Topic: Exclusion checks	**Department:** HR, Quality/Compliance
Original effective date: 2/26/21 as stand-alone policy (1/1/07 as part of another policy)	**Last revision date:** 6/24/26
Owner: VP for Quality and Compliance	**Frequency of reviews:** Annual
Internal/Regulatory Reference(s) (all that apply): 14 NYCRR 633.5; 14 NYCRR 633,22; 18 NYCRR 521-1.4(g)(3)	
Related documents/Links: NA	

Policy: It is the policy of The Arc of Monroe ("The Arc") that business, administrative and support functions promote personal and organizational outcomes.

Additional Information: The Arc is committed to and has an obligation to comply with all applicable federal and state standards. In order to best ensure the safety of people we support and our workforce, and to assess appropriateness for their jobs, The Arc will conduct checks to ensure that staff, Board members, contractors and vendors are not excluded from participation in Medicaid. "Exclusion" here means that the person or business cannot work in or for a Medicaid-funded agency, such as The Arc (they are "excluded" from doing so).

For the purposes of this policy, "staff" is meant to reflect employees (i.e., people hired by the agency as w-2 employees).

Exclusion checks are conducted through:

- NYS Medicaid Exclusion through the NYS Office of the Medicaid Inspector General (OMIG)
- Federal Office of Inspector General (OIG) exclusion list
- Federal System for Award Management (SAM) exclusion list
- Federal Specially Designed Nationals exclusion list
- State Medicaid exclusion lists where available

The government can issue the following penalties if we employ or contract with an excluded person or entity:

- Up to $10,000 per violation
- Up to $30,000 per violation if a previous violation occurred in the prior 5 years

Procedure	
Task:	**Responsible party:**
General Guidelines:	
1. We will conduct exclusion checks (as described above) initially upon hire, joining the Board, or becoming an agency vendor (new vendor checks are done on a quarterly basis); and then monthly after that.	VP for Quality and Compliance (or designee)
2. Anyone who is determined to be excluded cannot work for us, remain on our Board of Directors, or function as a vendor or contractor.	HR; Administration
3. If someone currently working or contracting with The Arc shows up as possibly excluded, they will be suspended immediately until it can be confirmed if they are or not and administration will be notified.	HR; VP for Quality and Compliance

4. For anyone confirmed to actually be excluded, the person's relationship with The Arc will be terminated: Staff's employment would be terminated, contractors would have their contracts revoked, and volunteers or interns would be dismissed. Board members would be asked to step down.	HR; VP for Quality and Compliance; Administration
5. Based on the exact date of exclusion, the VP for Quality and Compliance will identify the extent of the exclusion's impact on the agency including but not limited to what services the person provided and what they have been paid since they were excluded.	VP for Quality and Compliance or designee
6. If necessary, we will consult with legal counsel to determine/confirm if we need to pay any money back and if so, how much.	VP for Quality and Compliance
7. We will follow standard OMIG procedures for reimbursement of any funds determined to be disallowed.	VP for Quality and Compliance
VP for Quality and Compliance:	
1. Acts as the agency's Compliance Officer, as required by NYS law.	VP for Quality and Compliance
2. Has primary responsibility for administering the agency's compliance program, and related policies and procedures.	VP for Quality and Compliance
3. Acts as a resource for agency staff, management, leadership and the Board for issues related to corporate compliance.	VP for Quality and Compliance
4. Responsible for ensuring that exclusion checks are completed and responded to appropriately, efficiently and within requirements.	VP for Quality and Compliance

Document revision record:

Revision Date	Release Date	Reason for change	Approver
5/19/08	5/19/08	Reasons for changes are not documented	P Dancer
6/24/09	6/24/09	Expanded information for clarity	P Dancer
12/30/09	1/1/10	Broke information out into a more user-friendly format	P Dancer
4/29/10	4/29/10	Reasons for changes are not documented.	P Dancer
5/5/10	5/5/10	Reasons for changes are not documented.	P Dancer
8/6/10	8/6/10	Added statement that the final decision is with HR. Added a paragraph explaining community prescriber checks	P Dancer
5/22/12	5/22/12	Clarified the wording	P Dancer
3/20/13	3/20/13	Added formal policy statement at the top of the document	P Dancer
7/25/13	7/25/13	Reasons for changes are not documented	P Dancer
10/24/14	10/24/14	Clarified some points around background checks	P Dancer
4/25/17	4/25/17	Amended roles on who conducted which checks	P Dancer
8/14/19	8/14/19	Simplified the language of the policy	P Dancer
10/18/19	10/18/19	Transitioned to new procedural format; removed exclusion checks for community prescribers	P Dancer
2/26/21	6/8/21	Formerly part of Background Check policy; made stand-along policy; added detail on what exclusion means and added potential penalties, fleshed out information, and added discrete section for the VPQC	ICC
7/21/22	8/8/22	Defined "staff" for the purposes of this policy	ICC

3/14/23	3/15/23	Updated regulatory reference to reflect new 18 NYCRR 521 regs	ICC
3/24/23	4/28/23	Updated list of where exclusions checks are run	ICC
6/29/23	6/29/23	Added language regarding initiating checks for Board members and vendors	ICC
5/17/24	6/26/24	Spelled out acronyms; added that consequences of exclusion include leaving the board or no longer being a vendor/contractor as appropriate; changed “determine” to “confirm”; corrected typos	
2/18/26	2/18/26	Added a clear statement regarding our commitment to following federal and state standards	ICC
6/24/26	6/24/26	Clarified several statements; added formal statement that overpayments will be handled per OMIG protocols	ICC