality of any investigation of a compliance concern may be grounds for disciplinary action up to and including termination of employment.
 - x. The Compliance Officer shall ensure that all reports of compliance concerns as defined by this Policy are recorded on the Compliance Concern Report Form (attached to this Policy) and tracked on the Compliance Concern and Investigation Log (attached to this Policy).

- xi. Any member of Management who receives a report of a compliance concern will immediately notify the Compliance Officer and complete a Compliance Concern Report Form. The completed Form will be promptly forwarded to the Compliance Officer.
- xii. Knowledge of a violation or potential violation of this Policy must be reported directly to the Compliance Officer or the Compliance Hotline (or other title or anonymous reporting mechanism).
- xiii. Affected Individuals who report issues or concerns that are unrelated to the Compliance Program shall be redirected to the appropriate department or party. In instances where the Affected Individual seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or party while maintaining the request for confidentiality/anonymity.
- xiv. Oswego County strictly prohibits all employees from engaging in any act, conduct, or behavior that results in, or is intended to result in, retribution, retaliation or intimidation (hereafter, collectively referred to as "retaliation") against any party for reporting compliance concerns as defined by this Policy.
- xv. If an Affected Individual believes in good faith that they have been retaliated against for reporting a compliance concern or for participating in any investigation of such a report, the retaliation should be immediately reported to the Compliance Officer or the Compliance Hotline (or other title or anonymous reporting mechanism). The report should include a thorough account of the incident(s) and should include the names, dates, specific events, the names of any witnesses, and the location or name of any document that supports the alleged retaliation.
- xvi. The Compliance Officer will ensure that the means for reporting actual or suspected compliance concerns to the Compliance Officer are communicated to all Affected Individuals and service recipients. The Compliance Officer's contact information and Compliance Hotline number (or other anonymous mechanism) will be published on the County's website and visibly posted in a manner consistent with employee notification in locations frequented by County employees.
- xvii. The Compliance Officer's contact information and the Compliance Hotline number (or other anonymous mechanism) shall be provided to all Medicaid recipients of service.

2. Investigation and Resolution:

- i. It is the responsibility of the Compliance Officer to conduct or oversee the conduction of all internal investigations involving compliance concerns and shall have the authority to engage legal counsel or other consultants, as needed. The Compliance Officer, in conjunction with the County Administrator and legal counsel, will consider whether the investigation should be conducted under purview of attorney/client privilege.

- ii. Before conducting an investigation of any compliance concern as defined by this Policy, the Compliance Officer shall ensure a full understanding of the relevant laws, regulations, and government issuances. If a reported violation is related to improper billing, the Compliance Officer will consider the need for an audit of billing practices and determine the scope of interviews.
- iii. If deemed appropriate, the Compliance Officer will recommend the cessation of internal activities that may be the cause of, or contribute to, the alleged non-compliance.
- iv. The Compliance Officer will determine the scope of the reported compliance concern and make a determination regarding the course of action, including the investigation process and notifications to be made.
- v. Upon report notice or discovery of an alleged compliance concern, the Compliance Officer will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative techniques. The Compliance Officer should:
 1. conduct a fair impartial review of all relevant facts;
 2. restrict the inquiry to those necessary to resolve the issues; and
 3. conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue.
- vi. If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible noncompliance with any criminal, civil, or administrative law to warrant further investigation, the issue should be turned over to legal counsel. A memorandum to this effect should be directed to legal counsel with a copy to the County Administrator and Chair of the Compliance Committee. The Compliance Officer or County Administrator will immediately consult with the County Attorney to determine if arrangements to retain outside legal counsel is necessary. No further internal discussion or investigative activity shall take place regarding the report except as directed by legal counsel, either by the County Attorney or outside counsel. Upon consultation with the County Attorney and/or outside legal counsel, it will be determined whether legal counsel or the Compliance Officer will be leading the investigation.
- vii. All documents produced during the investigation by or under legal counsel to be possibly protected from disclosure should include the notation: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."

- viii. For investigations that do not involve legal counsel, the Compliance Officer will determine which personnel possesses the requisite skills to examine the particular issue(s) and will assemble a team of investigators, as needed. The Compliance Officer shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation. The Compliance Officer will also decide whether the County has sufficient internal resources to conduct the investigation or whether external resources are necessary. If it is determined that additional resources are needed, the Compliance Officer will work with the County Administrator to secure such resources.
- ix. The Compliance Officer will be responsible for the investigation of and follow-up on any reported retaliation against a party for reporting a compliance concern or participating in the investigation of a compliance concern. The Compliance Officer will report the results of an investigation into suspected retaliation to the County Administrator, the Compliance Committee, and to the County Legislature. Names may be redacted in the report for confidentiality purposes.
- x. If at any time, during an investigation, it is determined that the situation warrants the retention of legal counsel, the Compliance Officer will immediately suspend the investigation and consult with the County Attorney, following the process in Procedure 2(vi) above.
- xi. The Compliance Officer, in consultation with the Compliance Committee, shall undertake measures during an investigation of a compliance concern to protect the integrity of the investigation, prevent the destruction of documents or other evidence relevant to the investigation, and respect the due process rights of involved parties. Measures may include, but are not limited to: reassignment; or, placement on administrative leave until the investigation is complete.
- xii. The Compliance Officer will track the investigation, responsible parties, and due dates. The resolution of the investigation will be recorded on the Compliance Concern and Investigation Log (attached to this Policy).
- xiii. The Compliance Officer should/shall? ensure that the following objectives are accomplished for each investigation:
 - 1. The complainant or reporter, if known, is fully debriefed;
 - 2. Appropriate internal parties are notified;
 - 3. The cause of problem, desired outcome, affected parties, applicable guidelines, and possible regulatory or financial impact are identified;
 - 4. A complete list of findings and recommendations are provided;
 - 5. The necessary corrective action measures (e.g., policy changes, operational changes, system changes, personnel changes, discipline, training/education) are identified; and
 - 6. The investigation is documented.

- xiv. Upon receipt of the results of the investigation, depending upon the scope and severity of the identified violations, the Compliance Officer may consult with legal counsel, the County Administrator, and/or the Compliance Committee to determine:
 - 1. the results of the investigation and the adequacy of recommendations for corrective actions;
 - 2. the completeness, objectivity, and adequacy of recommendations for corrective actions; and/or
 - 3. further actions to be taken as necessary and appropriate.
- xv. Upon conclusion of the investigation, the Compliance Officer will organize the information in a manner that enables the County to determine if an infraction did, in fact, occur. The Compliance Officer will maintain all notes of the interviews, all evidence and documents as part of the investigation file. The investigation file will be securely maintained by the Compliance Officer to ensure confidentiality.
- xvi. If the Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The Compliance Officer will receive and maintain copies of any reports submitted to governmental entities.
- xvii. The Compliance Officer, in consultation with legal counsel, the County Administrator, and the Compliance Committee, will evaluate any confirmed violation to determine if a voluntary self-disclosure of the violation is appropriate. In the event that voluntary disclosure is appropriate or required, the Compliance Officer will consult with legal counsel on the notification of appropriate government officials, private payors, or other entities. Notification shall be made within a reasonable time period from date of discovery and may include restitution of monies paid by the applicable Federal or State agency, payer, or other entity. The Compliance Officer will ensure that all overpayments are reported and refunded to the appropriate payer within 60 days of the identification of the overpayment and in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy and Procedure.
- xviii. The Compliance Officer will be responsible for reporting the results of all investigations to the County Administrator, Compliance Committee, and as needed to the County Legislature.
- xix. The Compliance Officer, or appropriate department head or director and/or senior management, will inform the reporter, if known, of the conclusion of the investigation and the outcome, if appropriate.

D. Reporting and Investigation of Compliance Concerns Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Reporting and Investigation of Compliance Concerns Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Reporting and Investigation of Compliance Concerns Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 14. RESPONSE TO GOVERNMENTAL INVESTIGATIONS.

A. Response to Governmental Investigations Purpose:

Federal and State law enforcement and regulatory agencies routinely conduct interviews to gather information during audits, inquiries, and investigations. It is important that Oswego responds to any official requests for information consistently and appropriately. Therefore, this Policy is established to provide guidance on how to handle any unannounced visits by government representatives. This Policy does not address visits by regulatory agencies to perform program certification or quality assurance functions.

B. Response to Governmental Investigations Policy:

It is the policy of Oswego County to appropriately respond and not interfere with any lawful audit, inquiry, or investigation by a government agency.

C. Response to Governmental Investigations Procedures:

1. Announcement of an impending visit by any government investigator or auditor should be immediately reported to the County Administrator, who is responsible for notifying the Compliance Officer and County Attorney.
2. Employees shall remain courteous and professional when dealing with investigators and/or agents.

3. Procedures for handling the receipt of a search warrant or subpoena are covered by separate policies (see Section 15 herein).

4. *Visits to any of Oswego County's facilities:*

- i. If an individual arrives at any Oswego County facility and identifies themselves as a government auditor, investigator, or other representative, the individual (agent) will be treated with respect and courtesy and the following steps will be taken:
 - a. Employee should request the reason for the visit, however, do not attempt to photocopy credentials, as this is a violation of Federal law.
 - b. The agent will be asked to wait in an unused office or a location where business is not conducted.
 - c. Immediately contact the County Administrator, who will contact the Compliance Officer and County Attorney. The County Administrator will identify one employee to be responsible for responding to the agent's questions.
 - d. Await direction from the County Attorney. Do not submit to questioning or an interview. Do not provide documents or other information at this point.
 - e. Refer to policy on Search Warrants, if applicable.
 - f. Other than providing information to direct the agents to information requested in the search warrant, do not submit to any form of questioning or interviewing.

5. *Visits to any location outside of Oswego County:*

- i. Employees and Board members are free to speak to government investigators or auditors; however, they are not required to submit to questioning. The following is provided as general information regarding off-site visits, i.e. not at an Oswego County facility:
 - a. Individuals have the right to decline an interview or to postpone an interview until they have had an opportunity to seek legal counsel or other advice.
 - b. Employees who agree to be interviewed should always be truthful. If the party does not know the answer to a question, they should state same.

- c. Employees should report any off-site visits by government agents, investigators, or auditors to the County Administrator. The County Administrator will notify the Compliance Officer and County Attorney.
- d. Refer to policy on Search Warrants, if applicable (see Section 15 herein).

D. Response to Governmental Investigations Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Response to Governmental Investigations Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Response to Governmental Investigations Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 15. SEARCH WARRANTS.

A. Search Warrants Purpose.

A search warrant permits agents to immediately seize documents and other types of information. The execution of a search warrant can be seriously disruptive and frightening for many employees. Furthermore, if not handled properly, an organization subject to a search warrant may compound its problems. Therefore, Oswego County has established this policy to advise all employees how to appropriately respond to an official search warrant.

B. Search Warrants Policy.

It is the policy of Oswego County to respond professionally and cooperate with the lawful execution of a search warrant.

C. Search Warrants Procedure.

1. Employees are expected to remain courteous and professional when dealing with agents executing a search warrant. Employees will not interfere with the lawful execution of a search warrant.
2. The senior staff member present is responsible for contacting the County Administrator, who will contact the Compliance Officer and County Attorney, and carry out the response procedures.
3. The responsible senior staff member will:
 - i. Obtain and record the name of the lead agent and the agency they represent. Do not attempt to photocopy the credentials of an agent as it is a violation of Federal law.
 - ii. Request to view and photocopy the search warrant document. Agents are not required to provide a copy, but often will comply with a request for a copy. If a copy will not be provided, review the warrant and take notes on the scope and details of the search warrant.
 - iii. Immediately contact the County Administrator and provide them with details of the search warrant. The County Administrator will contact the Compliance Officer and County Attorney and provide details of the search warrant. The County Administrator will identify one employee to be responsible for responding to the agent's questions.
4. The agent is limited by the scope of the warrant to where they can search and what they can seize. If the agent requests access to areas or documents that are not within the scope of the search warrant, do not consent to an expanded search.
5. Request an "inventory list" of the documents and items seized by the agents. Ensure that it is detailed enough to properly identify the documents and items taken by the agents. Maintain a separate record for each of the areas searched, listing the documents/items seized from the area.
6. Other than providing information to direct the agents to information requested, do not submit to any form of questioning or interviewing.
7. Always remain present while the agents are conducting the search.
8. Senior Management Responsibilities:
 - i. The County Attorney and/or County Administrator will carefully examine the search warrant to:
 - a. Determine the specific areas or locations that it covers.

- b. Ensure that it is being executed during the hours indicated on the document (most warrants should limit the hours they can be executed, e.g., "daylight hours").
- c. Ensure that it has not expired (all warrants should have an expiration date).
- d. Ensure that it is signed by a Judge (all warrants should be signed by a Judge).
- e. Speak to employees and advise them to cooperate in the search by facilitating the search team's ability to locate records or items that they are entitled to seize or by opening containers that they are entitled to search.
- f. Relieve all non-essential personnel from duty until the search is complete.
- g. Avoid any substantive conversation with the agent. If the County Attorney is available by phone or at the scene, refer all questions to counsel.
- h. Advise employees that they have the right to speak to law enforcement, or to refuse to speak to law enforcement (a search warrant does not compel speech), or to consult with an attorney before speaking to law enforcement. If any employee decides to speak to law enforcement, it is best to defer the conversation until said employee has consulted with legal counsel and legal counsel has had an opportunity to arrange the terms of the interview.
- i. If any employee decides to speak to law enforcement, preferably after consulting with legal counsel, then the employee(s) should answer questions completely, accurately, and truthfully. If said employee(s) does not know the answer or does not understand the question asked, then the employee(s) should state same.
- j. Politely object if there is any overt flaw in the search warrant (as described above) or if the agents are searching for anything deemed to be outside the scope of the warrant. Do not interfere should agents proceed and search. Note the fact for legal counsel to support a future protest.

D. Search Warrants Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Search Warrants Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Search Warrants Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 16. ROLE AND RESPONSIBILITIES OF THE COMPLIANCE COMMITTEE.

A. Role and Responsibilities of the Compliance Committee Purpose:

Oswego County committed to the operation of an effective Compliance Program. Therefore, Oswego County established the Compliance Committee to monitor results of the compliance functions and determine the Organization's strategy for promoting compliance.

B. Role and Responsibilities of the Compliance Committee Policy:

Pursuant to Social Services Law § 363-d and 18 NYCRR Part 521, it is the Policy of Oswego County to ensure that the County maintains an effective Compliance Program in compliance with regulatory standards. This Policy defines the roles and responsibilities of the Compliance Committee and their duty to help ensure that Oswego County has an effective Compliance Program.

C. Role and Responsibilities of the Compliance Committee Procedures:

1. The Compliance Committee is appointed by the Chair of the Legislature or majority of County Legislators? Not sure how other committees are formed. The County

Administrator is to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Compliance Committee will report directly to the County Administrator and County Legislature.

2. The Compliance Committee will be comprised of, at a minimum, Senior Leadership.
3. The Compliance Committee will meet on a regular and routine basis, but at minimum quarterly. Meeting minutes will be recorded. The Compliance Officer will maintain the minutes of all meetings.
4. The County will develop and implement a Compliance Committee Charter. The Charter will outline the Compliance Committee's duties and responsibilities, membership, designation of a chairperson, and frequency of meetings.
5. The Compliance Committee will review and update the Compliance Committee Charter at least annually.
6. Affected Individuals will be introduced to the role and responsibilities of the Compliance Committee as part of the Compliance Program education and training.
7. The Compliance Committee is responsible for the following:
 - i. Analyzing the regulatory environment where Oswego County does business, including legal requirements with which it must comply.
 - ii. Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
 - iii. Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner.
 - iv. Ensuring that the Organization has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues and has effective policies and procedures for correcting and reporting such issues.
 - v. 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.
 - vi. Coordinating with the Compliance Officer to ensure that the written policies and procedures and Standards of Conduct are current, accurate, and complete.
 - vii. Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures.

- viii. Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
- ix. Developing a process to solicit, evaluate, and respond to complaints and problems.
- x. Monitoring internal and external audits to identify issues related to non-compliance.
- xi. Implementing corrective and preventative action plans and follow-up to determine effectiveness.
- xii. Ensuring the development and implementation of an annual Compliance Work Plan.
- xiii. Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program.
- xiv. Ensuring that the County has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste, and abuse.
- xv. Monitoring and evaluating the County's Compliance Program for effectiveness at least annually and making recommendations for necessary modifications to the Compliance Program as applicable.
- xvi. Developing and implementing a Compliance Committee Charter. The Charter will outline the Compliance Committee's duties and responsibilities, membership, designation of a chairperson and frequency of meetings. The Charter will be reviewed and updated annually.

D. Role and Responsibilities of the Compliance Committee Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Role and Responsibilities of the Compliance Committee Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Role and Responsibilities of the Compliance Committee Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 17. STANDARDS OF CONDUCT.

A. Standards of Conduct Purpose.

Oswego County is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and its Standards of Conduct. To support this commitment, Oswego County will maintain and update as appropriate written Standards of Conduct to provide guidance on employee and organizational responsibilities related to compliance. The Standards of Conduct document serves as a foundational document that describes the County's fundamental principles, values, and commitment to conduct its business in an ethical manner.

B. Standards of Conduct Policy.

Pursuant to Social Services Law §363-d and 18 NYCRR Part 521, it is the Policy of Oswego County to develop, maintain, and update as appropriate written Standards of Conduct to provide Affected Individuals with guidance on requirements for conduct related to employment, contract, association, or appointment by Oswego County.

C. Standards of Conduct Procedures.

1. The Compliance Officer is responsible for the development and periodic update of Oswego County's Standards of Conduct.
2. The Standards of Conduct will be reviewed at least annually as part of the review of the Compliance Plan and Compliance Program Policies and Procedures.
3. The Compliance Committee and the County Legislature will be responsible for oversight and final approval of the Standards of Conduct.
4. The Standards of Conduct will be written at a basic reading level, avoiding complex language and legal terminology.
5. The Standards of Conduct will communicate the expectation that all Affected Individuals will act in accordance with the Standards of Conduct, that they must refuse to participate

in unethical or illegal conduct, and that they must report any unethical or illegal conduct to the Compliance Officer.

6. The Standards of Conduct will address specific areas of potential fraud or similar wrongdoing (e.g., claims development, submission processes, and coding).
7. The Standards of Conduct will address critical areas such as compliance with laws and regulations, key human resource practices, conflicts of interest, proprietary rights, confidentiality, recordkeeping, service provision, reimbursement practices, fair dealing, gifts and kickbacks, the Organization's risk areas, and its measures to prevent fraud, waste, and abuse.
8. The Standards of Conduct will communicate the responsibility of Affected Individuals to report suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program and Oswego County's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy) directly to the Compliance Officer or other management personnel.
9. The County's confidential reporting and non-retaliation/non-intimidation policies will be referenced and included as part of the Standards of Conduct for the purpose of encouraging communication and the reporting of potential non-compliance.
10. The Standards of Conduct will provide written guidance on how Affected Individuals may report actual or suspected compliance concerns without fear of retribution, retaliation, or intimidation to the Compliance Officer through a confidential and/or anonymous mechanism that bypasses Management.
11. The Standards of Conduct will include a description of disciplinary mechanisms utilized by the County and the procedures for addressing disciplinary actions.
12. Oswego County's Standards of Conduct and Compliance Plan will be provided to all Affected Individuals as defined by this Policy.
13. Oswego County's Standards of Conduct and Compliance Plan will be posted on its website.
14. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, are provided with a copy of the Compliance Plan and Standards of Conduct as part of their orientation to the County.
15. The Compliance Officer will ensure that each employee is provided with a copy of the Compliance Plan and Standards of Conduct at the time of employee orientation.
16. All Affected Individuals will sign and date an Acknowledgement Form that acknowledges:
 - i. receiving a copy of the Compliance Plan and Standards of Conduct;

- ii. reading and understanding the contents; and
- iii. agreeing to abide by the provisions of the documents.

17. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, receive training annually related to the contents of the Standards of Conduct to help them understand how it applies to everyday situations. The Compliance Officer will ensure that records are maintained to document the receipt of training.
18. The Compliance Officer will include in their report to the Compliance Committee and County Legislators the status of training, along with any recommendations for updating or improving the contents of the Standards of Conduct and/or training.
19. The Compliance Officer is responsible for investigations of possible violations of the Standards of Conduct and Compliance Program and ensuring that appropriate disciplinary action has been taken when necessary.

D. Standards of Conduct Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Standards of Conduct Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Standards of Conduct Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 18. SUBPOENAS.

A. Subpoenas Purpose.

A subpoena is an official demand for testimony or the disclosure of documents or other information. They may originate from law enforcement or administrative agencies. Every

subpoena requires a careful legal review prior to response. In view of this and the serious legal implications of the receipt of a subpoena, Oswego County has established standing policies and procedures to ensure that the County Attorney, and if applicable, any outside legal counsel for the County, reviews any subpoena immediately and coordinates the County's response.

B. Subpoenas Policy.

It is the policy of Oswego County to comply with any lawful subpoena. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.

This Policy refers only to subpoenas related to Oswego County's municipal entity and operations.

C. Subpoenas Procedures.

1. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.
2. If a subpoena related to the County and/or its operations is received, either in person or via the mail, it must be delivered immediately to the County Attorney and County Administrator.
3. If delivered in person, the senior staff on duty must be provided with any information obtained during the service of the subpoena (e.g., the name, title, and telephone number of the serving agent/investigator, information provided by the agent/investigator).
4. Employees will only provide the agent/investigator with direction or information so they may deliver the subpoena to the appropriate or requested individual. Do not volunteer information to an agent/investigator or submit to any form of questioning or interviewing.
5. The County Attorney and the County Administrator shall be immediately notified of the receipt or delivery of a subpoena. The County Administrator will promptly notify the Compliance Officer and determine who is most qualified and available to assist the County Attorney, and if applicable, any outside legal counsel for the County, in responding to the subpoena.
6. The County Administrator and Compliance Officer will await direction from the County Attorney, and if applicable, any outside legal counsel for the County, and then proceed under such direction.

D. Subpoenas Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Subpoenas Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Subpoenas Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.

SECTION 20. WHISTLEBLOWER PROTECTIONS AND NON-RETALIATION.

A. Whistleblower Protections and Non-Retaliation Purpose.

Oswego County is committed to promoting an environment where concerns regarding known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and Oswego County's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy) are reported and addressed without fear of retaliation, intimidation, retribution or harassment for good faith reporting of such concerns.

To reinforce this commitment, Oswego County maintains a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program, including but not limited to reporting potential issues and compliance concerns, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in the Labor Law.

B. Whistleblower Protections and Non-Retaliation Policy.

It is the policy of Oswego County to strictly prohibit any form of retaliation or intimidation against Affected Individuals or entities, for reporting compliance concerns.

Oswego County strictly prohibits Affected Individuals from engaging in any act, conduct, or behavior that results in, or is intended to result in, retribution, intimidation or retaliation against any individual or entity for reporting compliance concerns to the County or government agency. No County department head or director, supervisor, manager, or employee is permitted to discharge, demote, suspend, threaten, harass, or in any other manner discriminate against an employee, vendor, contractor, or other individual or organization (all such activity collectively

referred to as "retaliation") who in good faith participates in the Compliance Program, including but not limited to reporting potential compliance concerns, investigating or participating in an investigation, self evaluations, audits, and reporting to the appropriate officials.

C. Whistleblower Protections and Non-Retaliation Procedures.

1. If an Affected Individual, vendor, or service recipient believes in good faith that they have been retaliated against for reporting a compliance concern or for participating in any investigation of such a report, the retaliation should be immediately reported to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates, specific events, the names of any witnesses, and the location or name of any document that supports the alleged retaliation.
2. Knowledge of a violation or potential violation of this Policy must be reported directly to the Compliance Officer or the Compliance Hotline (or other anonymous means for reporting
3. Any employee who believes they are subjected to retaliation, intimidation, harassment, discrimination, or an adverse employment consequence must immediately report the actions to the Compliance Officer or Human Resource Director.
4. The Compliance Officer will implement this Policy and take appropriate actions in response to the whistleblower's complaint of retaliation based on the nature of the report. Legal counsel will be consulted, if appropriate.
5. The Compliance Officer will investigate all reports of retaliation in accordance with the Reporting and Investigation of Compliance Concerns Policy and report results to the Director of Human Resources and the County Administrator.
6. The County Administrator or designee will investigate any report that the Compliance Officer is engaging in intimidation or retaliation.
7. The Compliance Officer will provide information on each report of retaliation and any actions taken to the Compliance Committee and the County Legislature.
8. The right of the reporter to protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.
9. Any Affected Individual who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
10. The Compliance Officer will ensure this Policy is disseminated to all Affected Individuals and that these individuals have received relevant training in accordance with the County's training plan.

11. *New York Labor Law § 740*: An employer may not take any retaliatory personnel 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.

This law offers protection to an employee who:

- i. Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy, or practice of the employer that is in violation of law, rule, or regulation that presents a substantial and specific danger to the public health or safety;
- ii. provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such violation of a law, rule, or regulation by the employer; or
- iii. Objects to, or refuses to participate in, any such activity, policy, or practice in violation of a law, rule, or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, with certain exceptions. The law allows employees who are the subject of a retaliatory action to bring a suit in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

More information can be found at

<http://public.leginfo.state.ny.us/lawssrch.cqi?NVLWO%20: under LAB-Labor>.

12. *New York Labor Law §741*: A healthcare 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 or improper quality of workplace safety.

This law offers protection to an employee who:

- i. Discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or
- ii. Objects to or refuses to participate in any activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

- iii. The employee's disclosure is protected under this law 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.
- iv. Certain exceptions apply, such as if the 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 healthcare 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.
- v. More information can be found at:
<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO%20:> under LAB-Labor.

D. Whistleblower Protections and Non-Retaliation Sanction Statement.

Non-compliance with this policy may result in disciplinary action, up to and including termination.

E. Whistleblower Protections and Non-Retaliation Compliance Statement.

As part of its ongoing auditing and monitoring process in its Compliance Program, Oswego County shall review this policy based on changes in the law or regulations, as the County's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with County's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

F. Whistleblower Protections and Non-Retaliation Record Retention Statement.

Oswego County will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at a minimum, six (6) years.