

CATHOLIC CHARITIES OF LONG ISLAND
CHARTER OF THE COMPLIANCE COMMITTEE

I. Purpose of the Compliance Committee.

The Catholic Charities of Long Island Compliance Committee (“Agency”) will be responsible for coordinating with Agency’s Compliance Officer to ensure that Agency is conducting its business in an ethical and responsible manner, consistent with its Compliance Program.

The Compliance Committee shall have the authority to undertake the specific duties and responsibilities described below and the authority to undertake any other duties assigned by law, as the same may be amended or changed from time-to-time.

II. Membership of the Compliance Committee.

The Compliance Committee will be comprised of, at minimum, senior managers of the Agency: Compliance Officer, Chief Financial Officer, IT Director, Director of Human Resources, Director of Addiction Treatment Services, Director of Disabilities Services, and the Director of Mental Health Services. Others with relevant knowledge, experience and information may also be members of the Compliance Committee.

III. Chair of the Compliance Committee.

The Compliance Committee shall have a Chair. The Chair of the Committee shall be the Compliance Officer, Julia Bruno.

IV. Meetings and Updates to this Charter.

The Compliance Committee shall meet, at minimum, quarterly, and more frequently as may be necessary.

The Compliance Committee shall, at minimum, annually review and update, as necessary, this Charter.

V. Responsibilities of the Compliance Committee.

The Compliance Committee’s responsibilities will include, at minimum, the following:

- (i) coordinating with the Agency’s Compliance Officer to ensure that the written policies and procedures, and standards of conduct the Agency is required to maintain are current, accurate and complete, and that the training topics required by applicable law, rule, regulation or requirement, including without limitation, 18 NYCRR Subpart 521-1, are timely completed;

- (ii) coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals¹ on compliance-related issues, internal or external audits, or any other function or activity required by applicable law, rule, regulation or requirement, including without limitation, 18 NYCRR Subpart 521-1;
- (iii) advocating for the allocation of sufficient funding, resources and staff for the Compliance Officer to fully perform their responsibilities;
- (iv) ensuring that Agency has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and
- (v) advocating for adoption and implementation of required modifications to the Compliance Program.

VI. Reporting Structure.

The Compliance Committee shall report directly and be accountable to the Agency’s chief executive and the Board of Trustees.

VII. By-Laws.

To the extent this Charter, or any portion thereof, is inconsistent with Agency’s by-laws, the by-laws shall be deemed controlling.

Adopted: March 28, 2023

Revised: [_____]

¹ **“Affected Individuals” means** all persons who are affected by Agency’s “risk areas” including our employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. Our **“risk areas” mean** those areas of operation affected by the compliance program and shall apply to: (1) billings; (2) payments; (3) ordered services;(4) medical necessity; (5) quality of care; (6) governance; (7) mandatory reporting; (8) credentialing; (9) contractor, subcontractor, agent or independent contract oversight; and (10) other risk areas that are or should reasonably be identified by the provider through its organizational experience.

“Organizational experience” means Agency’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 Federal health care programs (including, but not limited to, the Medicare and Medicaid programs) and the results of any audits, investigations, or reviews it has been the subject of; or (4) awareness of any issues it should have reasonably become aware of for its category or categories of service.