



CHOICE of New Rochelle, Inc.

Corporate Compliance Program Plan

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I. INTRODUCTION

The Board of Directors (Board) and management of **CHOICE of NY**, or otherwise referred to as **CHOICE** or “the agency” herein, Inc is dedicated to improving the quality of life and increasing self-sufficiency of persons with mental health and/or medical diagnosis/disabilities in accordance with all applicable laws, codes, rules and regulations. As part of its fiduciary responsibility, the Board has directed the development of systems and procedures to ensure that **CHOICE of NY** always remains in full compliance with all applicable federal, state, and local laws and regulations.

In furtherance of that compliance goal and in recognition of the complexity of providing services that fully comply with all federal, state, local, and agency regulations, **CHOICE of NY** has developed a Compliance Program. The Compliance Program, set forth in this Compliance Plan, guides the activities of the Compliance Program, outlines the Standards of Conduct and describes internal controls that promote the prevention, detection, reporting and resolution of conduct that is illegal, against regulations, or which does not conform to **CHOICE of NY’s** standards, policies and/or procedures. All appendices to this Plan should be considered as incorporated into and a part of the Plan itself.

As part of implementation of the Compliance Program, **CHOICE of NY’s** senior management will receive updates no less than monthly regarding compliance related activities taking place at the agency. The Compliance Officer presents an annual report to **CHOICE of NY’s** Board of Directors regarding the activities of the compliance program. They also reports any compliance- related concerns and/or complaints to the Board, from any source, as well as the results of all investigations regarding compliance-related concerns or complaints.

As required by the New York State Office of the Medicaid Inspector General (OMIG), on an annual basis **CHOICE** will provide a report to the OMIG, in the format prescribed, certifying that the agency has developed and implemented an effective compliance program and that information regarding the program has been appropriately disseminated to all personnel through training.

This plan covers all activities and programs operated by **CHOICE** and its affiliates. The elements of the Compliance Program and **CHOICE’s** commitment to ethical conduct cover all aspects of **CHOICE of NY’s** business and programmatic activities, as they exist now as well as future development, and are imbedded into all aspects of its operations.

II. GENERAL PROVISIONS

The Compliance Program and this Compliance Plan apply to all **CHOICE** personnel as well as the personnel of its subcontractors that are contracted to provide medical and other services in **CHOICE's** health home programs. Within this plan, the term "personnel" is used to include all individuals associated with **CHOICE** in any capacity, regardless of their status as trustee, regular employee (full or part-time), subcontractor, temporary employee, individual employed through an agency, volunteer or individual engaged as a consultant. The plan also applies to students and individuals completing internships at **CHOICE** sites or programs.

A master copy of this Compliance Plan will be maintained in the office of the Vice President of Clinical Services and will also be made available for viewing by all **CHOICE** personnel upon request. The Compliance Department will also maintain a file of acknowledgement forms (see Appendix A) for all those who have read and been trained with respect to **CHOICE's** Compliance Program.

A copy of this Compliance Plan will be maintained in a central area within **CHOICE's** main site administrative offices and a central area within all **CHOICE** program locations as well as on the Agency's shared drive. Should **CHOICE** develop additional sites, a copy of the manual will be kept in a similarly central and accessible location within each of those sites.

As all **CHOICE** personnel are representatives of the organization, everyone must recognize that they have assumed personal responsibility for adhering to the principles of the Compliance Program. This responsibility extends beyond merely complying with the standards outlined in the plan, but also includes the obligation to call to the attention of **CHOICE's** Compliance Department and/or agency management any and all concerns that they might have regarding perceived or suspected violations of the Compliance Program or of laws or regulations. Towards this end, **CHOICE** has established several reporting mechanisms that can be accessed directly and/or anonymously (See Reporting Procedures Section on page 13).

CHOICE is committed to providing a work environment free from any form of discrimination and harassment, whether based upon sex, race, color, age, religion, national origin, disability, sexual orientation or any other such characteristics. Harassment by **CHOICE** personnel of any person for any of the characteristics mentioned above or any other legally recognized protected basis under federal, state or local laws, regulations and/or ordinances is strictly prohibited. **CHOICE** also provides special protections to individuals making reports under the Compliance Program as described below in the section relating to 'whistleblowers.'

The Code of Conduct, the Compliance Plan Structure and Guidelines, and our specific Compliance Policies and Procedures have all been formalized in writing and adopted by the agency. These documents demonstrate our commitment to complying with applicable legal, regulatory, and other requirements, appropriate guidance, and our contractual commitments. We will meet at least annually to review all Compliance Program Policies and Procedures and standards of conducts to determine: (i) if such written policies, procedures, and standards of conduct have been implemented, (ii) whether affected individuals are following the policies,

procedures, and standards of conduct; (iii) whether such policies, procedures, and standards of conduct are effective; and (iv) whether any updates are required. Policies will be reviewed and approved by the Compliance Committee, Compliance Officer, and CEO on an annual basis.

CHOICE Subcontractors

To ensure that **CHOICE** services are available to the maximum number of individuals in need, the agency has chosen to provide some services through sub-contractual relationships. As each of these subcontractors is an entity licensed by the New York State Department of Health and as each bills the Medicaid program for services which that entity directly provides, all are required to have in place an effective and regulatory compliant Compliance Program. As part of the development of contractual relationships with existing and any future subcontractors, **CHOICE** will include the following provisions:

1. Each annual recertification when the subcontractor certifies to the New York State Office of the Medicaid Inspector General that they have an effective compliance program, a copy of that certification will also be provided to **CHOICE's** Compliance Officer at the address below:

Compliance Department
CHOICE, Inc
200 East Post Rd.
White Plains, NY 10601

2. The consequences of the failure to provide such certification are set forth in the contracts between **CHOICE** and its subcontractors.
3. Subcontractors will immediately inform **CHOICE's** Compliance Department of any compliance-related complaints received from any source concerning or involving those services provided by the subcontractors pursuant to their agreements with CHOICE or which are of such magnitude that **CHOICE** would want to be informed about them while fulfilling its responsibilities under the parties' agreements. The consequences of the failure to provide such information in a timely manner are set forth in the contracts between **CHOICE** and its subcontractors.
4. Subcontractors will provide ongoing reports to **CHOICE's** Compliance Department regarding the status of investigations related to such complaints and the results/corrective actions proposed, if any, determined as a result of the investigation. The consequences of the failure to provide such reports are set forth in the contracts between **CHOICE** and its subcontractors.
5. The Compliance Officer working with the subcontractor's Compliance Department will establish a monitoring date to determine the effectiveness of the proposed actions. If at the time of the monitoring date the complaint remains unresolved, **CHOICE** may mandate a course of corrective actions to be taken.

III. CODE OF CONDUCT

At the heart of the Compliance Program is the Code of Conduct, which establishes the performance expectations under which all **CHOICE** personnel will carry out their responsibilities.

It is the obligation of all personnel to follow the Code of Conduct. Any violation of the Code of Conduct is deemed to be a serious matter and such violation may subject the personnel involved to disciplinary action up to and including termination.

In addition, any individual(s) attempting to conceal or cover up a violation to the Code of Conduct or any other element of the Compliance Program will also be subject to disciplinary action up to and including termination.

Our Mission: **CHOICE** helps people restore and maintain their dignity and wellbeing regardless of their economic, mental, emotional, or physical conditions or limitations.

Our Vision: A world where all people have a foundation to meet the challenges of everyday life.

Code of Conduct:

1. Obey The Law

Employees, independent contractors and/or volunteers must strictly observe all laws and regulatory requirements that apply to **CHOICE, Inc.**

Employees, independent contractors and/or volunteers are expected to be familiar with the basic legal requirements relevant to your duties. Employees, independent contractors, and/or volunteers can learn the laws and regulations through in-service training programs, from supervisors by reviewing **CHOICE's** policies contained in the Employee Handbook, and by asking questions. **CHOICE** has a Compliance Department and Compliance Officer can be reached at (914) 715-5245.

Employees, independent contractors and/or volunteers are expected to ask their supervisors if they require assistance in understanding their legal and regulatory obligations.

2. Keep Accurate Records

Employees, independent contractors and/or volunteers are expected to comply with **CHOICE's** policies and government requirements regarding record keeping. All records and reports are to be prepared accurately and retained in accordance with applicable requirements.

3. Report Information Truthfully

All communications within **CHOICE** and to outside agencies must be truthful and complete.

In response to a request for information from senior management, **CHOICE** directors, the Director of Compliance or **CHOICE** legal counsel, **CHOICE** personnel shall deliver the requested or relevant information. No agency personnel shall provide information that is inaccurate,

misleading, or incomplete, or information that agency personnel should have known was inaccurate, misleading, or incomplete. To facilitate efficient investigations of compliance-related issues, staff are also expected to present all information that they may have relevant to the investigation, even if such information is not the subject of a direct question by an internal or external investigator.

4. Behave Ethically

Employees, independent contractors and/or volunteers are expected to adhere to high ethical standards when they act on behalf of the agency.

Employees, independent contractors and/or volunteers are expected to be loyal to the agency, to avoid using their positions for personal gain and to avoid conflicts of interest.

5. Keep Confidential Information Confidential

Employees, independent contractors and/or volunteers are expected to follow agency policies regarding confidentiality and protection of client information.

6. Report Possible Violations

Employees, independent contractors and/or volunteers are expected to report any activity they reasonably believe is in violation of the law, ethical standards or agency policies. Employees, independent contractors and/or volunteers need not be certain the violation has occurred in order to report it. Reporting enables **CHOICE** to investigate potential problems quickly and to take prompt action to resolve them. Employees, independent contractors and/or volunteers will not be retaliated against for reporting possible violations.

Reports may be made in person, by telephone, or in writing to any of the following persons:

- Employee, independent contractors and/or volunteer supervisors
- Any supervisor and/or director in an employee's, independent contractor's and/or volunteer's program site/department
- Kilara Soltanoff, CHOICE Chief Compliance Officer
- Lynn Horner, CHOICE Chief Operating Officer
- Guy Fessenden, CHOICE Executive Director

If reports are not made directly to the of Chief Compliance Officer, they should be copied or forwarded said reports.

7. Uphold Clients Rights

Employees, independent contractors and/or are expected to provide every client served with appropriate, high-quality care regardless of race, color, religion, national origin, gender, age, ability to pay for such care, military status, sexual orientation, marital status or sponsor.

Clients, where competent, will be involved in and agree to all decisions affecting their services to the fullest extent possible. Informed consent will be obtained from all clients prior to providing services, as appropriate and required by law.

All **CHOICE** staff will be appropriately qualified and trained to carry out their job functions. All **CHOICE** providers shall be licensed and skilled at the services they perform, as appropriate and required by law. Qualifications and licensure shall be confirmed through the agency's Human Resources Department.

Conflict of Interest

1. All decisions by **CHOICE** personnel relating to agency operations must be made in the best interest of the agency's clients and the agency, and no considerations may undermine this fundamental commitment.
2. **CHOICE** will not directly or indirectly pay or receive from any person or any entity anything of value in exchange for client referrals or for the arrangement or the purchase or lease of any item or service in violation of state or federal law. No **CHOICE** personnel shall offer any financial inducement or gift (other than of nominal value) to prospective clients or referral sources in order to encourage them to receive services from **CHOICE**.
3. **CHOICE's** assets are to be used solely for the benefit of the agency and the clients that it serves. They may not be used by any individual for personal gain. Assets include not only agency funds, equipment, space, and supplies, but also include information about **CHOICE's** future plans and business strategy.
4. All purchasing decisions will be based on value to the agency and the preservation of agency assets. **CHOICE** personnel and/or their families or close associates must not receive personal remuneration, kickbacks or rebates as a result of the purchase or sale of goods or services at **CHOICE**. The terms "kickback" and "rebate" are not limited solely to monetary compensation but include any situation where an individual stands to benefit personally from the purchase or sale of goods and services.
5. Any proposals for strategic alliances, joint ventures or other arrangements with any health home program, hospital, hospital affiliated entity, clinic or health care provider or practice that makes referrals to the agency, or has the potential to direct referrals to agency, will be reviewed by the Compliance Officer and the Compliance Committee. The Compliance Officer and the Compliance Committee may ask **CHOICE's** legal counsel to review the arrangement as well.

Political Activity and Contributions

1. **CHOICE** encourages everyone to participate in the political process. However, as a not-for-profit organization, **CHOICE** is prohibited from conducting political activities. Accordingly, **CHOICE** funds and resources, including work time, may not be used for political contributions or activities.

2. An employee or independent contractor may not act as a representative of the agency in any political campaign activity. In expressing personal political views or support or opposition of a candidate for public office, an individual must be very clear that s/he is expressing his/her personal view as an individual and not a representative of the agency. Employees who violate this policy are subject to discipline up to and including termination.
3. Not-for-profit organizations may engage in limited lobbying activities related to issues affecting the organization. As this process is highly regulated employees will consult with the Compliance Officer and/or Associate Executive Director, Executive Director before participating in any lobbying activity related to the work of **CHOICE** before a government or funding agency.

Mandatory Reporting

In addition to any required certifications to the OMIG regarding the implementation of an effective compliance plan, **CHOICE** will comply with all other legally proscribed reporting procedures including but not limited to the submission of timely and accurate federal and state statistical and cost reports, incident reports, and reports of instances of suspected child abuse.

Using Good Judgment/Seeking Guidance

While the Code of Conduct covers general principles and activities related to an individual's employment at **CHOICE**, it does not address all conduct-related matters some of which may be covered in the agency's personnel policies and/or other agency policy manuals.

The code cannot cover all situations which may occur in the course of business. **CHOICE** relies on the good judgment and values of its personnel to guide them in making decisions. When faced with a difficult situation, all personnel should seek help from their supervisor, the Compliance Department or a member of the management team, as needed.

IV. THE ROLE OF COMPLIANCE OFFICER

CHOICE designates Kilara Soltanoff as the Compliance Officer and they will maintain direct lines of communication to the Board of Directors, agency counsel, and the Executive Director.

A. Job Duties

The Compliance Officer is obligated to serve the best interests of **CHOICE**, its clients, and its employees. Responsibilities include:

- Developing and implementing compliance policies and procedures (P&P).
- Overseeing and monitoring the implementation of the compliance program.
- Directing and/or monitoring CHOICE' internal audits established to ensure effectiveness of compliance standards.
- Providing guidance to management, program personnel, and individual departments regarding P&P and governmental laws, rules and regulations.
- Updating, periodically, the Compliance Plan as changes occur within the agency and/or in the law and regulations or governmental and third-party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Plan.
- Coordinating, developing, and participating in the educational and training program.
- Guaranteeing independent contractors (consumer care, vendors, billing services, etc.) are aware of the requirements of the agency's Compliance Plan.
- Actively seeking up-to-date material and releases regarding regulatory compliance.
- Maintaining a reporting system and responding to concerns, complaints, and questions related to the Compliance Plan.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to compliance.
- Coordinating internal investigations and implementing corrective action.
- Develops an annual compliance workplan that outlines strategy for meeting compliance program requirements

V. CHOICE CORPORATE COMPLIANCE COMMITTEE CHARTER

A. Reporting Structure and Purpose

The Corporate Compliance Committee is responsible for assuring that CHOICE continues to conduct our operations and activities ethically, with integrity and in compliance with all legal and regulatory requirements.

The Corporate Compliance Committee oversees the development, maintenance, and monitoring of legally sound, practical, and sustainable programs with the intention of satisfying OMIG/OIG legal obligations/regulations.

The Compliance Committee promotes and encourages a culture of compliance with all regulations, laws, identified expectations, and company policies and procedures.

The oversight activities of the Compliance Committee are to advise and support the compliance department, management, and governing body.

B. Function

The responsibilities of the Compliance Committee include:

- Promote a culture of ethics and compliance within the agency.
- Ensure all employees understand that everyone is responsible for the Corporate Compliance Plan and expectations within.
- Analyzing the environment where **CHOICE** does business, including legal requirements with which it must comply.
- Reviewing and assessing existing P&P to address risk areas for possible incorporation into the Compliance Plan.
- Working with departments to develop standard P&P's that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Developing internal systems and controls to carry out compliance standards and policies.
- Monitoring internal and external audits to identify potential non-compliant issues.
- Implementing corrective and preventative action plans.
- Developing a process to solicit, evaluate and respond to complaints and problems.

C. Members/ Quorum/Record Keeping/Frequency of Meetings

- CHOICE's Corporate Compliance Committee is comprised of administrative staff. This shall include the CEO, Compliance Officer, COO, Director of HR, CFO, Program Directors, and members of the Clinical Senior Team. The Chief Compliance Officer will chair the Compliance Committee meetings.
- The Corporate Compliance Committee meetings shall be held no less than quarterly, with increased frequency as the need warrants.
- The meeting shall be considered to have a quorum with a minimum of six members but must include the Corporate Compliance Officer or their designee.
- Members may attend the meeting in person or via electronic means such as Zoom.
- The committee may conduct an executive session at any time and may exclude any or all non-members.
- Meeting Minutes will be kept for all Committee meetings and circulated to the committee after each quarterly meeting.

VI. EDUCATION AND TRAINING

A. Expectations

Education and training are critical elements of the Compliance Plan. Appropriate employees and independent contractors are expected to be familiar and knowledgeable about the agency's Compliance Plan and have a solid working knowledge of his or her responsibilities under the plan. Compliance policies and standards will be communicated to relevant employees through periodic training programs.

The Compliance Department is responsible for organizing, conducting (or arranging for the conducting of training activities by competent staff members or outside parties) and documenting training for all staff regarding the Compliance Program. Such training will be conducted for all personnel promptly upon hire and, at least, annually thereafter.

In addition, each employee shall attest to their compliance training and that they have access to the Compliance Plan, and other Compliance Policies via the CHOICE website. This attestation/acknowledgment of such training is to be maintained in the employee's personnel files with Human Resources.

In addition to these general training topics, individuals will also receive training in compliance-related topics specific to their job assignments.

B. Training Topics – General

All personnel and members of the Board of Directors shall participate in training on topics relevant to corporate compliance as required. Compliance training will be geared to an employee's level of responsibility and job function. All departments are responsible for orienting staff on all regulations relevant to their department and/or program. However, at a minimum, all

staff will receive information regarding the training topics that include, but are not limited to, the following:

- a. The **CHOICE** Compliance Program.
- b. Fraud, Waste, and Abuse and how to identify any instance of non-compliance
- c. Staff responsibility to report compliance related concerns.
- d. Disciplinary policies
- e. The identity of the Corporate Compliance Officer.
- f. Whistleblower Protections / Anonymous Reporting.
- g. Reporting mechanisms.
- h. Applicable laws, regulations, and legal principles regarding compliance.

C. Training Topics – Targeted

In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics.

Managers shall assist the Compliance Department in identifying areas that require specific training and are responsible for communication of the terms of this Compliance Plan to all independent contractors doing business with **CHOICE**.

D. Orientation

As part of their orientation, each employee is provided with information for how to access all CHOICE Compliance Policies. The Employee Handbook is also provided to all new staff which has a list of relevant laws to be familiar with. This handbook requires a signed acknowledgement.

Other additional trainings will be provided by the Training Department which focus on quality assurance and how to carry out the day-to-day operations of a job to align with other CHOICE Policies and Procedures regarding client care, appropriate documentation, and standards for conduct.

E. Attendance

All education and training relating to the Compliance Program will be verified by an attendance log and a signed attestation from the attendee which states they are fully aware of the Compliance Program and their requirements to report any suspected instance of non-compliance to a member of Senior Management.

Attendance at compliance training sessions is mandatory for all staff and is a condition of continued employment.

VII. EFFECTIVE CONFIDENTIAL COMMUNICATION

A. Expectations

Open lines of communication between the Compliance Department and every employee and agent subject to this Plan 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 outlined below.

Violations or suspected violations of the Compliance Program, the Code of Conduct, **CHOICE** policies and procedures or any law or regulation must be reported immediately to the Compliance Officer. A special meeting of the Compliance Committee will be held to investigate reports promptly and fully, as appropriate under the circumstances.

B. Reporting Procedure

If an employee, contractor, or agent witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan, he or she should contact the Compliance Officer, his or her immediate supervisor, the Associate Executive Director or Executive Director. If reports are not made directly to the Director of Compliance, they should be copied or forwarded said reports. All supervisors and staff who receive reports regarding violations to the compliance plan will be held responsible for ensuring that the Director of Compliance is made aware of all reports made under his/her supervision.

Internal Reporting: The agency has developed several mechanisms for staff to contact the Compliance Director and/or the Compliance Officer both directly and/or anonymously. Reports may be made:

- ✓ **By telephone** directly to the Compliance Officer at 914-715-5245
- ✓ **Anonymously at 914.576.0173 Ext. 300**
- ✓ **By e-mail** at the following address: ksoltanoff@choiceofny.org and putting the word "Compliance" in the subject line, for direct e-mails.
- ✓ **By letter**, either signed or unsigned, to the following address:

Corporate Compliance Department
CHOICE
200 East Post Rd.
White Plains, NY 10601

All mail addressed to the attention of the Compliance Department will only be opened by the person specified unless they will be unavailable to review the concern for a significant period (i.e., greater than one week) due to situations such as medical leave, vacation, etc. In such cases, the Director of Human Resources will open the letter and review its contents with the Compliance Committee.

In addition, CHOICE's Virtual Suggestion Box can be utilized as an alternative method of anonymously reporting any potential violations to the compliance plan. The Virtual Suggestion Box can be accessed by using the following link:

<https://www.surveymonkey.com/r/CHOICEVirtualSuggestionBox>

External Reporting: Communicating concerns to the Compliance Department and/or **CHOICE** management is the most expeditious route toward resolution. While the agency encourages internal reporting so that issues can be resolved quickly, **CHOICE** employees have the right to raise good faith compliance-related concerns directly with the Office of the New York State Medicaid Inspector General. Information regarding the procedures to be followed for the filing of such complaints can be found by following the following link:

<https://omig.ny.gov/medicaid-fraud/file-allegation>

CHOICE employees can also call the [Skyward Health Home Hotline \(1-888-980-8410\)](tel:1-888-980-8410) to anonymously report any claims of fraud, waste and/or abuse.

C. Protection

The identity of reporters will be safeguarded to the fullest extent possible and will be protected against retribution. Reports of any suspected violation of this Compliance Plan shall not result in any retribution.

Any threat of reprisal against a person who acts in good faith pursuant to them under this Compliance Plan is acting against CHOICE's Non-Intimidation 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 with respect to this Compliance Plan or Code of Conduct at any time by following the reporting mechanisms outlined above.

VIII. ENFORCEMENT OF COMPLIANCE STANDARDS

A. Background Investigations

For all employees and independent contractors, **CHOICE** will conduct a reasonable and prudent background investigation, including a reference check and follow all applicable government regulations.

Please reference the Discipline Policy Posted on the CHOICE Compliance Program webpage for more details regarding levels of discipline based on the severity level of the compliance violation

B. Disciplinary Action – General

Employees who fail to comply with **CHOICE** compliance plan and standards, or who have engaged in conduct that has the potential of impairing the agency's status as a reliable, honest, and trustworthy service provider will be subject to disciplinary action up to and including termination.

This includes any encouraging, directing, facilitating or permitting noncompliance behavior. Any disciplinary actions will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The Compliance Department shall maintain a record of all disciplinary actions involving the Compliance Plan and report annually to the Board of Directors regarding such actions.

C. Performance Evaluation – Supervisory

CHOICE requires that the promotion of, and adherence to, the elements of the Compliance Program be a factor in evaluating the performance of appropriate **CHOICE** employees. They will be trained periodically in new compliance policies and procedures. In addition, all managers and supervisors will:

- Discuss with all supervised employees the compliance policies and legal requirements applicable to their functions.
- Inform all supervised personnel that compliance with these policies and requirements is a condition of employment.
- Disclose to all supervised personnel that the agency will take disciplinary action, up to and including termination or revocation of privileges, for violation of these policies and requirements.
- Oversee and instruct supervised employees on adherence to compliance policies, including reporting requirements and procedures when a violation occurs (i.e., chain of command).

D. Disciplinary Action – Supervisory

Managers and supervisors are expected to instruct and supervise their staff on all applicable policies. Failure to instruct and supervise their staff will be subject to appropriate disciplinary

action up to and including termination. Disciplinary action and related documentation will be placed in their personnel file. Further, they will be required to develop and implement a corrective action plan, with the approval of the Director of Compliance. The corrective action plan will be monitored by the Compliance Department.

IX. AUDITING AND MONITORING OF COMPLIANCE ACTIVITIES

A. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of **CHOICE's** Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Department, is an integral component of **CHOICE's** auditing and monitoring systems. This ongoing evaluation shall include the following:

- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
- Compliance audits of compliance policies and standards; and
- Review of documentation and billing relating to claims made to federal, state and private payers for reimbursement, performed internally or by an external consultant as determined by the Compliance Department.
- Review of all QA reports, as well as any other internal reports.

The audits and reviews will examine **CHOICE's** compliance with specific rules and policies through on-site visits, personnel interviews, and client record documentation reviews.

B. Plan Integrity

Additional steps to ensure the integrity of the Compliance Program will include:

- Annual review with Board/legal counsel of all records of communications and reports by all employees or contractors kept in accordance with this Plan.
- Immediate notification to the Compliance Officer in the event of any visits, audits, investigations or surveys by any federal or State agency or authority and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing **CHOICE** and/or administering a federally or State-funded program or county- funded program with which **CHOICE** participates.
- Establishment of a process detailing ongoing notification by Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as identifying training resources to assure continuing compliance.

C. Excluded Provider Checks

- In accordance with the requirements of 18 NYCRR SS 515.8 and 18 NYCRR SS 521-1.4 (g)(3), we will confirm the identity, and determine the exclusion status, of Affected individuals and Providers. Specifically, in determining the exclusion status of a person/provider, we will review, the required exclusion lists through the exclusion screening software, Streamline Verify, on a monthly basis. The results of these

checks will be promptly shared with the Compliance Officer and appropriate compliance personnel. Further, we require our contractors to perform these checks as well.

X. DETECTION AND RESPONSE

A. Violation Detection

The Compliance Officer shall determine whether there is any basis to suspect that a violation of the Compliance Program has occurred. Where appropriate, the Compliance Officer will advise the Executive Director of possible violations.

If it is determined that a violation *may have* occurred, the matter shall be referred to legal counsel, who, with the assistance of the Compliance Officer, shall conduct a more detailed investigation. This investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged;
- A review of documents;
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or oral response shall be fully documented.

B. Reporting

At the conclusion of an investigation involving legal counsel, a report will be issued to the Corporate Compliance Officer, the Compliance Committee, and the Executive Director summarizing the findings, conclusions, recommendations, and will render an opinion as to whether a violation of the law has occurred.

C. Rectification

If **CHOICE** identifies that an overpayment was received from any third-party payer, the appropriate regulatory authority will be notified as required. It is **CHOICE**'s policy not to retain any funds which are received because of overpayments. If there are errors, appropriate staff will be responsible for developing systems 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 Executive Director or legal counsel.

XI. PROTECTION OF WHISTLEBLOWERS

CHOICE is committed to the development of an organizational culture that encourages employee input, questions, and reports of suspected or perceived violations of law, regulations, and its policies and procedures. Each report or question offers employees an opportunity to contribute to the quality of services provided at **CHOICE**.

No employee, contractor and/or volunteer who in good faith reports a suspected violation of **CHOICE's** policies and procedures or any other compliance-related concern shall suffer any form of harassment, retaliation, or adverse employment consequence. An employee who retaliates against someone who has made a good faith report is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the agency's reporting structure prior to seeking resolution outside of **CHOICE**.

Furthermore, **CHOICE** will not tolerate retaliation against an employee for participating in the investigation of an alleged violation. Anyone who engages in retaliatory actions against such individuals will also be subject to disciplinary action, up to and including termination of employment.

Any employee who believes that he or she has suffered retaliation for making a report should promptly contact the Compliance Officer.

A. False Accusations

CHOICE expects that individuals who make compliance related reports will make them in good faith without improper motives. This means that those who report a concern have reasonable and objective cause for doing so. While at no time will a "whistleblower" face retaliation in any form as long as he or she makes their reports in good faith, it should be noted that reports proven to be malicious, deliberately untruthful or misleading may subject the reporter to disciplinary actions up to and including termination.

B. Investigations

CHOICE takes all reports of compliance related concerns seriously and seeks to provide prompt and thorough investigation of all reported concerns and possible violations. The Compliance Department will coordinate appropriate follow-up action and investigation of any concern whether that concern was reported to management through the chain of command, to the Compliance Officer directly or indirectly, or through another mechanism.

To effectively carry out the investigative duties of the job, the Compliance Department will be granted access to all required programmatic and fiscal information necessary to complete a thorough investigation. During an investigation, the Compliance Department will draw upon the resources and expertise of the members of the Internal Compliance Committee. The department may also convene additional ad hoc committees to collect information pertinent to the reported concern. While obtaining assistance from others in carrying out investigations, the Compliance

Department will at no time delegate out to another department the primary responsibility for conducting a compliance investigation unless directed to do so by **CHOICE's** legal counsel.

After assessing the facts of the matter, it may be concluded that the allegation is unfounded. In such cases, a written report will be submitted to **CHOICE's** Executive Director and the Governing Body. This report will document the allegation, the details of the investigation, and the rationale for concluding that the allegation is unfounded.

Following an investigation, should it be concluded that the allegation is supported by the facts, a written report will be submitted to **CHOICE's** Executive Director and Governing Body along with: (a) recommendations as to the actions to be taken to correct the particular situation and (b) recommendations regarding actions that may be taken to prevent a recurrence. While the Executive Director and Board will review the report and recommended actions, they are under no obligation to implement the recommendations and may independently, or following discussion with the Compliance Officer, other members of the management team, and/or legal counsel choose, another course of action to remedy the situation. In either case, the Compliance Department will be directed to assist in the implementation of corrective action and to monitor the effectiveness of such action.

The Compliance Department will commence an investigation into a reported compliance concern related to Health Homes within five (5) business days of its receipt and use best efforts to complete the investigation within thirty (30) days of receiving the reported concern. The Compliance Department will provide a report that summarizes the investigation and includes a determination of whether the concern was substantiated. This report will be submitted to the Community Health Care Collaborative's Compliance Officer (CCC) within five (5) days of its completion. If requested by the CCC Compliance Officer, **CHOICE** will provide periodic updates regarding the investigation.

Records of all investigations will include a description of the problem, the source (direct or anonymous), the investigative process, the individuals involved, copies of interview notes and copies of key documents.

It is the responsibility of all employees to fully cooperate with all investigations (whether conducted internally or by an outside regulatory agency) to the best of their abilities and to divulge any information that they may have which is relevant to the investigation, even if such information is not the subject of a direct question by an internal or external investigator.

All investigations will be conducted following established procedures for confidentiality and employees interviewed or participating in the investigative process will not divulge information to anyone not directly involved in that process unless directed to do so by the Associate Executive Director, Executive Director or the agency's legal counsel.

In cases where an investigation is as a result of a direct report from a staff member or other party, the Compliance Department will inform that individual that the complaint was received and investigated.