

Chinese-American Planning Council Home Attendant Program, Inc.

COMPLIANCE PROGRAM STATEMENT NOTICE

Chinese-American Planning Council Home Attendant Program, Inc. (CPCHAP) is fully committed to conducting its activities with all federal, NY state and NY city laws and regulations. CPCHAP will conduct its business in conformance with the highest standards of integrity and ethics. The Compliance Program and the policies and procedures demonstrate the commitment of the CPCHAP management and governing body to operate in full compliance with the requirements of Social Services Law, 363-d, 18 NYCRR and legal, regulatory and ethical standards. The Compliance Program is established to provide all affiliated business partners, contractors, board members, managers and participant employees the necessary guidance for expected conduct in day-to-day operations based on the highest standards of integrity and legal and ethical principles.

The Compliance Program is designed to prevent, detect and correct noncompliance with Centers for Medicare and Medicaid Services pertaining to fraud, waste and abuse.

All CPCHAP affiliated business partners, contractors, board members, managers, participants and participant employees are expected to adhere to the guidance provided in the Compliance Program and utilize it in their day-to-day operations and activities.

Reporting Hotline

All CPCHAP personnel, participants and others must report known or suspected violations of the Code of Conduct and Ethics policy, instances of Retaliation and or Intimidation, Fraud, Waste or Abuse. To make a report, personnel should use one of the reporting mechanisms, which include the Office Wall Mount Locked Box, anonymous hotline, email or in person to the Compliance Officer.

Reports can be made anonymously and without fear of retaliation.

Reporting Hotline:

1. CPCHAP Compliance Officer/Director of Patient Services

Karina Lee

212 219-8100, exr. 131

klee@cpchap.org

Wall Mount Locked Box

1 York Street, 2nd Floor, New York, NY 10013

2. Chief Program Officer

Ling Ma

212 219-8100, ext. 129

lma@cpchap.org

1 York Street, 2nd Floor, New York, NY 10013

By signing below, I attest that I have read and agree to comply with the Compliance Program in accordance with guidelines set by Centers for Medicaid & Medicare Services and OMIG.

Print Name: _____

Organization: _____

Title: _____

Signature: _____

Date Signed: _____

If you have any questions, please call the CPCHAP Compliance Officer Karina Lee (Director of Patient Services) or Chief Program Officer Ling Ma at (212) 219-8100.