



# REGULATORY COMPLIANCE COMMITTEE

Michele Smith, Chair; Sean Barry; Mary Beer; Lindsey Burgess; Mary Burnett; Art James; Bob Kramer; Jessica Mitchell; Emily Phillips; Lorrie Scarrott; Supervisor Dom Vedora; Brian Young

**Monday, January 25, 2021  
1:30PM -2:30PM**

[via WebEx](#)

**Call 1-408-418-9388**

**Meeting Number (Access Code): 179 956 6685**

**Meeting Password: d578jGc7qEw**

1. Call to Order
  
2. Review and Approve October 26, 2020 Minutes
  
3. 2020 Annual Regulatory Compliance Committee Report
  
4. Compliance Complaints
  - See attached compliance complaint log.
  
5. Reports on Audits. Michele Smith
  
6. Work Plan Updates
  
7. Roundtable

## 2021 Meeting Schedule

January 25, 2021

April 26, 2021

July 26, 2021

October 25, 2021



**Minutes**  
**Regulatory Compliance Committee**  
October 26, 2020

**Committee Members:**

Sean Barry	Jessica Mitchell
Mary Beer	Emily Phillips
Lindsey Burgess	Lorrie Scarrott
Mary Burnett	Michele Smith
Art James	Dominick Vedora
Robert Kramer	Brian Young

**Members Present:**

Sean Barry, Mary Beer, Lindsey Burgess, Mary Burnett, Robert Kramer, Emily Phillips, Lorrie Scarrott, Michele Smith, Dominick Vedora and Brian Young.

**Call to Order:**

Michele Smith called the meeting to order at 1:30 p.m. Art James and Jessica Mitchell were necessarily absent.

**Reconstitute Regulatory Compliance Committee:**

Jessica Mitchell, Director of Community Mental Health Services, has joined the Regulatory Compliance Committee due to the retirement of Diane Johnston. To reconstitute the Regulatory Compliance Committee, a board resolution will be submitted to Governmental Operations and Insurance Committee and to the full Board of Supervisors for approval.

**Minutes:**

Minutes from the July 27, 2020 Regulatory Compliance Committee Meeting were approved by consensus.

**Compliance Complaints:**

Michele Smith went over the Compliance Complaint Log with the Committee.

Three new compliance complaints were received through the compliance hotline. Two of these complaints were related to COVID and were not compliance issues. These complaints were referred to the appropriate department. A third complaint was received against DSS Adult Protective Unit. This complaint also was not compliance related and was referred to DSS. All three complaints were deemed as non-reportable.

**Reports on Audits:**

Michele Smith hasn't received any final audit reports since the last meeting; however, there has been a notice of upcoming audits for the STOP DWI Program and Probation's Community Services Program.

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**Minutes**  
**Regulatory Compliance Committee**  
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**Audit Update:**

Mary Burnett provided an updated internal audit schedule. The Mental Health audit and fixed asset physical inventory audit are just about finished. Petty cash count is in process. She is hoping to work on the Children with Special Needs preschool and early intervention audits between November and December. The preparation of 1099 forms has started.

Mary Beer asked Mary Burnett to reach out to the new Director of Children with Special Needs, Chasa Petroski, regarding the early intervention audits. The early intervention team is currently working on an external audit. Mary Burnett will coordinate with Chasa and adjust the internal audit schedule accordingly.

**Work Plan Updates:**

- 1.2 The Compliance Self-Assessment Tool Sections 5-8 was completed at the July 2020 meeting.
- 4.2 The completion rate for the annual compliance training is at 88-94%. Employees who have not completed the training by December will be required to attend in-person training. The goal is to have 100% by the end of the year. The County is looking at options for a new platform for compliance training.
- 11.9 Michele has been working on the Title VI compliance requirements to receive federal monies. A main part of the requirements was related to reaffirming the ADA Policy and the Language Efficiency Plan. As one of the requirements, Sean Barry added Google Translate to the County website. All requirements have been satisfied.

**Round Table:**

Sean Barry informed the Committee about the ongoing phishing emails. They sent out a test email and a few employees did click on the links within the emails. He did explain that the phishing email was legitimate looking; however, the County needs to stay aware that harmful emails can look legitimate.

With no further discussion, Michele Smith adjourned the meeting at 2:00 p.m.

Respectively submitted,

Emily Marshall, Secretary I

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# Regulatory Compliance Committee Annual Report for the Year 2020

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## **The Plan:**

- Continued Plan review and update. This is ongoing due to frequent changes in regulations.

## **Employee Training:**

- The following WeComply online trainings were sent to all County employees and Board of Supervisors early in 2020 to be completed by the end of the 4<sup>th</sup> Quarter of 2020:
  1. Hazard Communication/ Right-to-Know (100% participation)
  2. Preventing Workplace Violence (100% participation)
  3. Preventing Discrimination & Harassment (100% participation)
  4. HIPAA Training was delivered through WeComply to employees in the following departments: Mental Health, Social Services, Public Health, Office for the Aging, Sheriff's Office (Corrections), Human Resources, County Attorney, Finance, Information Services and Records and Archives. (100% participation)
- Human Resources delivered the above noted training, in printed form, to employees without computer access.
- Michele Smith and Lorrie Scarrott attended virtually the Compliance Bootcamp on June 25, 2020.
- The Annual Compliance Program Development Series with Bonadio Compliance Solutions Group was cancelled for 2020.

## **The Committee:**

- The Committee met in-person on January 27, 2020. The Second Quarter meeting was delayed due to the State Governor's Executive Orders limiting in-person gatherings. The final three Committee meetings of 2020 were conducted virtually on June 22, July 27 and October 26, 2020.
- The 2020 Regulatory Compliance Assessment Tool, Part 1 - 4 was completed on June 22, 2020 and Parts 5 – 8 were completed on July 27, 2020.
- The Committee's 2019 Annual Report was submitted to the GO & Insurance Committee on February 5, 2020 and presented to the Board of Supervisors on March 5, 2020.
- Title VI Policy and Assurances were updated by the Board of Supervisors on November 12, 2020.

## **Reports of Non-Compliance:**

- 6 potential HIPAA violations were reported, investigated and unfounded.
- 3 additional compliance complaints were made. Two were made at the end of December 2020 and are still pending investigation. The other complaint was unfounded. The compliance hotline also received numerous messages relative to violations of covid-19 safety recommendations such as social distancing and not wearing of masks in public. These calls were forwarded to other appropriate agencies to handle.

**Internal Monitoring:** Due to year-long implementation of new financial software program and lack of on-site staff, internal audits were significantly reduced or suspended. Internal audits of Mental Health, Fixed Asset Physical Inventory, and Form 1099s were able to be conducted without any finding of major discrepancies.

## Regulatory Compliance Committee Annual Report for the Year 2020

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**Exclusion Screening:** Per Resolution #062-2019 Ontario County conducts Exclusion screening monthly of employees and vendors to ensure they have not been sanctioned for purposes of Medicaid reimbursement. In 2020 we screened 44,176 records. While numbers of screening per category can change monthly, in December 2020 screening was conducted on the following:

Public Health Employees	26 records
County Attorney Employees	13 records
Mental Health Employees	19 records
Information Services Employees	15 records
Finance Employees	32 records
Department of Social Services Employees	164 records
All Other Employees	566 records
Vendors	3,068 records

### External Reviews and Audits:

Department	Agency	Program	Date
Finance	Mengel, Metzger, Barr & Co	*Standard Single Audit *NYS DOT Single Audit *Audit of 457 Deferred Comp Plan *Audit of 401a Savings Match Plan	2020
Mental Health	Excellus	HEDIS Medical Record Review	Feb. - May 2020
Public Health	NYS DOH	Early Intervention Program	December 2020
Public Works	Federal DOT	40N0.01 Bridge PM Group	Ongoing 2020
Probation	NYS Insurance Fund	Community Service Audit	September 2020

DSS was involved multiple audits from various state and federal oversight agencies in 2020. They participated in 18 audits, including 1 semi-annual audit, 4 quarterly audits, and 2 monthly audits.

### Information Security:

- Phishing tests and IT Security Awareness Training were ongoing.

### 2021 Work Plan:

- Review, revise and implement the Regulatory Compliance Plan and related policies.
- Develop and implement 2021 Compliance Training Plans and obtain new on-line training provider.
- Periodic review of County Department's financial records.
- Continue to update bulletin boards annually and also develop electronic postings.
- Periodically update the Governmental Operations & Insurance Committee.

Compliance Hotline Complaint Log  
2020

NUMBER	Date Received	Complainant (If Known)	...against	Summary of Complaint	Notes on Investigation	Issue resolved/Closed	Reportable/ Non-reportable
#1-2020	1/29/2020			Christine sent a confidential email by accident to another county employee. Breach of HIPAA Privacy?	Falls within breach exception.	Closed with Note to File 2/6/2020.	HIPAA Non-reportable
#2-2020	4/10/2020			PH employee sent an email to contract preschool providers with the names of 4 children not receiving services from that provider. Breach of HIPAA Privacy?	Email was immediately retracted and parents of the named children were notified by phone and by letter	Closed with Note to File 5/26/2020.	HIPAA Non-reportable
	5/6/2020			hotline call regarding business not following social distancing guidelines as pool and fitness center open	Not a County compliance issue but forwarded to Public Health	Closed 5/7/20	Non-reportable
#3-2020	5/14/2020			MH employee sent an email to a non-related third party with the names and treatment info of a client. Breach of HIPAA Privacy?	Email was immediately retracted and deleted by recipient	Closed with Note to File 5/26/2020.	HIPAA Non-reportable
	5/19/2020			hotline call regarding employees at business not wearing face masks	Not a County compliance issue but forwarded to Public Health	Closed 5/20/20	Non-reportable
#4-2020	5/27/2020			MH employee sent an email with the name of a client to another County employee. Breach of HIPAA Privacy?	Email was immediately retracted and deleted by recipient	Closed with Note to File 6/11/2020.	HIPAA Non-reportable
#5-2020	7/6/2020			Complaint reported harassing/bullying behavior by XXXXXX due to a department procedure.	Investigation was conducted and found complaint to be unfounded.	Closed 7/22/20.	Non-Reportable
	7/27/2020			Hotline call regarding business not following COVID regulations.	Not a County compliance issue but forwarded to Public Health	Closed 7/27/20	Non-reportable
	8/25/2020			Hotline call to file a complaint against DSS Adult Protective.	Not a County compliance issue but forwarded to DSS	Closed 8/25/2020	Non-reportable
	10/4/2020			Hotline call for restaurant workers not wearing masks - in MONROE County	Not a County compliance issue but forwarded to Monroe County Public Health	Closed 10/5/2020	Non-reportable

Compliance Hotline Complaint Log  
2020

NUMBER	Date Received	Complainant (If Known)	...against	Summary of Complaint	Notes on Investigation	Issue resolved/Closed	Reportable/ Non-reportable
	11/19/2020			Hotline call due to hair in food. Caller complained that several employees had long hair in pony tails and it wasn't up off their necks.	Not a County compliance issue but forwarded to NYS Health Department in Geneva	Closed 11/19/20	Non-reportable
#6-2020	11/19/2020			PH Nurse disclosed person's pregnancy to 3rd party. HIPAA Privacy breach?	Matter was investigated. No violation as relative to pandemic responsibilities	Closed with Note to File 11/30/2020.	HIPAA Non-reportable
#7-2020	12/1/2020			MH employee sent an email with the first and last name of a client to different covered provider.	Email was retracted and deleted by recipient	Closed with Note to File 01/04/2021.	HIPAA Non-reportable
#8-2020	12/30/2020			Hotline call claiming sexual harassment by a male Correction Officer against three female Correction Officers was not properly investigated or reported to HR.			
#9-2020	12/31/2020			Hotline call claiming Correction Officer who is currently out on NYS Disability is self-employed and making money on the side.			

**Regulatory Compliance Work Plan  
(Updated 10/26/20)**

Item #	GOAL	ITEM	RESPONSIBLE PARTIES	STATUS	ENTRY DATE	DUE DATE	DATE COMPLETED
<b>1.0</b>	<b>Regulatory Compliance Plan - (review for consistency with current policies and procedures):</b>						
1.1		Compliance Self Assessment tool - Section 1-4 reviewed	Compliance Committee		Annual	April 2020 Meeting	6/22/2020
1.2		Compliance Self Assessment tool - Section 5-8 reviewed	Compliance Committee		Annual	July 2020 Meeting	7/27/2020
<b>2.0</b>	<b>Review, update &amp; implement the Regulatory Compliance Policies:</b>						
2.1		Internal Audit & Monitoring	Compliance Committee	Completed in accordance to the audit schedule.			
2.2		External Audit--Munis Access Rights	Compliance Committee			Late 2021	
<b>3.0</b>	<b>Ongoing review of existing County policies:</b>						
3.1		Review County policies by exception and as needed	Smith	Ongoing			
3.3		Employee bulletin board postings compliance	Phillips	Ongoing		1st Qtr	1st Qtr
3.6		Information Security Policy Update	Barry / James	Ongoing			
<b>4.0</b>	<b>Develop &amp; implement 2020 compliance training plans:</b>						
4.1		Update current WECOMPLY training modules as needed-2020 (separate from municipalities)	Smith / Phillips / James			3rd Qtr	
4.2		Deliver existing training modules-2020: Preventing Discrimination & Harassment Workplace Violence Whistleblowing and Compliance HazCom/Right to Know Computer Security Awareness/Appropriate Use HIPAA Training for Healthcare Component Depts	Phillips	Roll out begins of with 1st training coming out during the 2nd Quarter of the year. Then send out remaining trainings thereafter.	Annual	Roll out 2nd Quarter	
4.3		Determine whether additional modules are required by new laws	Smith / Phillips / James				
4.5		Compliance Bootcamp	Compliance Committee	Lindsey Burgess and Michele Smith attended.	Annual	2nd Qtr	6/24 & 6/25/2020
4.6		Annual School Supportive Health Services Program (SSHSP) Training	Smith			As Offered	
4.7		Annual Compliance Program Development Series w/ Bonadio	Compliance Committee		Annual	4th Qtr	
4.8		County Contract Training	James		Annual	Mar 2020	3/1/2020
<b>5.0</b>	<b>Implement the Identity Theft Prevention Policy &amp; Plan:</b>						
5.1		Assess & recommend equipment needs (e.g. shredding).	Smith / James / Barry	As needed			



**Regulatory Compliance Work Plan  
(Updated 10/26/20)**

Item #	GOAL	ITEM	RESPONSIBLE PARTIES	STATUS	ENTRY DATE	DUE DATE	DATE COMPLETED
<b>6.0</b>	<b>Continue to develop internal monitoring plans:</b>						
6.1		Refer to audit schedule	Burnett	Ongoing			
6.2		Annual SunGuard Access rights authorization	Burnett	Ongoing			
6.3		HIPAA Audit-Privacy	James	Ongoing			
6.4		HIPAA Audit-Security	Barry	Ongoing			
<b>7.0</b>	<b>Process Medicaid Exclusion Screening</b>						
7.1		Discuss contractor and employee screening issues.	Smith / Barry / Gates	Re: Methods to screen all employees and contractors: check with I.S. & current software contractor.		In process	
<b>8.0</b>	<b>Report annually to the Board</b>						
8.1			Smith / Vedora	Present to GO, then BOS	Annual	Q1 -2021	
<b>9</b>	<b>Information Technology security update:</b>						
9.1		ID Card Security	Barry	Ongoing			
9.3		IT Security Awareness Training & Phishing Tests	Barry	Ongoing			
<b>10</b>	<b>Compliance Officer Promotion:</b>						
10.1		Brochure Distribution to new employees	HR	Ongoing			
10.2		Key Events	Smith	Ongoing	Quarterly		
10.3		Commissioner Update	Smith	Ongoing			
10.4		Compliance Overview at Staff Meetings	Smith	Open			
10.5		DSS Display Case	Smith / Kramer	Ongoing			
<b>11</b>	<b>Needed components for Title VI:</b>						
11.8		ADA Evaluations	Smith / Nacca	Ongoing Monitoring			
11.9		NYSDOT Title VI Requirements	Smith				