Corporate Compliance Plan

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Effective Date:	5/28/20		Related Policy(ies):	710.0
Board Approved:	5/28/20		Responsible Staff Title:	Director of Managed Care Services

Table of Contents

Introduction

Cazenovia Recovery Systems, Inc. is a community-based organization and is required to establish a Corporate Compliance program as a Medicaid and managed care services provider. Our Compliance program is a proactive and reactive system of internal controls, operating procedures and organizational policies that are designed to ensure that rules that apply to Cazenovia Recovery Systems, Inc. (hereinafter CRSI) are regularly followed.

Commitment to the Elements of a Corporate Compliance Program

New York State Social Services Law 363-d recognizes that Compliance Programs should reflect a provider's size, complexity, resources and culture. However, the statute requires that all compliance programs satisfy the mandatory elements set out in 363-d subdivision 2 and 18 NYCRR 521.3(c). The required elements include:

CRSI has demonstrated a commitment to compliance by adopting these elements of a Corporate Compliance Program through the following actions:

1. The development and distribution of a written code of conduct that describes CRSI's compliance expectations for all employees. This is included within the agency's Standards of Professionalism, and the agency also abides by the New York State Justice Center's Code of Conduct. All policies are posted in the agency's manual on the internal server accessible to all employees.

2. The appointment of a Compliance Officer vested with the responsibility for the day-to-day oversight of Corporate Compliance.

3. The annual provision of compliance-related training and education programs for all employees. An orientation session covering compliance and privacy related topics for all new employees and Board members. Both the regular trainings and orientation convey CRSI's commitment to ethical and legal conduct and remind attendees of their role in compliance.

4. The provision of methodology to report offenses to the Compliance Officer. These methods include conducting investigations of a credible allegation to determine the extent, causes and seriousness of the situation.

5. Corrective actions that are intended to reduce the likelihood of similar instances of re-occurrence in the future, along with reporting to the New York State Department of Health and/or the Office of the Medicaid Inspector General (hereinafter OMIG).

6. The implementation of a set of disciplinary standards which are explained through policies and procedures. Enforcement of these standards gives the program credibility, integrity, and ensures effectiveness while preventing recurrence.

7. Creation and enforcement of a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, which creates a culture where fear is not a deterrent to reporting concerns.

8. The provision of regular monitoring activities and internal audits to determine the rate of compliance with specific regulations and to decrease the risk of non-compliance.

These commitment statements follow the recommended structure for the eight elements of a Corporate Compliance Program as promulgated by the OMIG Compliance Program Guidance and seven elements of the Provider Compliance Program from Title 18 of the Codes, Rules and Regulations of the State of NY, Part 521 'Provider Compliance Programs', effective July 2009.

This Corporate Compliance Program applies to all affected individuals as defined in 18 NYCRR 521.3 (c)(5) who have involvement in the delivery of or billing for Medicaid and managed care services, care, and supplies. All affected individuals include:

- All employees,
- Affected appointees,
- Executives and Governing Body members; and
- Any other person or affiliate who is involved in any way with CRSI, in that the person or affiliate contributes to CRSI's entitlement to payment under the Medical Assistance Program (e.g., independent contractors, interns, students, volunteers, and vendors).

Cazenovia Recovery Systems intends this Corporate Compliance Plan to prevent and detect inappropriate conduct in compliance with OMIG requirements as set forth in the NYS Laws cited above and in compliance with the requirements of the Federal Deficit Reduction Act of 2005 (DRA) 42 USC § 1396a (a) (68) and the Federal False Claims Act 31

USC §3729. Cazenovia Recovery Systems promotes an organizational structure that encourages ethical conduct and ensures the Corporate Compliance Plan is reasonably designed, implemented, and enforced to prevent and detect improper conduct.

The Corporate Compliance Plan is contained within the agency's electronic library, to which all staff have access. Relevant attachments listed at the end of this plan can be found in the Administrative Manual within the "700 Compliance" folder.

Mission, Vision, and Core Values

Mission

Cazenovia Recovery Systems, Inc. exemplifies excellence in substance use disorder treatment and support through a continuum of residential and clinical recovery services.

Vision

Cazenovia Recovery Systems, Inc. empowers each person to build a healthier life.

Core Values

Cazenovia Recovery Systems, Inc. is a vital partner in building successful lives in recovery. CRSI

- Recognizes and respects the beliefs, ideas, and values of all individuals and communities the agency serves.
- Incorporates Trauma-Informed Care into services and practices that foster choice, collaboration, empowerment, safety, and trust.
- Promotes a person-centered approach to treatment and recovery.
- Continually evaluates services to ensure fair practices that minimize discrimination, stigma, and unconscious bias.
- Focuses on meeting each individual's needs by collaborating with supportive individuals, family members, other agencies, and the community as a whole.
- Recognizes the importance of health and wellness for people with substance use disorders.
- Fully supports the individual and their choice in securing the best services.

Element One: Written Policies and Procedures

CRSI actively promotes teamwork, transparency, collaboration, and empowerment among all staff, including clinical, administrative, financial, and quality improvement for the purpose of improving the status of all individuals in the agency's programs.

CRSI encourages and expects honesty and integrity in communications and interactions, as well as non-discrimination and fairness in patient care, along with business and corporate practices. CRSI reflects this in our day-to-day practices; financial interactions across all levels of staff; and admission, retention and discharge practices. In addition, all staff are expected to comply with local, New York State, and federal rules and regulations related to these practices.

Services are provided to residents in a manner that fosters respect, a sense of dignity, person-centered care, choice, empowerment, autonomy, and involvement in their own care.

CRSI utilizes written policies and procedures that describe:

- Compliance expectations contained in the New York State Justice Center's Code of Conduct and CRSI's Standards of Professionalism (see Attachments - New York State Justice Center Code of Conduct and Standards of Conduct, respectively).
- Implementation of the operation of the compliance program (see Attachments - Corporate Compliance Plan Policy and Procedure).
- How applicable individuals should deal with potential compliance issues (see Attachments - Whistleblower Policy).
- How to communicate compliance concerns to appropriate compliance personnel (see Attachments - Whistleblower Policy).
- Compliance investigations and resolutions (see Attachments - Whistleblower Policy).
- How information is to be handled confidentially (see Attachments – Confidentiality of Resident Information)
- Disclosure of and expectations regarding potential conflicts of interest (see Attachments – Conflict of Interest Policy)

All affected employees and Board members will be provided with CRSI's Standards of Conduct and the Justice Center's Code of Conduct at hire and annually thereafter. All affected employees and Board members are responsible for:

- Familiarization with CRSI's Standards of Conduct and the New York State Justice Center's Code of Conduct.
- Familiarization with other related policies that interface with the above expectations.
- Re-familiarization with the Code of Conduct and Standards of Conduct annually.
- Compliance, honesty and transparency in all interactions with the individuals in our programs or corporate transactions.
- Reporting any concerns about potential non-compliance behavior to supervisors, managers, the Human Resources department and/or the Compliance Officer.

Element Two: Corporate Compliance Officer

The agency's Compliance Officer is responsible for the day-to-day operations of the corporate compliance program. The Compliance Officer is the point of contact for staff regarding potential corporate compliance concerns. The Human Resources department assists the Compliance Officer with concerns related to staff interactions, discrimination and harassment.

The Compliance Officer works closely with the Executive Team and the Board of Directors' Compliance Committee for the purposes of planning, implementing, and maintaining an agency-wide compliance program and associated policies and procedures.

The Compliance Officer, or a designee as a member of the Compliance Workgroup, is responsible for:

- Initiating discussions involving any potential corporate non-compliance.
- Completing follow-up report(s) that include the documents reviewed, claims reviewed and staff interviews for each investigation.
- Providing compliance orientation to new employees and Board members.
- Ensuring the Standards of Conduct and Code of Conduct are reviewed and signed by September of each year.
- Providing annual compliance training for all employees and additional specified trainings as needed.
- Ensuring annual SSL and DRA certifications are completed, signed and reviewed as required by December 31 of each year.
- Reviewing the files of the Human Resources department to ensure credentialing files are accurate and complete for applicable staff members.
- Providing internal audits related to corporate compliance as needed.
- Providing reports at least quarterly to the Executive Team and the Board of Directors. These reports will include the outcome of investigations related to reports of non-compliance and periodic updates of activities related to the compliance program.
- Ensuring the privacy of protected records.

- Developing an annual compliance work plan to be submitted to the Executive Team and the Board of Directors for feedback regarding risks including regulatory, legal, financial, or operational areas.
- Reports potential compliance concerns, trends, and issues to the Executive Team and Board on a quarterly basis as part of the Workplan.
- Identifying at least two risk areas annually to the Executive Team and the Board of Directors, along with recommendations to reduce the risk areas.
- Providing an annual summary of investigations and recommendations to the Executive Team and the Board of Directors in order to improve policies and procedures related to investigative outcomes.

Element Three: Training and Education Programs

The Compliance Officer will work with the Executive Team to ensure corporate compliance trainings are provided to all affected employees and Board members. Trainings will be provided either in a classroom-like setting or electronically and will include:

- The importance of the corporate compliance program.
- The policies and procedures of the agency that provide the foundation of the corporate compliance program and how these policies and procedures relate to staff.
- Risk areas that have been identified and their relationship to each department of the agency or specific staff positions.
- Guidance in dealing with compliance issues, as well as methods of reporting non-compliance.
- How reports are investigated and resolved and relevant disciplinary actions.
- The duty to report non-compliance and repercussions for failing to report.
- Non-intimidation and non-retaliation for non-compliance reports.
- Summarization of the related state and federal laws and regulations.

An annual training will be provided to all employees and Board members. This may be conducted by the Compliance Officer or their designee, and results, trends, and outcomes will be included in the following quarterly report to the Executive Team and Board. Each year, all employees and Board members will be required to sign an attestation that explains that they received an annual training on compliance.

The Compliance Officer, in conjunction with the Human Resources department, is responsible to ensure that all staff at programs that bill Medicaid or managed care plans and Administration participate in the annual training.

An overview of the above information will also be included in the orientation of new employees, executives, and Board members. This orientation will be provided within 30 days of the hiring date of new employees and Board members. Notification will be provided to each new hire stating that an orientation and other necessary trainings will be provided within 30 days and that attendance is mandatory. Each employee and Board member will be required to sign an acknowledgement of receipt of the

orientation, which includes a review of the Corporate Compliance Program, Employee Handbook, and introduction to the electronic manuals of the agency.

Employees must attend a compliance training within 30 days of the required date (whether it is a new hire or annual update training) and complete required signoffs in order to adhere to our compliance program. If either of these activities are incomplete, they will be placed on unpaid leave. This unpaid leave will continue until they attend the required training.

A record will be maintained by the Human Resources department and reviewed by the Compliance Officer quarterly for follow-up with all new employees or employees who have missed a new hire training.

Element Four: Lines of Communication

Empowerment, trustworthiness and voice are the foundation of the agency's practices and procedures. These principles are standardized across each of the departments and programs within the agency. CRSI recognizes how the voice and choice of staff members can be diminished through power differentials and is committed to fostering empowerment through choice, goal setting, and cultivating advocacy skills.

This work environment promotes the accessibility of the Compliance Officer to communications related to corporate compliance concerns or compliance reports. If an affected individual believes they have identified a possible non-compliance concern, there should be no delay in reporting. To encourage reporting of compliance concerns, the agency promotes a policy of non-intimidation and non-retaliation (for more information, see Element Eight: Non-Intimidation and Non-Retaliation). Additionally, the agency employs both good faith reporting and anonymous methods of communication. These methods include:

- Discussing the question or concern with the immediate supervisor. This may require a report directly to the Compliance Officer.
- Calling or meeting with the Compliance Officer directly.
- Calling the Compliance Officer and leaving a voicemail anonymously and confidentially. Only the Compliance Officer has access to the voicemails on his or her telephone.
- Sending an email to the agency's Medicaid Compliance email account.
- For employees: completing a Whistleblower report form and sending it directly to the Compliance Officer. The report form can be found in the Administration Manual which is on the agency server and available to all staff members. This form can be submitted to the Compliance Officer through interoffice mail or anonymously by completing it and putting it in the postal mail.

In all cases, the Compliance Officer will keep the identity of the person who made the report confidential unless the matter is turned over the law enforcement and revealing the identity is necessary to the law enforcement investigation. The investigative report will also keep the reporter's identity confidential.

The Compliance Officer will consider the report (including anonymous reports) and provide a written acknowledgement within five business days of receipt of all non-anonymous reports. The Compliance Officer will initiate an investigation and will take into account any material submitted by the individual when such material is provided. The investigation to follow may include document reviews, interviews, and general investigation.

Within ten business days of receipt of a report, either a determination is made or the investigation is extended to allow additional examination.

Visitors, vendors, and external partners will be expected to report noncompliance of Medicaid and managed care-related fraud, waste, and abuse to our Compliance Officer. Vendors that interface directly with our Medicaid or managed care billing system will be provided with either a hard copy or electronic version of our Compliance Plan that outlines expectations related to billing. If a vendor suspects a compliance concern, they should contact the agency's Compliance Officer through phone, email, or postal mail.

This element, and all others included within our Compliance Plan, covers instances of waste, fraud, and abuse. This plan will seek to reduce, as much as possible, the instances and impacts of these potential risk factors. When a situation of waste, fraud, or abuse does occur, CRSI will consult with the Board of Directors and will follow all relevant laws and procedures and will cooperate with external organizations and agencies to ensure a return to compliance and will cooperate with any potential prosecution of involved individuals involved, if necessary.

Element Five: Disciplinary Standards

CRSI maintains professionalism standards and improvement policies to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance concerns. The agency employs a strict, fair and firmly-enforced Professional Performance and Development policy related to compliance. Employees are subject to written Step Plans (up to and including dismissal) for:

- Failing to report suspected problems.
- Participating in non-compliant actions and/or behavior.
- Encouraging, directing, facilitating or permitting non-compliant behavior.

The Compliance Officer is responsible for recommending outcomes to issues, reports, and complaints that adhere to CRSI's professionalism standards that are explained through policies and procedures and in the Employee Handbook. Where necessary, the Compliance Officer will work with agency supervisors and the Human Resources department to ensure that any recommended Improvement Plan procedures have taken place regarding issues of non-compliance. The fair enforcement of these standards gives the agency and the corporate compliance program credibility and integrity. These standards minimize recurrence and ensure effectiveness.

Element Six: Monitoring System

CRSI recognizes the importance of performing regular, periodic compliance audits to determine the routine identification of risk areas and to decrease the risk of non-compliance.

Compliance monitoring and auditing procedures are designed primarily to determine the accuracy and validity of the medical necessity, charging, coding, and billing submitted to federal, state, and private managed health care insurance companies. These procedures also include the oversight of any risk area identified by CRSI or OMIG.

Random samplings of records will be conducted on a quarterly basis by the Compliance Officer or a designee. Specific monitoring and auditing plans will be included in the annual compliance Work Plan, which is explained below. It will include periodic reports of claims submitted to Medicaid or other health plans. These reports will be conducted by relevant personnel and submitted to the Compliance Officer for their review. It reviews the accuracy of the work of coding and billing personnel and resident intake personnel. These checks also review appropriate, accurate, and timely documentation.

Individuals and companies being considered for affiliation with the agency, whether it be through employment, contracting, or other business relationships, will be appropriately screened through OMIG's Medicaid Exclusion List. Individuals being considered for employment will be screened by the Human Resources department while potential new vendors will be screened by a member of the Finance or Operations department. If an individual who is being considered for employment is found to be on OMIG's Medicaid Exclusion List, an offer of employment will not be extended. Similarly, if an individual or company that may be used as a new vendor is found to be on OMIG's Medicaid Exclusion List, the agency will not conduct business with them. The Compliance Officer will review these checks on a quarterly basis to ensure that they are being conducted.

In order to properly track compliance concerns, a log of all compliance incidents, occurrences, and complaints will be kept by the Compliance Officer. This log will be available for review by any member of the Board, Executive Team, or any relevant external inspection organization.

In addition, the Compliance Officer will review annually the effectiveness of the compliance plan and the availability of any and all lines of communication as described in element three.

A Compliance Workgroup will assist the Compliance Officer with reviewing audits, creating the Work Plan, assisting with the risk assessment, and other compliance-related tasks as needed. This workgroup can be made up of program and other managers, directors, and support staff as needed. The Compliance Officer or their designee will review at least 30% of the agency's Medicaid and managed care resident records annually. Results of the quarterly Vendor, Employee File, and Clinical Documentation Audits will be provided to the Board for review and approval.

In compliance with OMIG identification of compliance risk areas, these areas will be reviewed on a quarterly basis:

1. Credentialing, compliance training attendance, Code of Conduct, and Standards of Conduct signoffs, and adherence to the Medicaid exclusion checklist process
2. Mandatory reporting for compliance occurrences
3. Clinical compliance audits
4. Current identified areas of risk

A compliance Work Plan will be developed annually to serve as a live document of compliance activities. It will be submitted to the Board and Executive Team for feedback. This plan focuses on any area CRSI feels is warranted in terms of compliance activity. Types of risk might include regulatory, legal, financial, or operational. Areas of concern can also be a result of planned organizational activities, such as areas of growth, process, people or system change. The Work Plan will indicate the items to be reviewed.

Any changes to the Work Plan will be discussed with the Executive Team and shared with the Board during the first calendar meeting of each year. The Executive Team and Board will receive quarterly updates of any Work Plan activity conducted. In addition, the Compliance Officer is responsible for:

- Identifying at least two risk areas annually to the Executive Team and Board, along with recommendations to reduce the risk areas.
- Providing an annual summary of investigations and recommendations to the Executive Team and the Board in order to improve policies and procedures related to investigative outcomes.

Element Seven: Response to Compliance Issues

CRSI is responsible for prompt and fair response to compliance issues as they are raised by all affected individuals or during audits and monitoring activities. This response is guided by the written policies outlining the investigation procedures for such potential compliance issues. If a problem is identified after investigation, it will be promptly and thoroughly corrected. Additionally, all related policies, procedures and systems will be evaluated for any corrective measures to minimize further risk or reoccurrence. Final reports will be developed that:

- Identify the reportable compliance issues.
- Include directions for reporting the compliance issues to OMIG and the Department of Health (DOH), when necessary.
- Provide guidance for refunding overpayments.

The Compliance Officer will document the investigation and explain the rationale for any recommended resolution and/or corrective action. All corrective action plans will analyze and address the specific issue in order to reduce the risk of similar situations from occurring again.

If the investigation establishes that a violation of law, external regulation, or agency policy has occurred, then the Compliance Officer shall determine the appropriate action based upon law and agency policy. Civil or criminal prosecution will be pursued when warranted. If the investigation establishes that no violation of law, external regulation, or agency policy has occurred, then the Compliance Officer shall complete a report that includes final findings and determinations. The investigation is closed when the Compliance Officer has deemed that the investigation is complete and the Executive Team has approved a recommendation for a resolution and/or corrective action. Investigative trends and outcomes will be reported to the Board of Directors.

The Compliance Officer will immediately report findings of serious non-compliance to the CEO and the Board of Directors as necessary and directed by agency policy. If the issue of non-compliance involves the CEO, the Compliance Officer will work with the Director of Operations and the Board of Directors. If the compliance issue(s) is related to the Department or OMIG, it will be immediately reported to the pertinent office.

All documentation relating to the investigation, including the Whistleblower Reporting Form and the resolution and/or corrective action taken, shall remain in the agency's records for at least seven years.

The response to compliance issues as described in the relevant policies and procedures will be included in the training program outlined by the Compliance Officer.

All responses to any investigations will be documented in the electronic log and referenced in reports to the Executive Team. Reports of monitoring activity, investigations, and their related documentation will be reported to the Board as outlined in related policies and procedures. If investigations determine a refund of overpayments are due, such overpayments will documented and distributed as expected by OMIG.

Minutes of the Compliance Workgroup and the Board of Directors will be taken and maintained by the Administrative Assistant.

Element Eight: Non-Intimidation and Non-Retaliation

It is the practice of CRSI to protect the voice and advocacy of any individual making a report of possible non-compliance with corporate policy. To protect each reporter from intimidation or retaliation, the Board of Directors has developed and adopted a Whistleblower Policy for the agency.

The policy states that no affected individual who, in good faith, reports any action or suspected action taken by or within the agency that is illegal, fraudulent, or in violation of any adopted policy of the agency shall suffer intimidation, harassment, discrimination, or other retaliation, or in the case of employees, adverse employment consequences.

Creation and enforcement of a policy of non-intimidation and non-retaliation for good faith participation in the compliance program creates a culture where fear is not a deterrent to reporting concerns.

Medicaid Compliance

The Medicaid Fraud Control Unit in New York State requires providers to have an effective compliance program that addresses, at minimum, the following seven items:

- Billing
- Payments
- Medical necessity and quality of care
- Governance
- Mandatory reporting
- Credentialing
- Other risk areas that are or should, with due diligence, be identified by the agency

CRSI ensures that business transactions and/or their oversight are delegated to employees with the appropriate qualifications and that all delegated responsibilities are managed in compliance with agency policies. The agency will comply with any relevant Medicaid or managed care regulations from the state and federal government.

The CEO has programmatic and administrative responsibility for the agency. Reporting to the CEO are department directors/managers who report regarding their areas of jurisdiction. For example, the Director of Finance heads the financial department and is responsible for the financial practices of the agency, as well as development and oversight of financial policy, oversight of the business practices, and financial systems for the agency.

Each director has responsibility for assuring relevant business practices and financial systems are in compliance with these policies. Each director/manager is responsible for managing their own financial resources and developing an appropriate structure for handling the area's financial resources. Each director/manager is responsible for developing an accountability structure that adheres to the following principles:

- Accountability cannot be delegated.
- A person cannot delegate greater responsibility than they have.
- Tasks shall only be delegated to people who are qualified to perform them.

A qualified person must:

- Be actively involved in the tasks being performed;

- Have the appropriate knowledge and technical skills to perform those tasks, including knowledge of relevant regulations and policies; and
- Have the authority to carry out the tasks.

A person delegating tasks is responsible for ensuring that those tasks are being properly performed. The Director of Finance, as well as the relevant director/manager, must ensure that financial practices are periodically reviewed for accuracy, completeness, and effectiveness.

The agency is responsible for establishing and maintaining all fiscal records, documents, and activities consistent with laws governing not-for-profit corporations; contracts; local laws; New York State Mental Hygiene Law, Codes, Rules, and Regulations; and federal laws and regulations.

Guidance is provided by:

- New York State OASAS Service Provider Manual
- New York State OASAS and OMH Consolidated Budget Reporting and Claiming Manual
- New York State OASAS bulletins
- US Department of Housing and Urban Development Desk Guide and Compliance Manual
- New York State Office of the Medicaid Inspector General
- The Federal Deficit Reduction Act
- The Federal False Claims Act and Federal Administrative remedies for false claims and statements
- The Federal Anti-kickback statute and the Stark Law, as appropriate

Compliance is ensured through:

- Annual budget reviews by the Board of Directors
- Monthly fiscal reviews by management and the Board of Directors
- Consolidated fiscal reports
- Consolidated budget reports
- Annual audits
- Random checks and audits completed by the Compliance Officer
- The implementation of an annual Work Plan by the Compliance Officer

- Communicating compliance expectations through trainings, manuals, and other venues
- A good-faith reporting system that encourages affected individuals to report noncompliance without fear of retaliation

Cazenovia Recovery Systems, Inc. maintains a complete, thorough set of policies, procedures, standards, and protocols for the overall agency and specific program practices. Adherence to these practices is critical to the efficient operations and public trustworthiness. These can be found in:

- Administrative Manual
- Financial Manual
- OASAS Program Manual
- Protocol Binders

Attachments

Agency Policies & Forms

- 142.0 Conflict of Interest Policy
- 224.2 Credentialing Policy
- 230.0 Employee Orientation Policy
- 230a Employee Orientation Checklist
- 234.0 Confidentiality of Resident Information Policy
- 234a Confidentiality of Resident Information Acknowledgement Form
- 241.0 Performance Evaluation Policy
- 241a Performance Evaluation Form
- 244.0 Professionalism and Performance Improvement Plan Policy and Procedure
- 244a Professionalism and Performance Improvement Plan Form
- 244b Standards of Conduct
- 257.1 Resolving Complaints in the Workplace Policy
- 257.2 Whistleblower Policy
- 257.2a Whistleblower Reporting Form
- 710.0 Corporate Compliance Plan Policy and Procedure
- Compliance Officer Job Description
- Organizational Chart

Employee Handbook Policies

- B.3 Harassment
- C.4 Professionalism
- F.1 Orientation
- F.2 Training, Supervision, and Staff Development
- F.4 Resolving Complaints
- F.5 Employee Discipline

External Information

- New York State Justice Center Code of Conduct (as included in the agency's Incident Management policy)

Review Date	Date Reviewed	Revisions	Revising Staff Name