



County Compliance Program

Quality. Integrity. Transparency.

Policy and Implementation Guidelines

Table of Contents

Section Name	Page
Tompkins County Vision and Mission Statements	3
I. Compliance Program Overview	5
Exhibit 1: Adopting the County Compliance Program for Tompkins County Government	7
II. Compliance Program Oversight <ul style="list-style-type: none"> ▪ The Role of the Compliance Officer ▪ The Structure, Duties, and Role of the Compliance Committee ▪ Privacy and Security Work Group 	8
III. Education and Training	10
IV. Effective Confidential Communication	10
V. Enforcement of Compliance Standards	11
VI. Reviewing and Monitoring of Compliance Activities	11
VII. Detection and Response	12
VIII. Whistleblower Provisions and Protections	12
IX. Exclusion Screening	14
X. Breach of Confidentiality	15
XI. Limited English Proficiency Plan (Title VI)	15
Appendices	
A. Tompkins County Breach Incident Procedure	17
B. Limited English Proficiency Plan (Title VI)	27
Glossary of Terms	40

TOMPKINS COUNTY VISION STATEMENT (Adopted January 1997)

The vision of the Tompkins County Legislature is a county where our residents' social and economic well-being flourish in an environment that is physically safe and supportive.

We see a community where all people are physically safe, financially secure, and able to enjoy physical, social, and mental well-being,

- where residents of all ages are valued and included and feel that way;
- where families of all kinds are considered important and strengthened;
- where those most vulnerable are cared for respectfully and fairly;
- where all people appreciate diverse cultures and opinions, take personal responsibility for their actions and treat each other with civility;
- where freedom of expression and privacy are respected and protected;
- where individual learning and growth opportunities abound and full participation in civic life is fostered;
- where arts and cultural resources are supported as important community assets.

We see a community where diverse economic enterprises prosper and are in harmony with the natural and built environment,

- where everyone can learn job skills and have employment opportunities;
- where all residents share equitably in the wealth of the community and support the community in accordance with their ability to pay;
- where all residents can support themselves, their families, and their community from generation to generation.

We see a community where all people respect the land, and historic and cultural sites, and act as wise stewards of our finite resources and the beauty of the landscape,

- where land-use decisions reflect this stewardship;
- where our historic and cultural heritage are respected and protected by all;
- where people, goods, and information travel easily and safely on networks that are well-integrated into the environment.

We see a community where local governments, educational institutions, churches, businesses, and community organizations work together to provide high-quality, cost-effective services easily available to all.

TOMPKINS COUNTY MISSION STATEMENT (Adopted January 1997)

The mission of the Tompkins County Legislature is to collectively meet the needs of our residents and communities and to realize the Legislature's articulated vision. County government will perform those functions not provided as well by individuals, the private sector, other levels of government, or the not-for-profit sector. County activities will be designed to protect and enhance the lives of the County's diverse residents and communities in ways that are compassionate, ethical, and creative within the limits of what residents financially support.

To this end we will:

- Allocate fiscal resources consistent with our vision, goals, policies, and community needs
- Foster open and honest communication among governments and county residents and employees. County government will initiate dialogue on the community needs, the appropriate role of County government, and satisfaction with the County's direction, initiatives, and services
- Create and implement policies that:
 - enhance the economic opportunity and well-being of all County residents
 - safeguard the health, safety, and rights of our residents and employees
 - protect the natural environment for future generations and maintain the built environment
 - prevent the need for more costly future services
- Encourage and support programs that:
 - achieve the County's goals
 - deliver needed services
 - serve vulnerable populations
 - strengthen families and communities
 - enhance our quality of life
- Operate a well-run organization by:
 - using a well-trained, diverse work force of employees, qualified contractors, and volunteers
 - providing adequate personnel, financial, facility, and informational support to approved programs
 - producing a balanced budget that supports the County's vision, mission, and goals with appropriate reserves for future uncertainties
 - carrying out the mandates of state and federal governments
 - acting as a resource and partner for other local governments
 - responding flexibly and responsibly to emerging needs and changing mandates.

I. COMPLIANCE PROGRAM OVERVIEW

A formal corporate compliance program affirms an organization's principles, practices, and structure to ensure compliance with all applicable laws, rules, and regulations. It also specifies the processes used to prevent and detect any violations. This ongoing, proactive agenda demonstrates how the organization will operate in a fully legal and ethical manner, and how its code of conduct will be applied to address specific organizational risks.

Tompkins County has a long tradition of established policies and procedures that underscore the importance of fair standards and stewardship in governmental operations. In February 2011, the County Legislature approved the steps necessary to develop a formal compliance program, desiring a plan that integrates legal and internal compliance efforts throughout county government to mitigate risk, assure quality, and improve the performance of internal monitoring systems. The *County Compliance Program* was developed and successfully set in place within six months of the legislative order. The Program was formally adopted by resolution in August 2011 (see Exhibit 1).

Eight Elements of an Effective Tompkins County Compliance Program

1. Assigned Corporate Compliance Officer and Compliance Committee
2. Written Policies and Procedures
3. Documented Disciplinary Procedures
4. Training for Staff and Governing Board(s)
5. Routine Identification of Compliance Risk Areas
6. System/Steps for Monitoring and Corrective Action
7. Whistleblower/Non-Retaliation Protections
8. Confidential Reporting

The *County Compliance Program*, in response to demands by regulatory authorities, expands accountability for fraud, waste and abuse, calling on County staff to look more closely at compliance requirements and to expect the same from vendors and grant sub-recipients. This Compliance Program Document (CPD) addresses Program oversight; related policies; education and training; assessing risk and steps for corrective action; and routine reporting.

A. Policy

It is the policy of Tompkins County to comply with all applicable federal, state, and local laws and regulations and payor requirements. It is also the County's policy to adhere to its adopted Code of Ethics, which is the County's code of conduct.

B. Code of Ethics

The County believes that rules of ethical conduct are essential to ensure that public officers and employees observe a high degree of moral conduct. Accordingly, the County adopted a Code of Ethics (amended by Local Law No. 2 of 2013 – July 16, 2013), which sets forth specific rules of ethical conduct that all county officers and employees are required to follow. The County also has an Ethics Advisory Board that provides ethics advice, reviews ethics complaints against County officers and employees, and oversees compliance with the Code of Ethics. Additionally, the County has established a Personal Conduct policy (*The*

Political Activity in the Workplace

County employees are prohibited from:

- Using public time or resources to engage in partisan political activity;
- Using one's official authority or influence to interfere with an election;
- Engaging in political activity while on County business;
- Coercing, directly or indirectly, contributions from a subordinate in support of a political party or candidate.

These activities are also prohibited by Federal law for employees whose job is in connection with an activity financed in whole or in part by Federal funds.

Read more about the Hatch Act at <http://www.archives.gov/legal/ethics/hatch-act.html>.

Administrative Manual: The Policies and Procedures of Tompkins County Government, Policy 08-29).

C. Commitment

We have always been and remain committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We hold our employees and agents to these same standards. We are committed to maintaining and routinely measuring the performance and effectiveness of our compliance program, using internal and external expertise, as needed.

D. Responsibility

Each employee and agent will acknowledge his or her responsibility to report any suspected or known instances of noncompliance to his or her immediate supervisor, the County Administrator, the Compliance Officer, or a member of the Compliance Committee (see Section II). Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination.

E. Policies and Procedures

The County will communicate its compliance standards and policies through required training for all employees and agents and the ongoing maintenance of a comprehensive Administrative Policy Manual. The County will also maintain a Website that includes pertinent information about the Compliance Program. Further, the County will demonstrate its commitment to these efforts through periodic update and distribution of this CPD, which serves as the County's compliance policy, and adherence to the County Code of Ethics.

F. Detection, Enforcement and Response

Detected noncompliance, through any mechanism, (e.g., compliance review procedures, confidential reporting, etc.) will receive an expedient response. The County is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Program. This approach will be enforced consistently through appropriate disciplinary mechanisms including, if appropriate, discipline of responsible individuals for failure to detect and/or report noncompliance.

G. Due Diligence

The County will, at all times, exercise due diligence in regard to exclusion screenings (*The Administrative Manual: The Policies and Procedures of Tompkins County Government, Policy 11-46*), background checks, and professional license investigations for all prospective employees, agents, and members of the Legislature. Any employee or prospective employee who holds, or intends to hold, a position for Tompkins County is required to disclose any name changes and any involvement in non-compliant activities, including health care-related crimes. In addition, the County performs reasonable inquiries into the background of such applicants, agents, and members of the Legislature.¹

¹ The Department of Health and Human Services' Office of Inspector General (HHS OIG) has been given the authority to exclude from participation in Medicare, Medicaid, and other Federal health-care programs individuals and entities who have engaged in fraud or abuse.

EXHIBIT I

Tompkins County Legislature
Governor Daniel D. Tompkins Building
Ithaca, NY 14850

Meeting: 08/02/11 05:00 PM
Department: County Administration
Category: Administrative
Functional Category:

ADOPTED

DOC ID: 2778

RESOLUTION NO.
2011-122

Adopting the County Compliance Program for Tompkins County Government

WHEREAS, the policy of Tompkins County Government has been always to conduct its business in compliance with applicable federal, state, and local laws and regulations, and to adhere to the highest ethical standards, and

WHEREAS, the federal and state agencies responsible for enforcement of Medicare and Medicaid laws and regulations applicable to healthcare providers recently have encouraged the development and implementation of formal corporate compliance programs, and

WHEREAS, the County Legislature believes that establishing a formal compliance program, applied on a countywide basis, is consistent with the organization's efforts to improve quality and performance, and further reflects the organization's long-standing commitment to conduct its business transparently and in compliance with applicable and constitutional laws, and

WHEREAS, in February of this year by Resolution No. 2011-11, the Legislature approved the steps necessary for the development of a formal compliance program for Tompkins County government, desiring a program that integrates legal and internal compliance efforts throughout county government to mitigate risk, assure quality, and improve internal controls and monitoring systems, as needed, and

WHEREAS, the Department of County Administration has sufficiently satisfied the charge by the Legislature to design and develop a county compliance program, now therefore be it

RESOLVED, on recommendation of the Government Operations Committee That the newly developed County Compliance Program is hereby adopted,

RESOLVED, further, That the County Administrator have responsible oversight of the Program, and that he designate the current Deputy County Administrator, Paula E.F. Younger, as the County's Corporate Compliance Officer to direct all aspects of the Program, ensuring ongoing effective implementation.

SEQR ACTION: TYPE II-20

II. COMPLIANCE PROGRAM OVERSIGHT

A. The Role of the Compliance Officer

The County Administrator, with the approval of the County Legislature, designates a Compliance Officer. The Compliance Officer is directly obligated to serve the best interests of the county organization, consumers, and employees. Responsibilities of the Compliance Officer include, but are not limited to:

- Serving as Chair of the County Compliance Committee.
- Overseeing and monitoring implementation of the compliance program, including assisting with the development and implementation of compliance policies and procedures.
- Directing County internal reviews established to monitor effectiveness of compliance standards.
- Providing guidance to management, medical/clinical program personnel, and individual departments regarding policies and procedures and governmental laws, rules, and regulations.
- Updating the Program, periodically, as changes occur in County operations, in law and regulations, or by governmental and third-party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Program.
- Coordinating, developing, and participating in the educational and training program.
- Ensuring Employees and Agents are aware of the requirements of the County's Compliance Program.
- Seeking up-to-date material and releases regarding regulatory compliance.
- Maintaining a reporting system, including a dedicated and confidential Whistleblower HelpLine, and responding to concerns, complaints, and questions related to the Program.
- Acting as a resource for regulatory compliance issues.
- Coordinating internal investigations and implementing corrective action on issues related to noncompliance or compliance-related risk.
- Reporting quarterly to the County Administrator and annually to the full County Legislature on Program activities and any areas of concern.

All employees are required to fully cooperate with the Corporate Compliance Officer in administering the Corporate Compliance Program. All supervisory employees are responsible for ensuring that their subordinates cooperate, are aware of and understand the tenets of the Program, and comply with the Program and the Code of Ethics.

B. The Structure, Duties, and Role of the Compliance Committee

Compliance Committee members are appointed by the County Administrator and approved by the Legislature. Compliance issues are reported by the Compliance Committee to the County Administrator, and to the Legislature where appropriate. The role of the Compliance Committee is

to advise and assist the Compliance Officer with implementation of the County Compliance Program.

The County Compliance Committee membership includes:

- County Compliance Officer
- County Attorney
- County Finance Director
- Commissioner of Personnel
- Commissioner of Social Services
- Commissioner of Mental Health
- Director of Public Health
- Director of Information Technology Services
- Director of Human Rights
- Healthcare Security and Privacy Officer

The roles of the Compliance Committee include:

- Analyzing the environment where the County does business, including legal requirements with which it must comply.
- Reviewing and assessing existing policies and procedures that address these risk areas for possible incorporation into the Compliance Program.
- Working with departments to develop standards, policies, and procedures that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate departments related to compliance matters.
- Developing internal systems and controls to carry out compliance standards and policies.
- Monitoring internal and external reviews to identify potential noncompliant issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.

Privacy and Security Work Group

The Privacy and Security Work Group (PSWG) is a subset of the Compliance Committee that focuses specifically on issues regarding healthcare privacy and security compliance. In response to federal compliance mandates regarding the Health Information Technology for Economic and Clinical Health (HITECH) Act, which strengthened the the Health Insurance Portability and Accountability (HIPAA) Act of 1996, the general role of PSWG is to advise the larger Compliance Committee on all healthcare-related privacy and security issues including changes to the law, updated compliance mandates, etc. This helps ensure the protection of all Personal Health Information (PHI) across the entire organization. The Healthcare Security and Privacy Officer chairs the group and is responsible for taking the lead on PSWG initiatives.

The PSWG membership includes:

- Healthcare Security and Privacy Officer
- Public Health Administrator
- Mental Health Deputy Commissioner/Mental Health Compliance Officer

-
- Deputy Director of Information Technology
 - Department of Social Services Commissioner/ designee
 - County Compliance Officer—Member at Large
 - Mental Health Commissioner—Member at Large

III. EDUCATION AND TRAINING

A. Expectations

Education and training are critical elements of the County Compliance Program. Every employee and agent is expected to be familiar with and knowledgeable about the Program and have a solid working knowledge of his or her responsibilities under the Program. Compliance policies and standards will be communicated to all employees and designated agents through required participation in annual training programs. Department Heads are responsible for ensuring staff receive appropriate, timely training. As part of staff orientation, each new employee (or agent) shall receive a written copy of the CPD, policies, and specific standards of conduct affecting the employee's position or will be directed to a place where these documents can be accessed.

C. Attendance

All education and training relating to the Program will be verified by attendance records and signed acknowledgement of receipt of Program documents. Attendance at compliance training sessions is mandatory and a condition of continued employment.

IV. EFFECTIVE CONFIDENTIAL COMMUNICATION

A. Expectations

Open lines of communication between the Compliance Officer and every employee and agent subject to this Program are essential to the success of our Compliance Program.

Every employee has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

B. Reporting

If an employee or agent witnesses, learns of, or is asked to participate in any activities that are potentially in violation of County policy or procedure, or state or federal law, he or she must contact his or her immediate supervisor, the County Compliance Officer, or the County Administrator. Similarly, a member of the public may also confidentially disclose information she or he reasonably believes evidences a violation of law; an abuse of authority or regulation; a substantial and specific danger to public safety; or a gross mismanagement or gross waste of county funds. Reports may be made in person, or by calling a toll-free telephone line dedicated for the purpose of receiving such notification [877-348-1396], or by mailing information to the County Compliance Officer of Tompkins County, 125 East Court Street, 3rd Floor, Ithaca, New York 14850.

C. Protections

The identity of reporters will be safeguarded to the fullest extent possible and reporters will be protected against retribution. Reporting of any suspected violation of County policy or procedure, or state or federal law by following the requirements of this policy shall not result in any retribution.

Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under the Program is acting against the County's compliance policy. Discipline, up to and including termination of employment will result if such reprisal is proven.

D. Guidance

Any employee and agent may seek guidance from the County Compliance Committee (see Committee list in Section II.B) with respect to the Program or standards of conduct at any time by following the reporting mechanisms outlined above.

V. ENFORCEMENT OF COMPLIANCE STANDARDS

A. Background Investigations

For all employees who have authority to make decisions that may involve compliance issues, the County will conduct a reasonable and prudent background investigation, including a reference check, as part of every employment application.

B. Disciplinary Action (General)

Employees who fail to comply with County policy or procedure, or state or federal law, or who have engaged in conduct with the potential to impair the County's status as a reliable, honest, and trustworthy service provider, will be subject to disciplinary action, up to and including termination. Any disciplinary action will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such action. The Compliance Officer shall maintain a record of all disciplinary actions involving the Program and report at least quarterly a summary of these actions to the County Administrator.

C. Disciplinary Action (Supervisory)

Supervisors will be sanctioned for failure to adequately instruct their staff or for failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided the County with the opportunity to correct them.

VI. REVIEWING AND MONITORING OF COMPLIANCE ACTIVITIES

Ongoing assessment is critical to raising awareness of potential vulnerability and risks and detecting non-compliance. Engaging staff in proactive assessment activities also helps to ensure the success of County's Compliance Program as an integrated part of overall county operations. Ongoing review and monitoring will be done using internal and external resources implemented by the County Compliance Committee and in consultation with the County Administrator. At a minimum, County Department Heads will be expected to routinely review department-specific internal quality controls that address the following:

1. Efficiency of communications for routing information throughout the department about new or updated laws, regulations, and policies.
2. Sufficient information management protocols that guide appropriate access to and maintenance and distribution of sensitive or confidential information, including private information (PI) and protected health information (PHI).

3. Consistency of internal controls, paper-based and electronic, particularly related to financial transactions, to safeguard against waste, fraud, and abuse, and procedures for reporting and mitigation.
4. Routine training and information exchange that address quality assurance issues and high-risk situations as these relate to daily department operations.
5. Annual staff training on professional conduct (ethics) and overall compliance.

Adopting these simple steps will help departments determine if existing measures are adequate and help identify opportunities for improvement.

VII. DETECTION AND RESPONSE

A. Violation Detection

The Compliance Officer, in consultation with the County Administrator, County Attorney, and Compliance Committee will review whether any basis exists to suspect that a violation of the Compliance Program has occurred. Should a violation or potential violation appear to have occurred, the Compliance Officer, with input from the County Administrator and Compliance Committee, shall conduct a more detailed investigation.

B. Reporting

At the conclusion of an investigation, the County Attorney may be asked by the Compliance Officer or the County Administrator to prepare a written report summarizing the findings and providing recommendations, which may include rendering an opinion regarding whether a violation of the law has occurred.

C. Rectification

If the County identifies that an overpayment was received from any third-party payer, the overpayment will be returned with proper documentation. If required, regulatory (funder) and/or prosecutorial (attorney general/police) authorities will be appropriately notified with the advice and assistance of the County Attorney. In instances where it appears an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

D. Record Keeping

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the County Administrator or the County Attorney.

VIII. WHISTLEBLOWER PROVISIONS AND PROTECTIONS

A. Provisions

The federal False Claims Act of 1863 (revised in 1986) provides protection to qui tam² relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act.

The County will not take any retaliatory action against an employee if the employee discloses information about the County's policies, practices or activities to a regulatory, law enforcement, or other similar agency or public official.

B. Protections

The employee's disclosure is protected only if the employee first brought up the matter with a supervisor, the County Compliance Officer, or the County Administrator and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or a patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. The County will protect qui tam relators in accordance with Administrative Policy #11-45. This policy is intended to support the reporting of illegal activities and to protect officers and employees from retaliation who, in good faith, have reported a concern of improper governmental action. This policy implements New York State Labor Law §740 and Civil Service Law §75-b.

Any officer or employee of the County who becomes aware of improper governmental action by an officer or employee of the County must report such conduct. No officer or employee of the County shall take retaliatory action against an employee because the employee makes a good-faith report of any information regarding fraud, waste, abuse, misconduct, or any alleged prohibited or illegal activity in violation of any law, rule, or regulation governing officers and employees of the County of Tompkins. Reports of concerns will be kept confidential to the extent possible, consistent with the need to conduct a complete and fair investigation.

C. Procedures for the Receipt, Retention, and Treatment of Complaints

The following procedures apply to all Whistleblower complaints received by the County Compliance Officer:

1. The Compliance Officer (or other responsible officer) shall log the complaint into a complaint book or electronic database (the "log").
2. The Compliance Officer shall determine if it is a complaint that is appropriate for investigation, i.e. one that alleges a violation of law or regulations.
3. The Compliance Officer will notify the County Administrator, who in consultation with the County Attorney and/or other officials as appropriate, will determine the most appropriate individual or group to conduct the investigation.
4. The selected investigator(s) shall perform the investigation, which may include interviews, reviews of documents, and other appropriate methods of gathering evidence.

² *Qui tam* is a provision of the **Federal Civil False Claims Act** that allows private citizens to file a lawsuit in the name of the U.S. Government charging fraud by government contractors and others who receive or use government funds, and to share in any money recovered.

-
5. The investigator shall document conclusions of the investigation.
 6. The County Administrator or other appropriate officials shall determine what actions to take as a result of the investigation.
 7. The most appropriate County official will notify the complainant if appropriate and any other appropriate individuals or parties, including law enforcement, State or Federal agencies.
 8. The Compliance Officer shall note in the log that the investigation is complete and the actions taken.

IX. EXCLUSION SCREENING

Tompkins County government and its related entities are committed to maintaining high- quality service and integrity in its financial and business operations. Therefore, all necessary steps will be taken to ensure that healthcare-related employees, providers, contractors, prescribing/authorizing physicians, etc., who provide and/or perform services for or on behalf of the County have not been the subject of adverse governmental actions and/or excluded from the federal healthcare programs.

The exclusion-screening policy demonstrates the County's intent to comply with Federal and State mandates to screen employees, independent contractors, business vendors, key providers, and governing-board members to verify that they have not been involved in adverse governmental actions related to fraud, patient abuse, licensing-board sanctions, license revocation/suspension/surrender, or have defaulted on Health Education Assistance Loans and are therefore on a federal (or state) Excluded Parties List.³

The County will conduct monthly exclusion screening of all employees, potential vendors, and governing Board members (initially, the County Legislature, Community Mental Health Services Board, and Board of Health) that have authority to grant appropriations or that contribute to the development or execution of policy as these actions relate to the use of Medicaid or Medicare funds. In addition, for employees that require specific medical/healthcare license/certification in order to perform their duties, these credentials will be verified with appropriate licensing and disciplining authorities.

The County will conduct exclusion checks of the following sources to determine if the individual or entity's name appears on any of the following lists:

- U. S. Department of Health and Human Services, Office of Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) currently available on the website at <http://exclusions.oig.hhs.gov>
- The General Services Administration (GSA)'s Excluded Parties List System is currently available on the U.S. Government's System for Award Management (SAM) Website at www.sam.gov.

³ The Excluded Parties List System (EPLS), hosted on the System for Award Management (SAM) website, is an electronic, Web-based system that identifies those parties excluded from receiving federal contracts, certain subcontracts, and certain types of federal financial and non-financial assistance and benefits. EPLS keeps the user community aware of administrative and statutory exclusions across the entire government. See: <https://www.sam.gov>

- NYS Medicaid Fraud Database currently available on the NYS Department of Health website at <http://www.emedny.org/info/disqualified.html>

Individuals and entities excluded from federal healthcare programs will be prohibited from holding a position, or conducting business with the County, in any area that is directly or indirectly funded by a state or federal program that bars participation by such excluded individuals and entities. For details on policy implementation, please refer to *The Administrative Manual: The Policies and Procedures of Tompkins County Government*, Policy #11-46.

X. BREACH OF CONFIDENTIALITY

In 2013, the U.S. Department of Health and Human Services moved to strengthen the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA Privacy and Security Rules have focused on health care providers, health plans and other entities that process health insurance claims. In 2013, the HIPAA Omnibus Rule was created to expand many of the requirements to business associates of these entities that receive protected health information, such as municipalities, contractors and subcontractors. This includes Tompkins County. The rule also increases penalties for noncompliance and strengthens the Health Information Technology for Economic and Clinical Health (HITECH) Breach Notification requirements by clarifying when breaches of unsecured health information must be reported to HHS.

What is Personal Information (PI) and Personal Health Information (PHI)?

PI and PHI are types of information that can be used on their own or with other information to identify, contact, or locate a single person, or to identify an individual in context.

Examples of Personal Information (PI):

- Credit card number
- Social security number
- Birthdate
- Name and Address

Examples of Personal Health Information (PHI):

- Health background information
- Medical records
- Lab test results and X-rays
- Medical diagnoses

In compliance with the demands by Federal regulatory authorities, Tompkins County is committed to safeguarding Personal Health Information (PHI) and all other forms of Personal Information (PI). To this end, the County has adopted the "Tompkins County Breach Incident Procedure," which provides a common standard for all staff regarding the processes and procedures for reporting a known or suspected information breach. Any member of the Tompkins County workforce who becomes aware of a situation that may put client information at risk must report the discovery as a potential breach via the "Tompkins County Breach Incident Procedure" provided in Appendix A.

XI. LIMITED ENGLISH PROFICIENCY PLAN (TITLE VI)

Pursuant to Title VI of the Civil Rights Act and Executive Order 13166, the Limited English Proficiency (LEP) Plan sets forth the actions that Tompkins County will take to ensure that individuals with limited English proficiency have meaningful access to Tompkins County services, programs and activities. The County defines LEP persons as persons who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English.

The primary provisions of the Limited English Proficiency (LEP) Plan are to (1) identify individuals who need language assistance, (2) identify ways to accommodate LEP persons, (3) train staff regarding the Plan for accommodating LEP persons, (4) notify LEP populations about the Plan, and (5) regularly monitor and update the Plan. The Office of Human Rights provides oversight for monitoring, evaluating, and updating the Plan. See the full LEP plan in Appendix B.

APPENDIX A.

Tompkins County Breach Incident Procedure

What happens when you witness or commit an act that compromises another person's confidentiality? What would you do if you accidentally left private client information, including DOBs and SSNs, on the TCAT bus during your trip home? Who would you turn to if you saw papers with confidential information left out on somebody's desk? Is there a risk of retaliation if you report a known or suspected breach of private information? This document provides a County-wide protocol for responding to and documenting any breach of confidentiality. Through following this protocol, Tompkins County employees ensure a safer and more secure workplace every day.

Several situations, such as those listed above, indicate a potential breach of client information. Any workforce member who becomes aware of a situation that may put client information at risk must report the discovery as a potential breach and fulfill their responsibilities as outlined in this procedure. Any workforce member who fails to fulfill any applicable responsibility from this procedure will not only face disciplinary action up to and including termination, but may also be subjected to severe monetary penalties and incarceration by Health Insurance Portability and Accountability Act (HIPAA) Enforcement entities (Federal Office of Civil Rights and New York State Attorney General).

I. General Responsibilities

A. Workforce Member

All Tompkins County workforce members must fulfill the following Workforce Member responsibilities:

- Complete all required trainings related to preventing and responding to breach incidents.
- Immediately after discovery (and in no case later than end of business day) report any possible breach of Tompkins County client information to the Healthcare Security and Privacy Officer or via the anonymous Compliance & Breach Hotline on 1-877-348-1396.
- At minimum, include in the report the Tompkins County department or Business Associate name, names of people involved, and a brief description of the situation/incident.
- As much as possible, take steps to reduce harm to the affected individual(s).

B. Healthcare Security & Privacy Officer/ Back-up

- Respond to reports by contacting the affected Department Head or Business Associate without unreasonable delay and in no case later than 24 hours after any report.
- Take the steps in Section VI below for Business Associate incidents, or fulfill the remaining responsibilities in this section for internal incidents.
- Work with affected Department Head to complete the **Tompkins County Breach Incident Investigation Form** without unreasonable delay.
- Determine likelihood and extent of breach according to the breach risk assessment included on the **Tompkins County Breach Incident Investigation Form**.
- Guide Department Head in notifying affected individual(s) according to legal requirements.
- Work with Department Head to mitigate harm to affected individual(s), and recommend procedural changes to prevent future similar incidents.
- Review high-risk assessments with Breach Incident Team.
- Review all breach incidents quarterly with the Tompkins County Compliance Committee.

- Report breaches to the Secretary of Health and Human Services and/or State Agencies as required by law.
- Log breaches and document process.

C. Director of ITS/Designee and/or Public Health Administrator

- Serve as back-up when the Healthcare Security and Privacy Officer is absent for 1 or more business day(s).

D. Department Head

- Oversee implementation and training for this policy within the department, ensuring that all department workforce members who have access to PI or PHI are fully trained in their responsibilities detailed in this procedure.
- Maintain Business Associate Agreements with HIPAA-compliant PHI incident procedures, including breach procedures.
- Work with the Healthcare Security and Privacy Officer to complete the **Tompkins County Breach Incident Investigation Form** without unreasonable delay.
- With guidance from the Healthcare Security and Privacy Officer/Breach Incident Team, follow all steps detailed in this procedure to notify affected individuals of breach according to legal requirements.
- Work with the Healthcare Security and Privacy Officer to mitigate harm to individual(s).
- Make procedural changes recommended by the Healthcare Security and Privacy Officer and/or the Breach Incident Team to prevent future similar incidents.
- Participate on the Breach Incident Team for breaches affecting the department.

E. Breach Incident Team

- As requested by the Healthcare Security and Privacy Officer, oversee breach incident response for high-risk breach incidents through the following:
 - Review breach risk assessments.
 - Provide guidance for notifying affected individuals of breach.
 - Review and recommend harm mitigation steps.
 - Recommend procedural changes to prevent future similar incidents.
 - Notify media of breaches as required by law and as detailed in this procedure.

II. For a Potential Breach of ANY Client Information

1. Immediately after discovery (and in no case later than end of business day) any Tompkins County workforce member must report any potential breach of Tompkins County client information to the Healthcare Security and Privacy Officer or via the anonymous Compliance & Breach Hotline on 1-877-348-1396. To allow investigation, a breach report must include at least the following:
 - The Tompkins County department or Business Associate organization where the incident occurred,
 - The names of people involved, and
 - A brief description of the situation/incident, including when it happened.
2. The Healthcare Security and Privacy Officer will check voice mail daily for breach reports.

3. In the event that a workforce member other than the Healthcare Security and Privacy Officer receives a breach report, the workforce member must forward the report to the Healthcare Security and Privacy Officer without unreasonable delay (in no case later than the end of business day).
4. When the Healthcare Security and Privacy Officer is absent or unable to check messages for more than 1 business day, the Director of ITS/Designee and/or the Public Health Administrator will act as back-up.
5. Without unreasonable delay and in no case later than 24 hours after receiving a report, the Healthcare Security and Privacy Officer must contact the affected Department Head to begin the incident investigation.
6. Without unreasonable delay, the affected Department Head will assist the Healthcare Security and Privacy Officer in completing the **Tompkins County Breach Incident Investigation Form** with guidance from the Information Technology Services Department as needed.
7. If PHI may have been compromised, the Healthcare Security and Privacy Officer will provide as detailed information as possible in the following required 4 PHI risk factors in the Risk Assessment section of the **Tompkins County Breach Incident Investigation Form**, explaining the assessment as clearly as possible:
 - The nature and the extent of the PHI involved, including types of identifiers and likelihood of re-identification;
 - The unauthorized person who impermissibly used the PHI or to whom the impermissible disclosure was made;
 - Whether the PHI was actually acquired or viewed, or if only the opportunity existed for the information to be acquired or viewed; and
 - The extent to which the risk to the PHI has been mitigated.
8. If the incident does not involve PHI, the Healthcare Security and Privacy Officer will complete all other items in the Risk Assessment section of the **Tompkins County Breach Incident Investigation Form**, and will mark the 4 PHI items "N/A".
9. The Healthcare Security and Privacy Officer will request Breach Incident Team involvement in the incident response process for high-risk incidents (e.g. breaches involving more than one client's information, criminal penalties, monetary penalties or employment sanctions).
10. The Healthcare Security and Privacy Officer will determine, based on breach definitions in the applicable laws and the results of the Breach Risk Assessment section of the **Tompkins County Breach Incident Investigation Form**, the likelihood and extent of the breach. The Officer will detail the decision reasoning on the **Tompkins County Breach Incident Investigation Form**.

III. If Investigation and Risk Assessment Rule Out Breach of ANY Client Information

1. If the investigation and risk assessment rule out breach of client PI and show a low probability that PHI was compromised, the Healthcare Security and Privacy Officer will log

the incident as a Non-Breach Incident on the Information Incident Log and will keep all related documentation for 6 years.

2. The Department Head, with assistance from the Healthcare Security and Privacy Officer and/or Breach Incident Team, will make necessary procedural changes to prevent future similar incidents.
3. If an affected individual is aware that his/her information may have been breached, the Department Head will send a letter summarizing investigative steps and notifying him/her that no breach occurred.

IV. If Investigation Shows That a Breach of Client Private Information (PI) Has Occurred

1. If the investigation does not rule out breach of **Private Information (PI)**, the Healthcare Security and Privacy Officer will notify the Director of ITS/Designee as needed, and will consult the New York State ITS Enterprise Information Security Office (NYS ITS EISO) regarding the scope of the breach and restoration measures.
2. The Healthcare Security and Privacy Officer (and Breach Incident Team, if involved) will work with the Department Head to determine and take steps to reduce harm to the affected individual(s). The Department Head will provide to the Healthcare Security and Privacy Officer written documentation of harm mitigation steps taken.
3. The Healthcare Security and Privacy Officer and/or Breach Incident Team will guide the Department Head in notifying all affected individual(s) "in the most expedient time possible and without reasonable delay, allowing for any necessary law enforcement delay", as required in New York State law. Notification will be directly provided to all affected individuals by **one** of the following methods:
 - written notice; or
 - electronic notice (only at affected individual's request); or
 - telephone notice (log must be kept); or
 - substitute notice by **all** of the following (allowed only when cost of other methods would exceed \$250,000 or there are more than 500,000 affected individuals):
 - e-mail (if e-mail address known); and
 - conspicuous website posting; and
 - notification to major statewide media.

Notice must include a description of the information breached and contact information of the Tompkins County Healthcare Security and Privacy Officer.

4. The Healthcare Security and Privacy Officer will complete the NYS Security Breach Reporting Form, with guidance from the Director of ITS/Designee and/or Breach Incident Team as needed, and send it to the three entities required on the reverse side of the form (A template for individual notice provided must be attached). If more than 5000 NYS residents are affected by the breach, the Healthcare Security and Privacy Officer will also notify consumer reporting agencies. **Reporting to NYS agencies must not delay notification of individuals.**

5. After review of the incident, the Healthcare Security and Privacy Officer (and the Breach Incident Team, if involved) will evaluate whether harm has been mitigated as much as possible, and will recommend to the Department Head further mitigation steps as necessary. The Department Head will provide to the Healthcare Security and Privacy Officer written documentation of harm mitigation steps taken.
6. The Healthcare Security and Privacy Officer and/or Breach Incident Team will work with the Department Head to evaluate procedures. The Department Head will make procedural changes recommended to prevent future similar incidents, and will provide written documentation of changes to the Healthcare Security and Privacy Officer.
7. The Healthcare Security and Privacy Officer will log the incident in the Information Incident Log as a "PI Breach" and will keep all related documentation for 6 years.

V. If Investigation Shows That a Breach of Protected Health Information (PHI) Has Occurred

If review of the Tompkins County Breach Incident Investigation Form Breach Risk Assessment by the Healthcare Security and Privacy Officer (and Breach Incident Team if involved) determines that there is more than a low probability that PHI was compromised, then a PHI breach has occurred. The following steps must be taken:

1. **Notify Affected Individuals. Without unreasonable delay and in no case later than 60 calendar days** after the incident, the Healthcare Security and Privacy Officer (or Breach Incident Team if involved) will guide the Department Head in notifying affected individual(s) **by first class mail** that their PHI has been compromised. The notification may be provided in one or more mailings as information is available. When there is insufficient or out-of-date contact information that precludes written notification to the individual, the substitute notice will be provided according to the following rules:
 - a) For fewer than 10 individuals, substitute notice will be provided by the alternative form of notice that is most likely to reach the individual, and may be an alternative form of written notice, a telephone notice, or another form of notice.
 - b) For 10 or more individuals, substitute notice will:
 - Be in the form of either a conspicuous 90-day posting on the Tompkins County web site, or conspicuous notice in the major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and
 - Include a toll-free phone number that remains active for at least 90 days where an individual can learn whether his/her unsecured protected health information may be included in the breach.
 - c) If the individual is deceased, notice will be sent by first class mail to the next of kin or personal representative if the address is known. Substitute notice will not be provided.
 - d) In an urgent situation in which misuse of the compromised information could be imminent, the Department Head may contact individuals by telephone or other means, as appropriate, in addition to the required written notice.
 - e) The notification will be written in plain language and will include, to the extent possible:
 - A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
 - A description of the types of unsecured protected health information that were involved in the breach;

-
- Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 - A brief description of what the Tompkins County is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and
 - Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.
2. Concurrently with notification, the Department Head, with guidance from the Healthcare Security and Privacy Officer (or Breach Incident Team if involved), will take all possible steps to mitigate harm to the affected individual(s) and make necessary changes to department procedure to prevent future breaches. The Department Head will provide written documentation of steps taken and changes made to the Healthcare Security and Privacy Officer.
 3. If the **breach affects fewer than 500 individuals**, the Healthcare Security and Privacy Officer will report the breach to NYS agencies as required in step **IV.4** above, and will notify the Secretary of Health and Human Services **no later than 60 days after the end of the calendar year, in the manner specified on the Health and Human Services Web site.**
 4. If the **breach affects 500 or more individuals**, in addition to individually notifying the affected person, the following steps will be taken:
 - If the 500 individuals are in the same State or jurisdiction, the Breach Incident Team will provide notice with all elements in **V.1e** above to prominent media outlets serving the State or jurisdiction without unreasonable delay and in no case later than 60 days after the incident.
 - The Healthcare Security and Privacy Officer will report the breach to the Secretary of Health and Human Services, **without unreasonable delay and in no case later than 60 days after the incident, in the manner specified on the Health and Human Services web site.**
 - The Healthcare Security and Privacy Officer, in consultation with the Breach Incident Team, will report the breach to NYS agencies according to step **IV.4** above.
 5. To reduce harm to individuals and prevent future breaches, the Healthcare Security and Privacy Officer (and Breach Incident Team if involved) may review the incident after notifications are complete, and may recommend additional needed harm mitigation and/or procedural changes to the Department Head. The Department Head will provide written documentation of any steps taken or changes made to the Healthcare Security and Privacy Officer.
 6. The Healthcare Security and Privacy Officer will log the incident as a "PHI Breach" on the Information Incident Log and will keep all related documentation for 6 years.

VI. Business Associate Breach Incidents

1. Written Contracts/Agreements with Business Associates will state that PHI Incidents must be reported to Tompkins County immediately upon discovery.
2. All Tompkins County Workforce Members must report any known Business Associate PHI Breach to the Healthcare Security and Privacy Officer as required in **step II.1.**

-
3. After receiving a Business Associate breach report, the Healthcare Security and Privacy Officer, will report the breach to the Breach Incident Team.
 4. The Healthcare Security and Privacy Officer, with oversight from the Breach Incident Team, will take the following steps:
 - Contact the Business Associate to review details of the breach incident that were not provided in the report but are required for HIPAA notification.
 - Review the harm mitigation steps taken by the Business Associate and recommend additional steps if necessary.
 - Notify the affected individual(s) as required under HIPAA and detailed in **V.1** above.
 - Notify the Secretary of Health and Human Services as required under HIPAA and as detailed in **V.3 or V.4** above.
 - Review the Business Associate's safeguards for HIPAA Compliance and recommend changes to prevent future similar incidents.

Breach Incident Investigation Form

Type of Information: Personal/Private (PI) Personal/Private Including PHI
(personal info+SSN, DL#, NDID#, Acct #+PIN)

Form of Information: Hard Copy/Paper Electronic/Computerized Verbal
 Secured Unsecured

What happened to PHI: Taken/Theft Destroyed Lost
 Disclosed Accessed
Transferred Hacking/IT Incident
 Other-Please Describe: _____

Type of Safeguard Violated: Physical Administrative Technical

Consumer Name(s): _____ , _____
(Attach list on separate page if necessary)

Approximate Number of Affected Individuals: _____
Total Number of Affected NYS Residents: _____
Total Number of Residents from Same Region: _____

Start Date of Incident: _____ Incident Time: _____ (if known)
End Date of Incident: _____
Start Date of Discovery: _____ Discovery Time: _____ (if known)
End Date of Discovery: _____

Department at which incident occurred: _____

Is Department HIPAA Covered Entity or BA? Yes No
CE Type: Provider Plan Clearinghouse
BA Type: County Department BA of external CE
 County Department BA of internal CE
 External BA of County Department

If External BA, Contact Information:
Contact Name: _____
BA Name: _____
Address: _____
Phone: _____
E-mail: _____

Person(s) who caused/created incident: _____

Person(s) who discovered incident: _____ Date and Time: _____

Person who reported incident: _____ Date and Time: _____

Witness(es): _____

Person who reported the incident (name and title): _____ Date and Time: _____
Person who received the report (name and title): _____ Date and Time: _____
Person completing investigation and risk assessment (name and title): _____
Date and time investigation began: _____ Date and Time investigation completed: _____

Risk Assessment
(Items in Italics are required under HIPAA for PHI Breach Risk Assessment.)

Description of Incident (name(s) of PHI user(s), reason for report):

Was incident suspected or known? Suspected Actual/Known

List of applications or systems violated:

Location/Workstation involved: (Include device type, machine name and IP address when relevant.)

Nature and extent of PHI involved: (Include types of identifiers and likelihood of re-identification.)

Unauthorized person(s) who used the PHI or to whom the disclosure was made:
(Include title, relationship/relevance to consumer where appropriate.):

Was PI/PHI actually acquired or viewed? Yes No

How known (evidence)? (e.g. lost or stolen computer, PI was downloaded or copied, fraudulent accounts opened, identity theft):

Was information encrypted? Yes No **Was password/key acquired?** Yes No

What security measures were in place when incident occurred? (e.g. Training, locks on doors, cable locks on equipment, user authentication, automatic log-off, encryption type)

What are the risks to the patient(s)? (e.g. High, moderate or slight risk of identity theft, embarrassment, stigma)

Detailed description of all actions taken after discovery:

Steps taken to mitigate risk to PHI:
(e.g. Searched for device/data, reviewed logs, disabled device, changed procedures, strengthened access contols)

Extent to which risk to PHI has been mitigated:
(e.g. Was PHI received via fax and then destroyed, or actually used and/or shared?)

Intervention/Harm Mitigation:
(Include, for example, steps taken to investigate and information provided to Consumer to protect him/herself)

Have sanctions been applied? Yes No

Has incident report been forwarded to County Compliance Officer and Administrator? Yes No
If not, why?

Has the County Breach Incident Team reviewed the incident report? Yes No
If not, why?

Has incident been reported to 3 NYS Agencies? Yes No **Report Date:** _____
If not, why?

Have NYS Consumer Reporting Agencies been notified (required for over 5,000 affected individuals): Yes No

Person who made report(s) to NYS Agencies and/or Consumer Reporting Agencies (Name/Title):

Signature: _____

Has incident been reported as Breach to HHS? Yes No (no breach) Deferred Report Date: _____
If not, why?

Person who made report to HHS (Name/Title): _____

Signature: _____

What has been done/changed to prevent similar future incidents?:

Is corrective action plan in place? Yes (attach) No

Has 30-day follow-up and tracking been completed? Yes No

Signatures:

Affected Department Head: _____ Date: _____

Healthcare Security and Privacy Officer: _____ Date: _____

County Compliance Officer: _____ Date: _____
(If Breach Incident Team is involved)

County Administrator: _____ Date: _____
(If Breach Incident Team is involved)

APPENDIX B.

Limited English Proficiency Plan (Title VI)

TOMPKINS COUNTY
Limited English Proficiency (LEP) Plan

Table of Contents

A. Introduction 24
B. Four-Factor Analysis 24
1. The number/proportion of LEP persons eligible to be served or likely to be encountered by a County program, activity, or service 24
2. The frequency with which LEP individuals come in contact with County programs, activities, or services 26
3. The nature and importance of programs, activities, and services provided by the County to people’s lives 26
4. Resources available to the County and LEP-related costs 26
C. Components of the Plan
1. Identifying LEP Individuals 27
2. Language Assistance Measures..... 27
3. Training Staff 29
4. Providing Notice to LEP Persons 29
5. Monitoring and Updating the Plan 29
D. Dissemination of the Plan 30
E. Appendices –
E1. Draft Resolution of the Legislature 31
E2. Duties Associated with LEP Implementation and Compliance 32
E3. Tracking Form A: Offer of Free Interpreter/Translator Services..... 33
E4. Tracking Form B: Waiver of Right to Free Interpreter/Translator Services..... 34
E5. Tracking Form C: Language Identification Flashcard 35

A. Introduction

Most individuals in Tompkins County read, write, speak and understand English. However, there are many individuals whose primary language is not English. Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English can be limited English proficient, or "LEP." This language barrier may prevent individuals from accessing Tompkins County services and benefits.

There are three pieces of legislation that provide the foundation for the development of an LEP plan: (1) Title VI of the Civil Rights Act of 1964, (2) Executive Order 13166, and (3) Resolution of the Tompkins County Legislature. In some circumstances, failure to ensure that LEP persons can effectively participate in federally-assisted programs may constitute discrimination based on national origin under Title VI.

In order to comply with Title VI, Tompkins County shall take reasonable actions for competent language assistance. Executive Order 13166 clarifies requirements for LEP persons under Title VI. As a recipient of federal funds, the Executive Order requires Tompkins County to examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services.

Hence, this LEP Plan serves as a model to show Tompkins County's commitment to provide meaningful access to all individuals accessing any of Tompkins County programs, activities, and services.

Tompkins County pledges that individuals will be informed of the availability of free interpreter and translator services when it appears that the individual is not able to communicate effectively in English. Such services are provided during all normal business hours and when an emergency has been determined to exist during non-business hours. Notice of availability of free interpreter and translator services also occurs in signage at primary points of contact for County departments' reception areas.

B. Four-Factor Analysis

Tompkins County is a recipient of federal funds. These sources of funds include, but are not limited to, the following federal departments: Housing and Urban Development; Transportation; Agriculture; Homeland Security; and Health and Human Services.

As a recipient of federal funds, there are FOUR FACTORS the County considers when assessing language needs and determining what steps it should take to ensure access for LEP persons:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by a County program, activity, or service;
2. The frequency with which LEP individuals come in contact with County programs, activities, or services;
3. The nature and importance of the County program, activity, or service to people's lives; and
4. Level of resources available to the County for LEP-related costs.

A brief description of the County's self-assessment undertaken in each of these areas follows.

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by a County program, activity, or service —

The following charts illustrate the presence of LEP persons (over the age of 5 years) in Tompkins County, including both language-based and disability-based populations.

a.) Language-Based LEP Populations in Tompkins County*

Language Spoken At Home Is Other Than English	Multi-Lingual/English	Speaking English "Less Than Very Well"
16.7%	27.80%	4.30%

Language spoken at home other than English[^]
 16.7 percent (16,254 persons)



Of those 16.7 percent, there are:[^]
 3.8 percent (3,726 persons) that speak English "less than very well"



In the category of speaking English "less than very well" are the following:[^]

Spanish language	22% in category/630pp/.6% of County population
Asian/Pacific Islander languages	34.8% in category/6,380pp/2.28% of County population
Indo-European languages	11.5% in category/723pp/.74% of County population
Other languages	20.5% in category/152pp/.156% of County population



Languages of Need in Tompkins County:[†]
 Spanish, Chinese, French, Korean, and Russian are most predominantly spoken in this category within Tompkins County. No single LEP-spoken language in Tompkins County meets the threshold of 5% of the general population or 1,000 persons.

*American Community Survey, 2008-2012 Data Set.
[^]American Community Survey, 2008-2010 Data Set.
[†]2010 Census and Ithaca City School District data.

b.) Disability-Based LEP Populations in Tompkins County*

	Tompkins County
Total population	100,691
Total % with sensory disabilities	4.2%
Persons under 5 years of age	
With hearing difficulty	16 (.4%)
With vision difficulty	33 (.8%)
Persons 5-17 years of age	
With hearing difficulty	101 (.9%)
With vision difficulty	42 (.4%)
Persons 18-64 years of age	
With hearing difficulty	1,082 (1.5%)
With vision difficulty	752 (1.0%)
Persons 64+ years of age	
With hearing difficulty	1,560 (14.5%)
With vision difficulty	626 (5.8%)

*American Community Survey 2008 – 2012 Data Set.

2. The frequency with which LEP individuals come in contact with County programs —

Tompkins County shall assess the frequency at which staff has or could possibly have contact with LEP persons. This includes annually examining external data sources (U.S. Census, ACS, DOE, etc.) and internal data sources (e.g., phone inquiries, requests for interpretation and document translation services, LEP tracking forms, and staff/LEP client feedback).

3. The nature and importance of programs, activities, and services provided by the County to people’s lives —

The County's health/human services and public transportation (TCAT) programs are vital to many people’s lives. According to the Department of Transportation’s Policy Guidance Concerning Recipient’s Responsibilities to Limited English Proficient (LEP) Persons, “Providing public transportation access to LEP persons is crucial. An LEP person’s inability to utilize effectively public transportation may adversely affect his or her ability to obtain health care, or education, or access to employment.”

Furthermore, according to the U.S. Census Bureau, 2008-2010 American Community Survey, 27% of all TCAT bus riders traveling to work (over 16 years old), speak English as a second language, of which 11% speak English less than very well, further illustrating the need to provide LEP persons with meaningful access to County services.

4. Resources Available to the County Departments and LEP-Related Costs —

County health and human service-related departments suggest that centralized resources be used to subsidize costs related to interpretation/translation services. On an annual basis, each County department

will provide estimates for these services based on the proposed number of LEP persons served. The County will use this information to estimate the County-wide cost for providing LEP services. This will help to eliminate duplication of requests for resources and eliminate administrative burdens associated with these activities.

Tompkins County shall assess available resources that could be used to provide language assistance. This includes identifying bi-lingual staff, reviewing existing contracts for professional translation services, determining which documents should be translated, and deciding what level of staff training is needed.

After analyzing the four factors outlined above, Tompkins County developed the following plan for providing language assistance to LEP persons.

C. Components of the Plan

There are five areas that comprise Tompkins County's LEP plan:

1. Identifying LEP Individuals Who Need Language Assistance
2. Language Assistance Services
3. Training Staff
4. Providing Notice to LEP Persons
5. Monitoring and Updating the LEP Plan

1. Identifying LEP Individuals Who Need Language Assistance

There are several measures that the County will take to identify individual persons who may need language assistance:

- Service-site inquiry and identification process, using LEP Tracking Forms A, B, and C. *See* Appendices E3, E4, and E5.
- When County activities and public meetings are held, set up a sign-in table, and have a staff member greet and briefly speak to each attendee, in order to informally gauge his/her ability to speak and understand English.
- Have Language Identification Flashcards at various County activities and public meetings. While staff may not be able to provide translation assistance at the time, the cards are an excellent tool to identify language needs for future activities/meetings. *See* Appendix E5.
- Post a notice of available language assistance at County activities and public meetings to encourage LEP persons to self-identify.
- Reach out to local organizations and not-for-profit service agencies for assistance in identifying LEP persons for the purpose of notifying them about the County's LEP plan.

2. Language Assistance Measures

The two types of language services are interpretation and translation. Interpretation is the immediate rendering of oral language from the source language into the target language. Translation is the rendering of a written text from one language (source language) into another language (target language).

Offer of Assistance

Where interpretation/translation is necessary to provide meaningful access to County programs, activities, and services, LEP persons will be advised that the County will provide a competent interpreter/translator at the County's expense, or they may secure the assistance of an interpreter/translator of their choice at their own expense. The provision of this notice and the LEP person's election will be documented in writing. *See* Appendices E3, E4, and E5.

Quality

The County will take reasonable steps to ensure that it provides high-quality interpretation and translation services through individuals who are competent to provide those services at a level of fluency, comprehension, and confidentiality appropriate to the specific nature, type, and purpose of the information at issue.

Competency of Bi-Lingual Services

The County will monitor, document, and report whether bi-lingual staff or contractors performing language services possess the required levels of bi-lingual proficiency and interpretation and translation skills.

Unacceptable Practices

County staff should not use family members or friends to interpret or translate for LEP persons. If the LEP person insists upon using a family member or friend, this should be allowed only after the staff person has offered free language services and such offer has been refused in writing. *See Appendix E4.* Minor children should *never* be used to provide language services, except in emergencies.

Translation of Vital Documents

In addition to oral language services, written language services will be made available for free. Documents that are determined to be vital are translated upon request. Vital documents are defined as those documents without which a person would be unable to access services.

Language Services Contract

In order to improve LEP persons' access to County programs, activities, and services, the County is committed to offering language assistance services at no cost to LEP individuals. To fulfill this commitment, the County will rely on contractors and qualified bi-lingual staff members to provide interpretation and translation services.

Language Assistance Volunteers

The County has in the past utilized the language assistance services of bi-lingual staff members, on a voluntary basis. Continuing that practice, the County will submit a notice to all department heads for the purpose of soliciting volunteers who are bi-lingual and able to assist in providing interpretation and translation services. The County will screen volunteer candidates to ensure that they possess/obtain the required qualifications, competencies, and skills. The County will maintain the list of Language Assistance Volunteers and will make this list accessible on the County's intranet website.

Language Assistance Volunteers already will be familiar with the agency's technical terms and specific programs. Performing language services will be a collateral duty for these volunteers and is subject to supervisory approval and workload constraints. In addition, the County will organize basic appropriate training for bi-lingual staff.

Access to Public Meetings

Meetings held by the Legislature, its sub-committees, and boards are open to the public pursuant to the Open Meetings Law. These public meetings focus on topics of varying levels of interest to the public.

The County has had limited interactions with LEP persons at its Legislature, sub-committee, and board meetings, and County staff have not been aware of requests for language services to date. Regardless of a limited need in the past, however, the County remains committed to providing meaningful access to County meetings, such as an oral interpreter present at a public meeting or written translation services for the various background or supporting documents associated with the public meeting, including a summary of a presentation or the transcript.

As it might be difficult to acquire language services in advance of a public meeting for every request, staff will arrange for ways LEP persons can access relevant information after the meeting. For example, staff can display a sign, translated into the five most commonly spoken languages in Tompkins County, asking whether LEP persons want to request translated information and then make the appropriate arrangements.

3. Training Staff

County department heads, directors, and managers are crucial in implementing LEP policy. Copies of the LEP plan shall be distributed to all department heads, directors, and managers, and it is their responsibility to disseminate LEP plan information to appropriate administrative staff. Department heads should ensure staff understands Title VI responsibilities. A summary of the LEP plan shall be included in the employee handbook and addressed during new employee orientation.

It is also important that staff members, especially those having contact with the public, know their obligation to provide meaningful access to information and services for LEP persons. Even staff members who do not interact regularly with LEP persons should be aware of and understand the LEP plan. Properly training staff is a key element in the effective implementation of the LEP plan.

For this purpose, the County will develop a training program for department heads and all other County employees expected to implement the language assistance services set out in the County's LEP Plan. At the conclusion of the training, these employees should be knowledgeable about: a) LEP Program, b) LEP regulations and how to comply with requirements, c) the nature and scope of language assistance services and resources available to them and d) the procedures through which they may access those services to assist in the discharge of their respective duties.

4. Providing Notice to LEP Persons

County offices must provide reasonable notification to eligible LEP person in a way that they will understand that language services are available. An LEP person's awareness of his/her rights or the services available to him/her contributes to meaningful access. Effective outreach to the public is essential to provide reasonable notice to LEP persons. To achieve effective outreach, County offices:

- Must consider the appropriate mix of print, radio, and/or television notices in mainstream and ethnic media outlets; and
- Should continue to make contact with community organizations, who can help advise on the nature of the local population and the most effective measures to provide reasonable notice to them.

As the County continues to target outreach efforts on local communities and LEP populations, it is anticipated that it will encounter more eligible LEP populations and will have to reassess their needs.

5. Monitoring and Updating the LEP Plan

This plan is designed to be flexible and should be viewed as a work in progress. The County will evaluate and monitor its implementation on an annual basis by December 31st to ensure that the scope and nature of the language services provided under the Plan reflect updated information on relevant LEP populations, their language assistance needs, and the experience of County staff, and is consistent with the objectives of the LEP Program. *See Appendix E2.*

The County Administrator will meet with department heads on an annual basis to identify barriers to language access, consult with stakeholders, and formulate strategies and responses to overcome the barriers to meaningful language access. The group will also discuss LEP encounters and feedback from LEP persons served and share best practices in language assistance and public outreach regarding each department's LEP efforts. Feedback from the LEP community will be sought through community outreach events and presentations to determine the effectiveness of the plan in reaching LEP persons.

In evaluating the plan, it is important to consider whether new documents and services need to be made accessible for LEP persons, and also to monitor changes in demographics and types of services, and to update the LEP plan when appropriate. After consulting with the department heads, the County Administrator will make any necessary updates to this Plan.

Each update should examine the following:

- How many LEP persons were encountered?
- Is the existing language assistance meeting the needs of LEP persons?

-
- What is the current LEP population in Tompkins County?
 - Has there been a change in the types of languages where services are needed?
 - Have available resources, such as technology, staff and finances changed?
 - Were any Title VI or LEP complaints received?
 - Do new staff members understand the LEP plan policies and procedures?

D. Dissemination of the Limited English Proficiency Plan

The County will post the LEP Plan on its website at www.tompkinscountyny.gov. Copies of the plan will be provided to any person or agency requesting a copy. LEP persons may obtain copies/translations of the plan upon request.

Any questions or comments regarding this plan should be directed to:

Karen W. Baer, LEP Plan Coordinator
Tompkins County Office of Human Rights
120 W. Martin Luther King, Jr./W. State Street
Ithaca, New York 14850
Tel. 607.277.4080 / Fax 607.277.4016
kbaer@tompkins-co.org

Appendix E1

Draft Resolution of Tompkins County Legislature

DRAFT RESOLUTION

Tompkins County Legislature

WHEREAS, although most individuals in the Tompkins County read, write, speak and understand English, there are many individuals whose primary language is not English; and

WHEREAS, individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English can be Limited English Proficient, or "LEP;" and

WHEREAS, according to recent Census data approximately 4.3% of Tompkins County residents speak English "less than very well;" and

WHEREAS, the Title VI program was created by the Civil Rights Act of 1964 to prohibit discrimination on the basis of race, color, age, sex, religion, disability, national origin and family status in programs and activities receiving federal financial assistance; and

WHEREAS, Executive Order 13166 of Title VI of the Civil Rights Act of 1964 prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are considered Limited English Proficient (LEP); and

WHEREAS, Tompkins County is a recipient of federal financial assistance; and

WHEREAS, the Tompkins County Legislature strongly supports the goals and objectives of Executive Order 13166 and Title VI of the Civil Rights Act of 1964, as demonstrated by its Title VI enforcement agency (Office of Human Rights) and its Limited English Proficiency Plan; and

WHEREAS, language barriers may prevent LEP individuals from having meaningful access to Tompkins County programs, activities, services, and benefits; and

NOW THEREFORE BE IT RESOLVED THAT, the Tompkins County Legislature is committed to providing meaningful access to all LEP individuals seeking or requiring access to County programs, activities, services, and benefits; and that it pledges to provide individuals with free interpreter and translation services when it appears that the individual is not able to communicate effectively in English; and that it expects all County personnel and sub-contractors to act in accordance with the County's LEP Plan.

Agreed to on this _____ day of _____, 2014.

Appendix E2

Duties Associated with LEP Plan Implementation and Compliance

County Administrator Duties

- Propose LEP-related resolution for Legislature;
- Communicate with department heads on an annual basis the value of a County-wide LEP plan and the need to formulate strategies for overcoming barriers to meaningful language access; and
- Procure funds for County-wide language assistance contracted services, including translation services for vital documents.

Director of Human Rights (LEP Plan Coordinator) Duties

- Update and analyze internal/external LEP population and service-usage data (Factors 1, 2 & 3);
- Document LEP-related resources and costs (Factor 4);
- Coordinate LEP-related training for designated County staff;
- Create and update County-wide contact list of Language Assistance Volunteers (LAVs);
- Coordinate and implement basic training for LAVs, including interpreter/translation ethics and standards;
- Monitor, document, and report whether LAVs or contractors performing language services possess the required levels of bi-lingual proficiency in interpretation and translation;
- Design and distribute LEP tracking forms to County departments;
- Collect and analyze departmental and County-wide LEP data;
- Oversee and coordinate contracted services related to interpretation and translation of vital documents;
- Monitor public meetings for the purpose of assessing the need for language assistance;
- Identify LEP persons and relevant community stakeholders in order to inform them of the County's language assistance services;
- Disseminate LEP Plan to County workforce, community stakeholders, as well as LEP individuals and populations;
- Provide due process for complainants with LEP-related complaints;
- Update LEP Plan on an annual basis; and
- Submit annual LEP Plan report to County Administrator.

Appendix E4

LEP Tracking Form B: Waiver of Right to Free Interpreter/Translator Services

I, _____ (Client's Name) have been informed of my right to receive free interpretive services from _____ (Department Name). I understand that I am entitled to these services at no cost to myself or other family members, but want to provide my own interpreter at this time.

I am choosing to provide my own interpreter at this time. _____ (Name of Person Acting as Interpreter) will act as my interpreter from ____ / ____ / ____ (Start Date) to ____ / ____ / ____ (End Date). I understand I can withdraw this waiver at any time and request the services of an interpreter, which will be paid for by Tompkins County. To the best of my knowledge, the person I am using to act as my own interpreter is over the age of 18.

I also understand that this waiver pertains to interpreter services only and does not entitle my interpreter to act as my Authorized Representative.

This form was translated to me orally by the interpreter indicated below:

Signature	Date
Signature of Interpreter	Date
Signature of Staff Person	Date

Appendix E5

LEP Tracking Form C: Language Identification Flashcard

Interpreter Services Desk Guide If someone comes to you for help and you don't know what language they are speaking, ask them to point to their language on the card. This is the first step in getting them help.			
English	Do you speak...?	Please be seated while I call someone to interpret for you.	
Albanian	Flisni shqip?	Uluni ju lutem derisa të thërras një përkthyes për ju.	
Arabic	هل تتكلم اللغة العربية؟	تفضل بالجلوس بينما نستدعي لك مترجماً	
Bengali	আপনি কি বাংলা বলতে পারেন?	অনুগ্রহ করে বসুন যখন আমি আপনার হয়ে দোভাষীর কাজ করার জন্য কারও সঙ্গে যোগাযোগ করছি।	
Bosnian	Govorite li bosanski?	Molimo vas da sjednete dok ja ne pozovem osobu koja će da prevodi za vas.	
Chinese	Mandarin	您說中文國語嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Cantonese	您說廣東話嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Fujian	您說福州話嗎？	我設法為您尋找一位翻譯，請坐下等待。
	Wenzhou	您說溫州話嗎？	我設法為您尋找一位翻譯，請坐下等待。
Farsi	آیا شما فارسی حرف می زنید؟	لطفاً بفرمائید، ضمناً برای ترجمانی شما کسی را احضار می کنم.	
French	Parlez-vous français?	Veillez vous asseoir, et je vais vous appeler un interprète.	
Haitian Creole	Èske w pale Kreyòl?	Tanpri chita, mwen pral rele yon entèprèt pou ou.	
Hindi	क्या आप हिन्दी बोलते हैं ?	कृपया अपनी सीट पर बैठे रहें जब तक कि हम किसी दुभाषिये (इन्टरप्रेटर) को आपको समझाने के लिए कॉल करें।	
Italian	Parla italiano?	Prego si accomodi e attenda mentre Le chiamo un interprete.	
Korean	한국어를 사용하십니까?	제가 귀하를 위해 통역해드릴 사람을 부르는 동안 앉아서 기다리십시오.	
Polish	Czy Pan/Pani mówi po polsku?	Proszę siadać, podczas gdy wołam tłumacza.	
Russian	Вы говорите по-русски?	Посидите, пожалуйста, и подождите, пока вам предоставят переводчика.	
Spanish	¿Habla español?	Favor de tomar asiento mientras le llamamos al intérprete.	
Tagalog	Marunong ka bang mag-Tagalog?	Maupo muna habang tumatawag ako ng taong magsasalain para sa iyo.	
Ukrainian	Чи Ви розмовляєте українською мовою?	Будь ласка, посидьте, поки я викликаю перекладача для Вас.	
Urdu	کیا آپ اردو بولتے ہیں؟	برائے مہربانی اپنی سیٹ پر بیٹھے رہیں جب تک کہ ہم آپ کو سمجھانے کے لیے کسی ترجمان (انٹریپرٹر) کو کال کریں.	
Vietnamese	Quý vị nói tiếng Việt phải không?	Xin ngồi chờ, tôi sẽ gọi thông dịch viên cho quý vị.	
Yiddish	צו רעדט איר אידיש?	ביטע זעצט אייך דערווייל וואס איך רוף עמיצן צו דאלמעטשן פאר אייך.	
Deaf / Hearing Impaired	 Do you use sign language?	Please be seated while I call someone to interpret for you.	

Glossary of Terms

Abuse. Actions that do not involve intentional misrepresentations of fact, but nevertheless are inconsistent with sound financial, business, or healthcare practices and create significant risk to the integrity of the organization such as 1) unnecessary cost to the programs, 2) reimbursement for services that are not medically necessary, or 3) reimbursement for services that fail to meet professionally recognized standards of care.

Affected Individual. The person(s) whose information, in the case of an information breach, may have been compromised.

Affected Department Head. The County Department Head within whose department a breach incident has occurred.

Agents. Any person or business that acts as a representative of, or has the authority to act for or on behalf of Tompkins County.

Anti-kickback Statute. The federal statute, as it relates to healthcare, which prohibits anyone from knowingly and willfully soliciting, receiving, offering, or paying any remuneration directly or indirectly, in cash or in kind, in exchange for services or purchases for which payment may be made by Medicare and/or Medicaid.

Breach of Private Information (PI). Unauthorized acquisition of computerized data which compromises the security, confidentiality or integrity of personal information maintained by a state entity. Good faith acquisition of personal information by an employee or agent of a state entity for the purposes of the agency is not a breach, provided that the private information is not used or subject to unauthorized disclosure. In determining whether information has been acquired, or is reasonably believed to have been acquired by an unauthorized person, such state entity may consider the following factors, among others:

1. Indications that the information is in the physical possession and control of an unauthorized person, such as a lost or stolen computer or other device containing information; or
2. Indications that the information has been downloaded or copied; or
3. Indications that the information was used by an unauthorized person, such as fraudulent accounts opened or instances of identity theft reported.

Breach of Protected Health Information (PHI). Any PHI access, use or disclosure impermissible under the Privacy Rule is presumed to be a breach unless a risk assessment of at least the following factors show a low probability that the information was compromised:

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
2. The unauthorized person who used the protected health information or to whom the disclosure was made;
3. Whether the protected health information was actually acquired or viewed; and

4. The extent to which the risk to the protected health information has been mitigated.

Breach Incident Team. County Administrator, County Attorney, County Compliance Office, Healthcare Security and Privacy Officer, Affected Department Head and IT staff as needed. Oversee breach response for high-risk breaches as requested by the Healthcare Security and Privacy Officer.

Business Associate. A person or organization that has access to the Protected Health Information of Tompkins County clients through the provision of a service to Tompkins County.

Business Associate Agreement. The written agreement required between a covered entity under HIPAA and its Business Associate detailing how the Business Associate will comply with HIPAA.

Client. Any individual served by Tompkins County and/or serving for Tompkins County.

Compliance Committee. A group of people designated and chaired by the Compliance Officer to oversee and help administer this Compliance Program.

Complaint, Privacy. A report from an individual that their privacy rights have been violated, in the context of an information breach.

Compliance Officer. A person within the County organization who is assigned the responsibility of maintaining and overseeing an effective County Compliance Program.

Compliance Program. This Program establishes the standards of conduct for Tompkins County designed to promote honest and ethical behavior, and also provides a structure for educating and communicating those standards to employees, with the overall objective to prevent, detect, and report significant noncompliance.

Discovery. Under HIPAA, a breach is considered discovered on the first day on which such breach is known or, by exercising reasonable diligence would have been known.

Exclusion Screening. An inspection process conducted pre- and post-hire of employees, independent contractors, business vendors, key providers, and governing-board members to verify that they have not been involved in adverse governmental actions related to fraud, patient abuse, licensing-board sanctions, license revocation/suspension/surrender, or have defaulted on Health Education Assistance Loans and are therefore on a federal (or state) Excluded Parties List. The screening process demonstrates intent to comply with Federal and State mandates.

Federal False Claims Act. A federal law that imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. The third area of liability includes those instances in which someone may obtain money from the federal government to which he or she may not be entitled, and then uses false statements or records in order to retain the money. The Act provides that private parties may bring an action on behalf of the United States. These private parties are known as "qui tam relators."

Federal Program. Medicare, Medicaid, and any other programs funded by the federal government.

Fraud. Intentional misrepresentation designed to induce reliance by another person to obtain an unauthorized benefit.

Governmental Agencies. Agencies involved in healthcare investigations include, but are not limited to, the U.S. Department of Health and Human Services' Office of Inspector General, U.S. Department of Justice, Federal Bureau of Investigation, Centers for Medicaid and Medicare Services, New York State Department of Health, Office of the Medicaid Inspector General, New York State Medicaid Fraud Control Units, and New York State Office for People with Developmental Disabilities.

HIPAA. A federal law titled "Health Insurance Portability and Accountability Act". Regulations issued under HIPAA protect the privacy of health information and identifying information for all Americans. HIPAA went into effect on April 14, 2003.

Incident, Breach. Any potential violation of confidentiality law; any privacy complain or any potential breach. In the context of an information breach.

Independent Practitioner. Any vendor, physician, dentist, therapist, psychologist, social worker, nursing staff member, dietician, volunteer, agent or other person who is empowered by contract or otherwise to provide health-related services for or on behalf of Tompkins County.

Knowingly. To act "knowingly" is to act with actual knowledge, deliberate ignorance, or a reckless disregard for the truth or the falsity of information.

Misconduct. Any action, behavior, or failure to act that is not in conformity with Tompkins County's standards, guidelines, or procedures or that is a violation of any federal, state or local law or regulation.

Negligent. Exhibiting lack of due care or concern.

New York State False Claims Act. Closely tracks the federal False Claims Act (FCA). It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including healthcare programs such as Medicaid.

Non-compliance. Failure or refusal to act in accordance with this Compliance Program, or other standards or procedures, or with federal, state or local laws or regulations.

Omnibus. A 2013 ruling that strengthened HIPAA Privacy and Security protections.

Private Information (PI). Private information in combination with any one or more of the following data elements, when either the personal information or the data element is not encrypted or encrypted with an encryption key that has also been acquired:

1. Social security number;
2. Driver's license number or non-driver identification card number;
3. Account number, credit or debit card number, in combination with any required security code, access code, or password which would permit access to an individual's financial account.

Protected Health Information (PHI). Any information that relates to the health of an individual, the provision of care to an individual, or the payment for the provision of health care to an individual that identifies the individual and is transmitted or maintained.

Private Payor Programs. Any payor of healthcare services other than Medicare or Medicaid, including but not limited to private individuals and insurance plans.

Qui Tam Relator. Individuals who bring an action on behalf of the United States under the federal False Claims Act (FCA) or on behalf of New York State under the New York State False Claims Act. Qui Tam Relators may share in a percentage of the proceeds from an FCA action or settlement. Also known as "whistleblowers."

Removable Media. Any type of device that can store data and can be removed from a computer while the system is running. Examples include CD, DVD, portable hard drive, flash/ USB drive, smartphone, memory card, digital camera, printer.

Regulatory Violation. Any action that constitutes fraud, abuse, or a violation of a federal, state or local law or regulation.

State Program. Medicaid or any other program funded in whole or part by New York State.

Waste. Unnecessary expenditures or to use carelessly.

Whistleblower. See Qui Tam Relator

Whistleblower Protection. Protection provided under the federal law and the State False Claims Act to whistleblowers or qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the federal law or the State False Claims Act.

Workforce Member. Legislators, employees, independent contractors, trainees, volunteers and other persons whose conduct in the performance of work is under control of the County.

Violation. Activity or inactivity that breaks any health information confidentiality law, in the context of an information breach.