Community Services

FOR EVERY1

Corporate Compliance Plan

Table of Contents

I. Organization Overview 17
II. Mission Statement 17
III. Vision Statement and Tagline 17
IV. Corporate Compliance Overview 1
V. Code of Business Conduct & Ethics 18
A. Overview 18
B. Displaying Good Character 18
C. Standards of Conduct 18
VI. Board Member Code of Ethics 28
VII. Standards & Expectations 29
VIII. Screening Applicants 29
IX. Compliance Officer & Compliance Committee 29
X. Outside Legal Counsel 30
XI. Reporting Suspected or Known Violations 30
XII. Whistleblower Protection and Statement of Non-Intimidation and Retaliation 31
XII. Investigations & Corrective Action 31
XIII. Response & Discipline for Violations 32
XIV. Compliance Training 32
XV. Compliance Auditing 32
XVI. Wrongful Billing and Self-Disclosure 33
XVII. Certification 34
XVIII. Conclusion 34
Attachment A- Role of the Corporate Compliance Officer 20
Attachment B- Corporate Compliance Committee 37
Attachment C- Compliance Investigation Flowchart 40
Attachment D- Zero Tolerance Statement 41
Attachment E- Federal and State Statutes Filling False Claims 42
Attachment F- Confidentiality Agreement 46

Community Service for Every1, Inc.
Corporate Compliance Plan

I. Organization Overview

At Community Services for Every1, we empower individuals to reach their fullest potential by providing one-on-one support and a wide range of services to promote dignity, independence, and community inclusion. While we primarily serve those living with an intellectual or developmental disability, our services are also available to individuals who may have life circumstances requiring a little extra support. We offer a variety of housing options, employment services, care management, and more – all designed to fulfill the individual's needs and goals. We are nonprofit in Western New York with more than 35 years of experience, and our agency is driven by a passion for, "Helping many. Discovering one."

II. Mission Statement

We partner with individuals of all abilities to reach their fullest potential, protecting their rights and promoting their independence and inclusion in our community.

III. Vision Statement and Tagline

Striving for Excellence, Supporting Partnerships, Creating Solutions and Fulfilling Dreams Helping Many. Discovering One.

IV. Corporate Compliance Overview

Community Services for Every1, Inc. has established a Corporate Compliance Plan tailored to the agency's principal lines of business. We are dedicated to managing and operating its programs in keeping with the highest of business, ethical and moral principles. Each employee, agent, member of the Board of Directors, consultant, vendor and volunteer contributes to achieving these principles by conducting business activities for the agency with integrity and high ethical standards. Supervisors and managers also contribute to achieving these principles by exercising good leadership and being a good example in creating and promoting a workplace environment in which compliance and ethical business conduct are expected. All parties are expected to comply with all federal and state laws, standards, and regulations to prevent fraud and abuse of any type. All affected parties who are determined to be in direct opposition of our corporate compliance plan will receive disciplinary action up to and including separation of the organization.

Community Services for Every1, Inc. has adopted the following definition of Corporate Compliance:

"A Corporate Compliance Plan is a system which is designed to detect and prevent violations of law, as well as the likelihood of unethical activity by agency employees, volunteers, contractors, officers and directors."

Community Services for Every1, Inc. will transact its business in compliance with the laws of the jurisdiction in which it does business, including local, state and federal jurisdictions. As a not-for-profit agency, Community Services for Every1, Inc. will conduct business in compliance with all IRS regulations governing tax-exempt organizations and refrain from any private inurement and benefit issues. Instances where questions arise concerning interpretation or applications of laws and regulations should be referred to the Chief Financial Officer, Chief Operations Officer, Corporate Compliance Officer and/or the President & CEO. Applicable laws include, but are not limited to, anti-kickback statutes, labor laws, tax code and regulations, antitrust laws, copyright laws, false claims laws, rights of individuals receiving services and environmental laws.

As used in this Corporate Compliance Plan, the following definitions apply:

1. Community Services for Every1, Inc. representatives: employees, agents, board members, committee members, volunteers, contractors, vendors and others working for or on behalf of

Community Services for Every1, Inc.

2. Agency: Community Services for Every1, Inc.

V. Code of Business Conduct & Ethics

A. Overview

The Code of Business Conduct & Ethics provides Community Services for Every1, Inc. employees, agents, member of the Board of Directors, consultants, and volunteers with information necessary to adhere to the high ethical principles the agency lives by. Community Services for Every1, Inc. is accountable for compliance not only with the Code of Business Conduct & Ethics, but also with all laws and regulations applicable to our activities, and other policies and procedures prepared by our agency and oversight bodies.

Community Services for Every1 Governing Body, Management and all employees are expected to show commitment to the Corporate Compliance Plan, inclusive of the Code of Business Conduct and Ethics. All affected individuals will act in accordance with the standards of conduct, must refuse to participate in unethical or illegal conduct, and must report any unethical or illegal conduct to the Compliance Officer.

B. Displaying Good Character

Good character is what this Code of Business Conduct & Ethics is all about. Honesty and Integrity defines our relationships with people receiving services, outside agencies, business partners, and each other. By maintaining the highest level of corporate integrity through open, honest, and fair dealings, we earn trust for our services and ourselves from everyone with whom we come in contact. Showing respect and empathy to all those we interact with is crucial to our mission.

C. Standards of Conduct

Community Services for Every1, Inc. representatives and all Affected Individuals are expected to comply with the following standards:

1. Business Principles

a. Maintain the Confidentiality of Agency Records

The agency is responsible and accountable for the integrity and protection of its business information. All agency records and documents (in any form or media) are the sole property of the agency and thereby considered confidential by its nature, except as provided by law or regulation. All agency information (i.e., policies, procedures, strategic or business plans, administrative memos, financial document, etc.), whether in electronic or written format, is confidential and may not be released or shared with others outside the agency without proper prior authorization.

No Community Services representative shall disclose to others any confidential information obtained during employment, work (paid or unpaid) or receipt of reports, which have not been published or disclosed, to the public. Documents and electronic media containing sensitive information on people receiving services, staff, consultants, volunteers, board members and other representatives of the agency must be carefully handled and properly secured. Once an agency representative terminates the relationship with the agency, they have no right to access or use agency information.

If a Community Services representative observes or becomes aware of a breach of this policy, including the misuse of confidential information the presence of an unauthorized or unrecognized individual using a computer terminal in a familiar area, the representative must immediately contact a supervisor and complete a Corporate Compliance Incident Report.

b. Cooperate and Maintain Confidentiality During an Agency Investigation

Agency representatives that become aware of a situation that is in violation of agency policy, regulatory requirements, and/or law are expected to report such violation to the appropriate agency personnel (see Reporting Suspected or Known Violation). Should an agency representative be

contacted by an assigned agency investigator to provide a statement regarding their knowledge of an incident or event, they are expected to cooperate with the investigator by responding timely to phone calls and/or requests to meet. The agency has a non-retaliation policy whereby agency representatives will not be subject to reprisals for reporting or supplying information about potential violations, except in cases where those agency representatives are responsible for the violation or when deliberate false reporting has occurred.

The Agency has a compelling interest in protecting the integrity of all investigations, including evidence protection, and ensuring that witnesses do not experience any intimidation or harassment for their participation in an investigation. In some situations, it is necessary for the Agency to require strict confidentiality of all information during an internal investigation. In such cases, all persons involved in the investigation should avoid disclosing information about an ongoing investigation to avoid:

- Harassment and intimidation of an investigation witnesses.
- Destruction of evidence.
- Fabrication of testimony.
- Attempts to cover up the event(s) that occurred.

c. <u>Protect Agency Assets</u>

It is the obligation of all Agency representatives to protect the assets of the Agency. Agency property, such as office supplies, office equipment, vehicles, and property may not be used for personal reasons. Computers, printers, fax machines, copiers, audio visual equipment, bulletin boards, phones, and other agency office equipment are the property of Community Services. The use of this equipment and the information conveyed through them may be reviewed or restricted by the Agency at any time. Employees are expected to restrict the use of all Agency equipment to professionally related material and to always represent the Agency in a positive manner. This equipment is provided for Agency use. The use of Agency property to view or transmit sexual material or derogatory material or any other information that could be interpreted as offensive or illegal will not be permitted at any time and will result in disciplinary action, up to and including termination of employment.

Any misuse or misappropriations of agency funds, information, equipment, facilities, or other assets may be considered criminal behavior and can bring severe employment and legal consequences. Agency funds include, but are not limited to bank accounts, credit and debit cards, and business accounts. In addition, agency property such as food, janitorial and office supplies are available for business needs. Removal of such supplies from agency property for personal use may also be considered criminal.

d. <u>Maintain the Corporate Image</u>

The agency's reputation and identity are among its most valuable assets. No one should act in a way that adversely affects the reputation or image of the agency with employees, volunteers, people receiving services or with the community at large.

Recognizing the accomplishments of others, both internally and externally, shows appreciation for the value another person brings toward achieving our common goals.

Each agency representative should endeavor to deal fairly with the people served by the agency, consultants, suppliers, competitors, and other employees. No one should take advantage of anyone else through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or other unfair-dealing practices.

While the agency cannot control what its representatives do during non-working hours, it is important to understand that information posted online, including use of social media may be public and comments made about the agency or agency representatives that are discriminatory or violate agency policy (i.e., confidentially, conflict of interest, harassment, bullying) can result in disciplinary action, no matter whether the employee wrote it from work or outside of work.

e. Have Job Accountability

Each agency representative is responsible for adhering to agency policy and for knowing and executing the responsibilities of his or her job independently. This means the individual is held accountable for the quality of the work he/she they/them produces. Each agency representative should be timely in their attendance, including recording accurate time worked (in office or remote work) and value the deadlines and schedule of others. In addition, management is responsible for ensuring that they have provided their employees with the necessary information to do their jobs. Each agency representative shall display teamwork by assisting and being a resource to others. This includes communicating information, clearly and consistently, to all necessary parties and being open to constructive feedback. Positively resolving conflicts and effective problem solving are important traits in being a contributing part of the Community Services Team. Planning and prioritizing of workload are important attributes of an agency representative.

f. Avoid Conflicts of Interests

Each agency representative has a primary business responsibility to the agency and is expected to avoid any activity that may interfere or have the appearance of interfering with their performance. A conflict of interest exists if an agency representative outside business or other interests may affect adversely, or have the potential to affect adversely, his or her motivation, objectivity, loyalty, or performance. In addition, a potential conflict of interest occurs when an individual's personal or private interests might lead an independent observer to reasonably question whether the individual's professional actions or decisions are influenced by significant personal interest, financial or otherwise. Agency Representatives shall not participate in the selection, award or administration of a contract supported by Federal, State, or other government funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or when the agency employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. Some additional situations in which agency representatives might encounter that would be considered a conflict of interests are:

- Having a relationship with a person served by the agency outside of the workplace and/or employment by a person served by the agency and/or the family member of a person served by the agency.
- Interacting and engaging on social media platforms with those supported by the agency can create a conflict of interest. It is important to have proper limits of a professional relationship between a provider of services and those supported.
- Directly supervising a family member as a contractor, supplier, or employee of the agency.
- Romantic relationships between a supervisor and a subordinate. Supervisor is defined as "a person who has authority, direct or indirect, over another by virtue of their job classification. Subordinate is defined as "a person who is answerable to another person based on their job classification." While the supervisor is ultimately held responsible for ensuring that this type of relationship does not occur, it does not absolve the subordinate of any wrongdoing.
- Using agency assets, including agency time, name, information equipment or facilities, for personal use without prior permission.
- Misuse of information obtained by an agency representative during the course of his or her employment;
- Soliciting personal cash or non-cash gifts of any amount or value from any person or business that has a relationship with the Agency;
- Accepting personal cash gifts of any amount from any person or business that has a relationship with the Agency;
- Financial transactions between people receiving services and/or their family members/responsibility parties;
- Outside employment that interferes with the employee's job responsibilities and/or is in conflict with agency interests.
- Use of information created by or for the agency for personal gain or use by others outside the agency without prior permission.

- Working directly with someone that you have personal relationships with, whether due to a family connection or not, that interferes with work productivity and/or service delivery.

Specific agency representatives, as identified in the agency "Conflict of Interest Policy & Procedure, are required to complete the Agency "Conflict of Interest Disclosure/Confidentiality Agreement" form upon the beginning of the relationship with the agency and annually thereafter or as a conflict arises.

The above situations identified as "conflicts of interests" are not all inclusive. Agency representatives are expected to exercise good judgment and be mindful of how their personal relationships and outside activities may be affecting the workplace. Agency representatives may also find themselves in a situation where they do not feel like they can be objective in their decision making due to personal relationships or beliefs. Should an agency representative feel that they are not able to be objective in making a business-related decision they should voluntarily abstain/refrain from participating in the decision-making process. Furthermore, if any matter exists that might be a conflict of interest or creates the appearance of a conflict of interest, agency representatives are required to consult their supervisor, Corporate Compliance Officer or Human Resources Representative to assess whether a problem exists.

g. <u>Display Caution when Offered Gratuities</u>

While performing their jobs, agency representatives may be offered gratuities which usually are intended as gestures of goodwill or appreciation. These include gifts, entertainment, gift cards, meals and beverages, tickets to sporting or cultural events, services, or other similar favors. Agency representatives may not accept, individually or as part of a group, anything that could reasonably be thought to have more than a nominal intrinsic value (nominal intrinsic value: i.e., promotional or advertising pens, pencils, notepads, calendars, greeting cards, trinkets, baked goods, or other similar gifts of limited value).

Gifts, gratuities, or attendance at events exceeding nominal intrinsic, typically greater than $25.00, should be refused or returned unless the Corporate Compliance Officer approves of acceptance as part of a business need or special occasion i.e., holiday gift basket during holidays to be shared amongst representatives.

Even nominal gifts can be inappropriate if used in a way which creates the impression that a certain vendor or person is receiving or attempting to obtain preferential treatment, therefore the acceptance of any gift, regardless of its value, must be done so with caution and when in doubt needs be reported to a supervisor to determine whether the gift may or may not be accepted to avoid a conflict of interest.

Acceptance or participation in a business meal situation is appropriate when based on a business need and such dining occurs in conjunction with business discussions.

These guidelines cannot cover every situation that may arise; employees should discuss with their supervisor or Corporate Compliance Officer any situation involving gratuities they are uncertain about.

h. <u>Adhere to the Agency Media Communication Policy</u>

It is the agency's policy to provide open, accurate, and consistent communication with the public. To maintain this policy and to protect the privacy of the individuals that we serve, designated Agency spokespersons are responsible for releasing information at the appropriate time to Media agencies and for guarding against the inadvertent disclosure of confidential information. All inquiries regarding the Media Communication Policy should be directed to the Development and Communications Coordinator, the Vice President of Program Support and Development or in their absence the President & CEO.

Social Media sites, such as Facebook, Twitter, Instagram, LinkedIn, fall under the umbrella of "media." It is important that all Agency representatives who identify themselves on these sites as having an affiliation with Community Services do not give readers the impression that their comments represent Agency opinion. If you are not a designated spokesperson for the Agency then any comments you make about agency activities on these sites could, depending on the content, be a violation of the Agency Media and Confidentiality Policy.

Employees of Community Services for Every1 are not permitted to communicate with members of the media (television, radio, newspaper, social media) regarding agency related topics without the approval of the Development and Communications Coordinator or in her absence the Vice President of Program Support and Development or President/CEO.

2. Quality of Care

a. <u>Adhere to Individual's Rights and Responsibilities</u>

By regulation all people receiving services are entitled to certain Rights and Responsibilities. It is expected that all agency representatives adhere to the provisions set forth in these regulations. Agency representatives shall not engage in any activities that constitute abuse of persons receiving services as defined in the regulations of the Commissioner of OPWDD. Failure to exercise one's duty to intercede or to report any activity, which may be considered abuse, will constitute abuse.

b. <u>Follow Individual's Service Plan</u>

Agency employees are expected to comply with each person's service plan and communicate any changes in the plan to the necessary parties in accordance with regulatory requirements and program policies and procedures.

It is not acceptable for people receiving services to carry out the duties of employees unless such tasks are described in their plan of services by their program planning team and for the purpose of increasing their skills.

c. <u>Maintain Appropriate Interactions with those supported by the Agency</u>

Agency representatives must treat people receiving services with dignity and respect and are expected to maintain professional relationships with people receiving services at all times. It is expected that the agency representative will treat people receiving services with respect and dignity at all times. It is essential that while it is important to build trusting relationships with those supported, it is duly important to maintain a professional and ethical relationship.

There shall be no personal financial transactions between agency representatives and people receiving services or their family/responsible party. Financial transactions, which may be construed as exploitation or result in greater benefit to the agency representative than the person receiving services will be considered abuse.

The receipt of any personal gift by any agency representative from any person receiving services or their family member/responsible party is discouraged and needs to be avoided. Depending on the circumstances, a gift of nominal value may be allowed. An example of such a gift might be bake goods or a dollar store trinket. Any gift must be disclosed to the supervisor to determine whether the gift may or may not be accepted to avoid a conflict of interest.
Agency representatives may not accept cash gifts from individuals receiving services under any circumstances. However, cash donations from a family member/responsible party to the agency may be accepted. Should a family member/responsible party be interested in donating to the agency they should contact the Development and Communications Coordinator.

All agency representatives are expected to maintain a professional demeanor with people receiving services. It is also expected that agency representatives shall model appropriate and acceptable behavior while in the presence of people receiving services.

d. Safeguard Individuals Privacy

Agency representatives shall treat all clinical and program information as confidential and utilize such information in a professional manner at all times. Access to information on people receiving services must be limited to the extent permitted by the agency policies and procedure pursuant to state and federal law. In addition, release of information pertaining to HIV/AIDs, Substance Abuse and Psychotherapy/Counseling notes are subject to additional regulatory requirements and should not be released without the proper authorization to do so. Any Community Services representative who engages in unauthorized disclosure, access to, or misuse of information in violation of the privacy rights of people receiving services, or others may be subject to disciplinary action in addition to civil or criminal sanctions. Any Community Services representative who becomes aware of such unauthorized disclosure should immediately report this to their supervisor or Corporate Compliance Officer.

3. Medical Practices

a. Follow Regulations Regarding Control of Medications

It is the agency policy that all Community Services representatives shall be diligent in discharging their obligations regarding prescription drugs and controlled substances in accordance with applicable laws, regulations and agency policies and procedures.

The agency is legally responsible for the proper distribution, handling of and prevention of unauthorized access to pharmaceutical products. The distribution of any prescription drug or controlled substance, including a drug sample, in any amount for any reason to an unauthorized individual or entity is forbidden.

Community Services representatives may not use drugs stored in agency programs intended for the use of people receiving services. Missing medication must immediately be reported to Corporate Compliance and the Department of Health in the case of missing Controlled Substances.

4. Legal Obligations & Compliance

a. To Maintain a Safe and Healthful Workplace

The agency has a commitment to maintain a safe and healthy workplace for agency representatives and people receiving services. As part of this commitment, the agency maintains reasonable safety rules, practices, and procedures for all agency representatives. At the same time, the agency expects agency representatives to be efficient and productive in performing their job assignments.

The agency provides a safe and healthy work environment by adhering to the laws, regulations and commonly accepted safe practices in accordance with federal and state laws regarding occupational and environmental safety.

Laws and policies regarding hazardous materials, pollutants and medical waste must be strictly followed by all Community Services for Every1, Inc. representatives.

b. Refrain from Misrepresentation

Honesty based on clear communication is the cornerstone of ethical disclosure of information. Community Services for Every1, Inc. representatives shall be honest and make no representation or dishonest statements in conducting agency business affairs. Community Services representatives must report and record all information accurately and honestly including all marketing materials, service records, requests for payment, timesheets, financial reports, and other similar documents, which relate to business activities. Marketing materials will accurately reflect certification, licensure, and services available.

In addition, Community Services representatives must not make false statements with respect to the conditions or operations of any program nor make false statements with respect to information regarding ownership and control of a facility or program.

c. Refrain from Engaging in Unfair Trade Practices

All agency representatives are expected to comply with all laws pertaining to the restraint of trade and fair competition. Such laws generally forbid any kind of understanding or agreement (written or verbal) between competitors to fix and control fees or payments for services or products, or to engage in any other conduct that results in restraints of competition.

Unfair methods of competition and deceptive acts or practices are also prohibited. Examples of these include false or deceptive statements or comparisons about the agency's services or falsely disparaging competitor's services without data to substantiate it.

d. Adhere to Tax-Exempt Requirements

The Agency is a tax-exempt entity under the rules and laws of New York State and the Federal Internal Revenue Service. To comply with applicable law, the Agency must operate for the benefit of the community and avoid "private inurement", or "private benefit" as defined by these laws. Criminal penalties may be exercised if a violation of these tax laws is found and substantiated. In this regard, Community Services for Every1, Inc. representatives shall be familiar with these restrictions:

a. The agency sales tax exemption is used only for legitimate agency business and service transactions.
b. Personal items cannot be purchased through the agency even if reimbursement is offered.
c. All appropriate withholding taxes must be applied to staff wages.
d. Tax-exempt bonds are used to secure mortgages for agency properties where applicable. All restrictions on the use of property governed by the bonding authority shall be followed. Services and programs associated with bonds will be properly discharged. Violation of the condition related to bonds may affect future borrowing by the agency and/or the bonding authority.

e. Comply with Fundraising Standards

The agency adheres to acceptable fundraising standards. Only fundraising activities that benefit the agency and the programs or services are allowed and must be specifically authorized by the VP Of Program Support & Development and President & CEO. Fundraising events must be consistent with the mission, vision, goals, mandates, and values of the agency. Agency representatives who wish to conduct a fundraiser of any type must complete a formal Request to Fundraise and submit to the Development and Communications Coordinator and Special Events for approval.

Any Community Services for Every1, Inc. representative that obtains funds because of fundraising activities on behalf of the agency must promptly deposit the funds with the Business Office for appropriate record keeping and cash controls. A receipt for funds deposited must be obtained from the appropriate Business Office Personnel.

Fundraising reports are issued regularly and comply with applicable laws and regulations associated with the agency licenses and not-for-profit law.

f. Submit Accurate Billings and Financial Reports

Billing activities are to be performed in a manner consistent with Medicaid and other payers' regulations and requirements. The agency will comply with all pertinent regulations in billing practices, including, but not limited to, specific program requirements, need for service, procedure codes, bad debt reporting, credit balances, and duplicate billing.

All billing and claims generated must accurately reflect those services rendered are supported by relevant documentation and are submitted in compliance with applicable laws, rules, regulations, and program requirements. Agency representatives should never knowingly make or present improper, false, fictitious, or fraudulent claims to any government or private health care program, employee, department, or agency. Improper activity can include, but is not limited to:

a. Misrepresentation of Services
b. Duplicate Billing
c. Multiple Coverage and Secondary-Payroll Fraud
d. False Claims Statements
e. Falsifying Dates on a Claim

Those responsible for completing and submitting financial reports will do so in accordance with acceptable accounting practices and legal obligations. Improper accounting practices include, but are not limited to:

a. Supplying false or misleading information in the Agency's financials or other public documents, including its annual information return; or
b. Providing false information to, or withholding material information from, the Agency's auditors.

It is a crime to submit a "False Claim." A False Claim occurs when a person or organization submits a record or claim for payment of services, property, or other items to the government, knowing that the information is not true. "Knowing" means that the person or organization:

a. knows the record or claim is false, or
b. is asking for payment and is deliberately ignoring whether the record or claim is false, or
c. is asking for payment and does not care if the record or claim is false.

The Federal Government enacted the False Claims Act law that allows a person who knows that an organization has filed a False Claim for payment to file a lawsuit in Federal Court on behalf of the government, and, in some cases, the person can receive a portion of the damages awarded. Like the Federal Law described above, the New York False Claims Act and the Program Fraud Civil Remedies Act prohibits a person or entity from "knowingly" presenting or causing to be presented a false or fraudulent claim for payment or approval to any employee, officer or agent of the state or local government. There are additional civil, administrative, and criminal laws that apply to the submission of a false claim. Additional information on these laws is available in the Employee Personnel Policy and Procedure Manual, by contacting the Corporate Compliance Officer, or you can visit the Office of the Medicaid Inspector General's website at www.omig.state.ny.us.

g. <u>Refrain From Accepting Kickbacks</u>

The term "kickback" is defined as the giving of remuneration of any kind, which is interpreted under the law as "anything of value". In the United States it is illegal to provide, offer or accept a kickback or bribe. A kickback or bribe may be defined as any money, fee, commission, credit, gift, gratuity, anything of value or compensation of any kind that is provided directly or indirectly, and that has as one of its purposes, the improper obtaining or rewarding or favorable treatment in a business transaction.

No agency representative or other agency representative shall solicit, receive, offer to pay, or pay remuneration of any kind in return for referring an individual for items or services, or purchasing, leasing, ordering, or arranging for goods, facilities, services or items for which payment may be made under federal, state, or local health care programs.

All Community Services for Every1, Inc. representatives should avoid the offering or receipt of a gift in circumstances where it could appear that the purpose of the gift is to influence the agency's relationship with a vendor, regulator or other person or entity. The receipt of any gift by any agency representative from a vendor, contractor, etc.… must be disclosed to the supervisor to determine whether the gift may or may not be accepted to avoid a conflict of interest.

h. <u>Follow Research Grant Standards</u>

Research grant proposals involving people that the agency serves are subject to the provisions or applicable state and federal laws and regulations. Researchers must be vigilant in considering

whether grants involve improper inducements for referrals. Research, which encourages or results in improper referral practices, could constitute "kickback" in violation of federal and state law.

i. Be Familiar with Regulations Governing Areas of Responsibility

It is expected that all agency representatives adhere to the rules and regulations set forth by New York State and the Federal Government and comply with any contractual obligations the agency may have. In addition, Community Services for Every1, Inc. representatives shall:

a. Be familiar with program regulations governing areas of responsibility, receive and understand new regulations and/or expectations and to inform the supervisor or appropriate agency administrator of any possible issues of non-compliance.
b. Ensure that a Certificate of Need, or similar documentation, is properly submitted to the respective licensing organization, as required, to establish and /or change service provisions.
c. Ensure that questions of training and compliance with the submission of a Certificate of Need or the application of regulations should be referred to the respective supervisor and/or administrator.

j. Financial Responsibility:

Employees entrusted with agency or individual funds are expected to adhere to all established policies and procedures governing the receipt, handling, safeguarding, recording, and management of those funds. These requirements are in place to maintain financial integrity, ensure accountability, and prevent errors, mismanagement, fraud, and theft.

Failure to adhere to these policies and procedures may result in disciplinary action, up to and including termination of employment. Any employee found to have engaged in intentional misconduct, fraud, theft, misappropriation of agency assets, or other conduct resulting in financial loss to the agency may be held responsible for those losses. The agency will pursue financial reimbursement, restitution, and any other remedies available under applicable law.

5. Human Resources Principles & Community Involvement

a. Comply with Labor & Employment Laws

The agency fully complies with all applicable labor laws and statues regarding employee-employee relationships and workplace environment.

The agency employs only persons who are legally authorized to work in the United States consistent with federal laws. Individuals who are perspective candidates and who U.S. citizens are or who possess a "green card", or work visa are entitled to be hired. The appropriate documentation of citizenship status must be presented to the Human Resources Department at the time of hire.

b. Comply with Payroll Deductions

The agency fully complies with the salary basis requirements of the Fair Labor Standards Act (FLSA). Therefore, the agency prohibits all company Management Staff as well as the Payroll Office from making improper deductions from the salaries of employees.

If an employee believes that an improper deduction has been made to their salary, that employee should immediately report this information to their direct supervisor, or to the Human Resources Coordinator.

Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has occurred, the employee will be promptly reimbursed for any improper deductions.

c. Embrace Diversity

Community Services for Every1 is dedicated to prioritizing an environment of diversity, equity, accessibility, and inclusion for all. Our commitment is outlined in our agency Equity and Inclusion Statement and in our Diversity, Equity, Inclusion and Accessibility (DEIA) Policy. These documents detail the actions related to creating and fostering an inclusive culture for all members of the Community Services' community, encompassing service recipients, employees, volunteers, board members, and all others.

The agency is committed to equal employment opportunity. There shall be no discrimination activity against any person for any reason, including gender, race, ethnicity, religion, national origin, age, sexual orientation or identity, education or disability, except where a bona fide occupation qualification is involved.

The agency's Diversity, Equity and Inclusion (DEI) Committee, Every1 Belongs, is a standing agency committee that meets regularly and is open to all agency representatives. The DEI Committee's Mission & Member Duties Statement outlines the purposes and expectations of committee members. Through discussion and sub-committee action, the committee finds ways to help Community Services improve policy, training, understanding and celebration regarding Diversity and Inclusion. Committee members understand that everyone sees and experiences the world differently and has the right to feel safe and share their authentic selves with the group. The Committee seeks to help promote this culture of safety, inclusion and belonging throughout the wider agency.

d. <u>Display Ethical Professional Personal Conduct</u>

Ethical professional personal conduct on the job means treating oneself and others with respect and fairness. Employees are expected to conduct themselves professionally and appropriately in interactions with individuals served, co-workers, family members, management staff, and any external visitors or guest to their worksite. All employees should refrain in such a way that could be considered discriminatory, harassing, or degrading to others. Additionally, workplace bullying is not acceptable. Workplace bullying is repeated, health-harming mistreatment by one or more employees of an employee: abusive conduct that takes the form of verbal abuse; or behaviors perceived as threatening, intimidating, or humiliating; work sabotage; or in some combination of the above.

Workplace harassment includes both sexual harassment and harassment in a more general nature. Sexual harassment includes both quid pro quo and hostile work environment scenarios. Other forms of harassment include unwelcome or unwanted attention or discrimination conduct based on an individual's race, color, creed, religion, national origin, gender, sexual preference, marital status, age, and/or disability. Examples of harassment include, but are not limited to inappropriate jokes, offensive body language such as finger pointing, or offensive materials such as sexually explicit pictures. It can include verbal, nonverbal or physical abuse. Something considered harmless by one individual may be perceived as harassment by another. The agency expects all agency representatives to conduct themselves in a manner appropriate to the workplace and to keep all work environments free of harassment.

e. <u>To Maintain Agency Representative Privacy</u>

Every agency representative has the right to confidentiality of certain employment records as well as the privacy of personal activities outside of business hours. In turn, the agency has rights of access to all agency property and communication, records and information created in the business setting. By using agency property and/or creating such records and information, the agency representative consents to such access.

The agency will not release information regarding our current agency representatives without written consent unless it is required by a program survey, subpoena, or public record. An internal investigation may at times require the review and /or release of certain personnel information to agency personnel, law enforcement, and/or oversight bodies.

The agency emphasizes the need for balance between work, personal and family life, and encourages agency representatives to pursue interests and activities outside the workplace. Personal interests

and beliefs, however, must not be imposed on other agency representatives or people receiving services. The agency recognizes the agency representative's rights to become involved in political activities of their choice. However, activities should not interfere with the agency representative's ability to perform their job and should not imply participation on the part of the agency.

f. <u>Refrain from Substance Abuse and Unsafe Workplace Behavior</u>

To provide a safe and healthy workplace for agency representatives and people receiving services and to promote an efficient and productive workforce Community Services for Every1, Inc. representatives are prohibited from:

- Manufacturing, selling, purchasing, transferring, using or possessing illegal drugs, narcotics, or other unlawful substances or materials on the agency premises, or while conducting business for the agency.
- Manufacturing, selling, purchasing, transferring, using or possessing on the agency's premises, substance or materials not authorized by the agency (such as firearms, weapons, intoxicating beverages, drug paraphernalia, or medically authorized drugs used improperly or unsafely). However, the consumption of alcohol on special occasions shall be permitted with the prior written permission of the President & CEO.
- Reporting to the workplace or working if their ability to perform their job is impaired by the use of alcohol, marijuana, a controlled substance, an illegal substance, or prescribed medication.

Agency representatives are subject to random and for cause drug tests at any time. Upon notification of either of these tests the person will be asked to take a test immediately. Failure to do so will result in immediate termination.

VI. Board Member Code of Ethics

As the Governing Body of Community Services for Every1, Inc. the Board of Directors has responsibility for the care, management, and control of the agency and must be held to the highest of ethical and moral standards. The Board of Directors recognizes that established ethical standards of fairness, honesty and integrity are essential to the proper conduct of the Board of Directors in upholding its governance responsibilities. Due to this additional level of responsibility and accountability all Board Members are expected to:

- Serve as positive role models in the community.
- Listen carefully to other Board members, staff and people receiving services.
- Respect the opinion of fellow Board Members.
- Respect and support the majority decisions of the Board.
- Recognize that all authority is vested in the full Board when it meets in legal session and not with individual Board members.
- Keep well informed of developments that are relevant to issues that may come before the Board.
- Participate actively in Board meetings and actions.
- Call to the attention of the Board any issues that may have an adverse effect on the agency.
- Refer any complaints to the Board Chairperson and the President & CEO.
- Recognize that the Board member's job is to ensure that the agency is well managed, not to manage the agency.
- Vote to hire the best possible person to manage the agency.
- Represent all constituents of the agency and not a particular geographic area or special interest groups.
- Do their best to ensure that the agency is well maintained, financially secure, growing and always operate in the best of interest of constituents.
- Always work to learn more about the Board Member's job and how to do the job better.
- Declare any conflicts of interest between their personal life and their position on the agency board and avoid voting on issues that appear to be a conflict of interest.

In addition, Board Members will not:

- Be critical, in or outside of the Board meeting, of fellow Board Members or their opinions.
- Use the agency or any part of the organization for personal advantage or the personal advantage of friends or relatives (other than for purposes of receiving services within the normal procedure of the agency).
- Discuss confidential proceedings of the Board outside the Board meetings.
- Vote on any issue without fully understanding the issue.
- Interfere with the duties of the President & CEO or undermine the President & CEO's authority.

The Board Member Code of Ethics is reviewed and signed by Board Members upon their assignment to the Board and annually thereafter.

VII. Standards & Expectations

In addition to the Agency Code of Business Conduct and Ethics, Community Services has established written standards and expectations identified as the Agency core beliefs and behaviors. Community Services believes that these standards and expectations define the personal characteristics and qualities, which contribute to the fulfillment of its mission and expects that all agency representatives will make it their daily mission to exhibit them.

Additionally, the Direct Support Professional (DSP) Code of Ethics provides a framework for ethical decision making as it relates to the treatment of people receiving services. While specifically intended for DSPs, Community Services believes and expects all agency personnel to follow these guidelines. All employees receive and sign a copy of the DSP Code of Ethics upon hire and annually thereafter. It can also be located online at the following address: https://www.nadsp.org/

VIII. Screening Applicants

Job applicants and other agency representatives who have been selected for employment or other positions within the agency must complete a series of background checks to assure that there are no historical/personal incidents involving the applicant, which would adversely affect their ability to carry out their job duties or call into question their personal character in performing their job. Applicants for positions requiring specific credentials and/or licensure are required to provide verification of such.
In addition to checking a person's criminal history, abuse of individuals with special needs history, sexual offense history and depending on their position driving record and child abuse history, the agency checks the N.Y. State Office of the Medicaid Inspector General, the U.S. Department of Health and Human Services Office of the Inspector General, and the United States General Services Administration List of Parties Excluded from Federal Programs exclusion databases to determine whether or not the person or entity's participation in Medicaid or other government funded programs have been restricted, terminated or excluded.

Agency representatives are required to inform the Human Resources Coordinator immediately of any changes in their driving record (if an agency approved driver), criminal background and child abuse history. Supervisors must inform the V.P. of Administrative Services of any change reported.

IX. Compliance Officer & Compliance Committee

The Corporate Compliance Officer directs the Compliance Plan with the support of the Corporate Compliance Committee. The Director of Quality Management is designated as the Corporate Compliance Officer and reports directly to the Vice President of Program Support & Development. (**Attachment A**)

The Corporate Compliance Committee is comprised of Administrative Management Staff appointed by the Corporate Compliance Officer. The Corporate Compliance Committee will meet bi-monthly to review the status of the Corporate Compliance Plan, present and discuss potential compliance concerns and issues, and recommend changes to the program and/or department. The Corporate Compliance Officer will report significant and pertinent information to the Corporate Compliance Board Committee. The Corporate Compliance Board Committee Chair will ensure identified significant and pertinent information is included in the Board Meeting Minutes which will be distributed for review by

the Agency Board of Directors during regularly scheduled meetings. (Attachment B)

X. Outside Legal Counsel

Outside legal counsel is available to assist the President & CEO, Board of Directors, Administrative Team, Compliance Officer and Corporate Compliance Committee as needed to identify and interpret federal and state laws and regulations in the Corporate Compliance Plan, assist in maintenance of the plan, and provide legal advice to Community Services for Every1, Inc. with respect to any aspect of the Corporate Compliance Plan.

Outside legal counsel may be notified at the discretion of the President & CEO of incidents that have a reasonable cause to support the assertion of non-compliance, at which time the Compliance Officer will be responsible for facilitating an investigation. The results of the investigation will be used by legal counsel to provide legal advice to the Compliance Officer, Compliance Committee and Community Services for Ever

XI. Reporting Suspected or Known Violations

All Community Services for Every1, Inc. representatives have a responsibility to report in a timely fashion any violations of the Agency's Code of Business Conduct & Ethics. The Corporate Compliance Plan encourages individual responsibility for reporting any activity by any agency representative or affiliate that reasonably appears to violate applicable laws and regulations or Corporate Compliance requirements. Any notice regarding potential litigation against the Agency and/or suspected violations of law by the Agency must be reported to the President & CEO.

The Agency has an open-door policy that encourages agency representatives to share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an agency representative's supervisor is in the best position to address an area of concern. Supervisors and managers are required to notify the Corporate Compliance Officer of any reported violations of the Agency Code of Business Conduct & Ethics. If the violation was reported verbally to the supervisor or manager, the reporting individual, with the assistance of the person they reported it to, shall write up the concern and forward it to the Corporate Compliance Officer.

When the agency representative is not satisfied with their supervisor's response, is not comfortable speaking with their supervisor, or if at any time the agency representative prefers, he/she they/them can contact the Corporate Compliance Officer directly. The agency has established a "Corporate Compliance Hotline." This reporting system provides agency representatives with the ability to report potential Corporate Compliance violations 24 hours a day. The "Corporate Compliance Hotline" is accessed by calling 362- 7631 ext. 707 and is a direct line to the Corporate Compliance Officer. This number provides anyone calling an opportunity to leave an anonymous message. While anonymous calls are accepted, agency representatives are encouraged to leave detailed information. The "Corporate Compliance Hotline" may also be accessed for callers to pose questions regarding any compliance issues. Should the caller leave their name and number, the Corporate Compliance Officer will respond to any questions within 10 business days or less. Agency representatives can also contact the Corporate Compliance Officer (Director of Quality Management) directly at 883-8888 ext. 137 or by forwarding a written correspondence to:

Kimberly Blamowski, Director of Quality Management and
Designated Corporate Compliance Officer
180 Oak St., Buffalo, NY 14203

A written correspondence can also be posted to Community Services' Website at www.csevery1.com "Contact Us" or via the Employee Portal "Report to the Compliance Officer" or sent via email to compliance@csevery1.com

Any concern about the President & CEO should be reported to the Corporate Compliance Officer, who will in turn notify the Board Chairperson. A concern involving the Corporate Compliance Officer's actions should be brought directly to the President & CEO.

If any agency representative needs guidance on a legal or ethical question, or has witnessed or has knowledge of

an illegal or unethical activity, they should seek the counsel of the agency Corporate Compliance Officer. Failure to report compliance issues could lead to disciplinary measures.

XII. Whistleblower Protection and Statement of Non-Intimidation and Retaliation

The Whistleblower Protection is intended to encourage and enable agency representatives and others to raise serious concerns within the Agency prior to seeking resolution outside the Agency.

Questions or concerns about any ethical, legal, and/or regulatory issues may be raised without concern for disciplinary action as long as they are made in good faith and there are reasonable grounds for believing the information disclosed indicates a violation of the Agency Code of Business Conduct & Ethics.
Agency representatives will not be subject to reprisals for reporting or supplying information about potential violations, except in cases where those agency representatives are responsible for the violation or when deliberate false reporting has occurred. Agency representatives are also protected under this provision and the False Claims Acts against any form of retaliation for filing a False Claim lawsuit. It protects an agency representative who files a false claims lawsuit from being fired, threatened, harassed, or other forms of retaliation.

Any allegations that prove not to be substantiated and that prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Any agency representative who retaliates or harasses someone who has reported a violation in good faith is subject to disciplinary action up to and including termination of employment. It is expected that all Community Services representatives will fully cooperate with any investigation of potential violation. New York Labor Laws also protect employees from retaliatory practices. Additional details regarding these laws may be obtained by contacting a Human Resources Representative, the Corporate Compliance Officer, of visiting the New York State Department of Labor website at www.labor.state.ny.us.

Community Services for Every1 prohibits any act of retribution, discrimination, harassment, intimidation, or retaliation, against any member of its workforce or contractor who, in good faith, participates in CSE1 Compliance Program activities, including, but not limited to:

- Reporting or responding to Compliance Issues;
- Investigating Compliance Issues;
- Conducting or responding to audits, investigations, reviews, or compliance self-evaluations;
- Drafting, implementing, or monitoring remedial actions;
- Reporting compliance-related concerns to any government entity;
- Attending or performing compliance-related training;
- Otherwise assisting in any activity or proceeding regarding any Compliance Issue.

A good faith report means one where the individual believes the information reported to be true and where the report is not made for the purpose of harming the standing or reputation of Community Services for Every1, or a member of its workforce, or a contractor.

The protections of this statement do not apply to:

- Untruthful or unfounded allegations of wrongdoing.
- Allegations whose nature or frequency indicate an intent to harass or embarrass CSE1, a member of its workforce, or a contractor; or
- Instances where individuals report their own lapses or complicity in unacceptable conduct. In such instances, the act of reporting will not be subject to sanctions, but the underlying conduct may be subject to disciplinary action.

XII. Investigations & Corrective Action

Any suspected violations will be investigated by the appropriate personnel, typically Compliance or Human Resources personnel. There are however investigations, depending on the severity, that may be assigned directly to a mid to upper-level manager. All investigations are overseen by the Corporate Compliance Officer. All investigations will be treated confidentially to the extent consistent with corporate interests and legal obligations. Results of investigations into suspected violations will be documented and reported to the President & CEO and/or other Vice Presidents as necessary. If the results of an investigation indicate that corrective action is required, the agency will decide the appropriate steps to take, including discipline, dismissal and/or possible legal proceedings. If appropriate, the investigation may be turned over to applicable outside authorities, and outside investigators may assist in the inquiry.

The investigation process is further described in **Attachment C**.

XIII. Response & Discipline for Violations

Each agency representative is responsible for conducting him or herself according to legal and ethical standards. No one has the authority to make another person violate the agency Corporate Compliance Plan, and any attempt to direct or otherwise influence someone else to commit a violation is a violation. Representatives who violate the provisions outlined in this plan could be subject to appropriate disciplinary action, up to and including termination. In addition, violations identified in the Agency "Zero Tolerance Statement" (**Attachment D**) will result in immediate termination.

Agency representatives who violate the Corporate Compliance Plan may also be subject to substantial criminal fines, prison terms and civil damages for violating laws and government regulations.

XIV. Compliance Training

All new agency employees are required to take the Corporate Compliance training during New Employee Orientation and annually thereafter. This training will include the nature and scope of the Corporate Compliance Plan, information on laws enacted to prevent and detect fraudulent billing (i.e., False Claims Act and the Program Fraud and Civil Remedies Act-**Attachment E**), methods to report violations, Whistleblower Protection, and disciplinary measures for violating the plan. The training may be supplemented by specific regulatory training and reminders geared toward the employee's responsibilities as needed throughout the year. Annually all employees will be required to sign the agency Code of Business Conduct and Ethics and Confidentiality Agreement (**Attachment F**).

All other agency representatives i.e., volunteers, consultants, committee members, and Board Members will receive the Corporate Compliance training through the agency representative who will provide direct oversight to him/her or they/them.

XV. Compliance Auditing

The agency Corporate Compliance Officer and Corporate Compliance Committee are responsible for ensuring that internal and external corporate compliance auditing takes place on a regular basis.
Compliance related audits are conducted because of an investigation or as a proactive means of monitoring compliance in areas of actual or potential risk.

The Corporate Compliance Officer is primarily responsible for overseeing compliance auditing. This shall include, but is not limited to, periodic and regularly scheduled reviews of documentation, billing, claims processing and reimbursement procedures, quality of services, accounting practices, as well as practices that are mandated by agency policy and procedure to ensure adherence with federal and state regulations. Specifically, program fiscal audits will be conducted utilizing the Office for People with Developmental Disabilities Fiscal Review auditing guidelines to determine whether there is adequate documentation to support billing submitted. Additionally, Community Services for Every1, Inc. will utilize other Governmental and Regulatory Audits/Reviews as a method for obtaining feedback regarding compliance.

Audit findings and recommendations are reported to the President & CEO, the Corporate Compliance Committee,

and the appropriate agency administrator. As needed or requested, response plans will be completed by the operational management and incorporated into the final audit report.

XVI. Wrongful Billing and Self-Disclosure

It is the expectation of Community Services for Every1, Inc. that all service documentation will be an accurate reflection of services provided and that only those eligible to receive services per regulatory requirements will be billed for. Upon discovery or suspicion that the agency may have wrongly billed for services that were either not rendered or not allowable per regulatory requirements steps will be taken to investigate the situation and when necessary, void or adjust the billing per agency guidelines. This also includes situations where the billing was submitted correctly to the Business Office, however, was not processed correctly and thus a billing error occurred. Should it become evident that an employee of the agency knowingly submitted a false claim it will be reported to the Office of the Medicaid Inspector General (OMIG) and Office of People with Developmental Disabilities (OPWDD), and the person's employment will be terminated. In addition, the agency will monitor for other situations which may be appropriate for self-disclosure to the OMIG and OIG including, but not limited to:

- Substantial routine error, and/or,
- Systematic error, and/or
- Pattern of error.

The OMIG Self-Disclosure Program is the mechanism that CSE1 uses to return self-identified Medicaid fund overpayments. The Self-Disclosure Program is the mechanism providers must use to self-report Medicaid Program matters that involve possible fraud, waste, abuse, or inappropriate payment of funds which they have identified through self-review, compliance programs, or internal controls.

Community Services for Every1 are required to report, return, and explain any overpayments received by them to OMIG within sixty (60) days of identification (or when there is a discovery that there is a problem with the billing including due diligence investigation), or by the date any corresponding cost report was due, whichever is later. See Social Services Law (SOS) section 363-d.

When CSE1 has identified an overpayment, we are required to submit a Full or abbreviated Self Disclosure with all required information. CSE1 will receive an auto-generated response confirming that your submission was received. For Full Self-Disclosures submission will toll, or pause, your 60 days while OMIG processes your disclosure. We must cooperate with the self-disclosure process and provide any additional requested information to keep that sixty (60) days tolled during the review.

Inappropriate Medicaid payments received should be self-disclosed. See below for examples of Abbreviated and Full Self-Disclosures.

Examples to be self-disclosed using the Full Self-Disclosure Statement include but are not limited to:

- Any error that requires a Medicaid entity/Provider to create and implement a formal corrective action plan
- Actual, potential or credible allegations of fraudulent behavior by employees or others
- Discovery of an employee on an Excluded Provider list
- Documentation errors that resulted in overpayments
- Overpayments that resulted from software or billing system updates
- Systemic billing or claim processing issues
- Non-claim based Medicaid overpayments
- Any error with substantial monetary or program impacts
- Any instance upon direction by OMIG

Examples to be self-disclosed using the Abbreviated Self-Disclosure Statement include:

- Routine credit balance/coordination of benefits overpayments

- Typographical human errors
- Routine Net Available Monthly Income (NAMI) adjustments
- Instance of missing or faulty authorization for services due to human error
- Instance of missing or insufficient support documentation due to human error
- Inappropriate rate, procedure or fee codes used due to typographical or human error
- Routine recipient enrollment issue

Program Management should refer to Billing Errors Overpayments policy and Void-Adjustment memo for submitting billing voids and adjustments.

XVII. Certification

Upon the first day of employment or at the onset of the relationship with the Agency, the Community Services representative will receive a copy of the Agency Code of Business Conduct & Ethics for review and signature, as well as the Personnel Policy and Procedure Manual (Employee Handbook). In addition, all Agency employees will upon completion of the Corporate Compliance Training, receive certification that the agency Corporate Compliance Plan has been reviewed with them.

Annually, at the time of the Medicaid Eligible Anniversary the agency will certify with the N.Y. State Office of the Medicaid Inspector General that the agency's has a Medicaid Compliance Plan meets their standards and that the agency is in compliance with ensuring employee education about False Claims.

XVIII. Conclusion

The Corporate Compliance Plan has been prepared to outline the broad principles of legal and ethical business conduct embraced by Community Services for Every1, Inc. It is not a complete list of legal or ethical questions you might face during business, and therefore this plan must be used together with your common sense and good judgment. In addition, for specific guidance in certain areas covered by this plan Community Services has adopted detailed policy and procedure manuals. If you are in doubt or have a specific question, you should contact you supervisor or the agency Corporate Compliance Officer.

Attachment A- Role of the Corporate Compliance Officer

Community Services
FOR EVERY1

Role of the Corporate Compliance Officer

I. General Summary

The Corporate Compliance Officer oversees the Corporate Compliance Program, functioning as an independent and objective body that reviews and evaluates compliance issues/concerns within the organization. The position ensures the Board of Directors, management, employees, and other agency representatives are in compliance with the rules and regulations of regulatory agencies, that company policies and procedures are being followed, and that behavior in the organization meets the company's Standards of Conduct.

The Corporate Compliance Officer exists:

- As a channel of communication to receive and direct compliance issues to appropriate resources for investigation and resolution, and
- As a final internal resource with which concerned parties may communicate after other formal channels and resources have been exhausted.
- As an independent reviewer of the program services to ensure both quality and fiscal standards are being adhered to.
- As an independent reviewer of adherence to regulatory requirements and agency policies and procedures.

II. General Purpose

The Corporate Compliance Officer acts as staff to the CEO, Vice President of Program Support & Development and Board of Directors Corporate Compliance Committee, by monitoring and reporting results of the compliance/ethics efforts of the agency and in providing guidance for the Board and senior management team on matters relating to compliance.

III. Duties and Responsibilities

Develops, initiates, maintains, and revises policies and procedures for the general operation of the Corporate Compliance Plan and its related activities to prevent illegal, unethical, or improper conduct.

Develops and periodically reviews and updates the Code of Business Conduct & Ethics to ensure continuing currency and relevance in providing guidance to management and employees.

Collaborates with other departments to direct compliance issues to appropriate existing channels for investigation and resolution. Consults with the corporate attorney as needed, to resolve difficult legal compliance issues.

Responds to alleged violations of rules, regulations, policies, procedures, and Code of Business Conduct & Ethics by evaluating or recommending the initiation of investigative procedures.

Acts as an independent review and evaluation body to ensure that compliance issues/concerns within the organization are being appropriately evaluated, investigated, and resolved.
Identifies potential areas of compliance vulnerability and risk; develops/implements corrective action plans, in conjunction with the appropriate agency personnel, for resolution of problematic issues, and provides general

guidance on how to avoid or deal with similar situations in the future.
Provides reports on a regular basis, and as directed or requested, to keep the Corporate Compliance Committee, Corporate Compliance Committee of the Board and senior management informed of the operation and progress of compliance efforts.

Ensures proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.

Establishes and provides direction and management of the compliance Hotline.

Institutes and maintains an effective compliance communication program for the organization, including promoting (a) use of the Compliance Hotline;(b) heightened awareness of the Code of Business Conduct & Ethics and (c) understanding of new and existing compliance issues and related policies and procedures.

Ensure the agency has an effective compliance training program, including appropriate introductory and ongoing training for new employees and other agency representative.

Monitors the performance of the Corporate Compliance Plan and related activities on a continuing basis, taking appropriate steps to improve its effectiveness.

Attachment B- Corporate Compliance Committee

Community Services
FOR EVERY1

COPRORATE COMPLIANCE COMMITTEE

I. Roles and Responsibilities

Community Services for Every1 is committed to the operation of an effective compliance program. Therefore, a compliance committee was established in coordination with the Corporate Compliance Officer and scheduled according to the agency Quality Assurance/Quality Improvement & Event Committee. The committee ensures that the agency is conducting its business in an ethical and responsible manner, striving for improvement, and consistent with our QA/QI Plan and compliance program. The Compliance Committee is responsible for monitoring the results of the compliance functions and determine the Agency's strategy for promoting compliance. Additionally, the compliance officer maintains direct communication with the President and CEO and/or Board of Directors as needed. The Compliance Officer writes a Compliance Board report that is shared bi-monthly, with the Board of Directors Quality Management Committee on compliance related items. Moreover, the Compliance Officer reviews and updates the training materials that are reviewed with the Board of Directors one time annually, so that they receive updated annual compliance education.

Responsibilities of the agency compliance committee include:

- ✓ Ensure that the written policies and procedures, and standards of conduct are up to date, and that training and education is provided accordingly to affected individuals.
- ✓ Ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity related to the compliance plan.
- ✓ Advocating, as necessary, for the allocation of sufficient funding, resources, and staff for the compliance officer to fully perform their responsibilities.
- ✓ Ensuring that the agency has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and advocating for adoption and implementation of required modifications to the compliance program.
- ✓ Establishes expectations and priorities for agency performance improvement efforts.
- ✓ Complete bi-monthly pre-reading as distributed by the Director of Quality Management/Compliance Officer.
- ✓ Be prepared to attend and participate in bi-monthly meetings.
- ✓ Plan and direct a course of action to measure, review, and improve.
- ✓ Evaluate on an ongoing basis, activities related to Individual satisfaction and measurement of program outcomes.
- ✓ Continue a quality improvement focus on agency initiatives including needed policies and procedures.
- ✓ Identify priorities for Quality Management Teams through the ongoing review of quality review data.
- ✓ Provide support and acknowledgment for performance improvement efforts.

II. Statement of Confidentiality

Due to the extremely sensitive nature of certain Corporate Compliance Committee activities, i.e. employee discipline recommendations, etc., each member of the Corporate Compliance Committee will be held to the highest standards of confidentiality. Each Corporate Compliance Committee member will be expected to adhere to all Community Services for Every1, Inc. Privacy Policies and Procedures. The information discussed at all Corporate Compliance Committee meetings will be considered confidential in nature. The Compliance Officer and/or the President and CEO and/or Board Chairperson reserves the right to investigate any instance of potential breach of confidentiality and take appropriate remedial action up to and including recommendation for termination or in the case of a Board Member, removal from

the committee and Board of Directors.

III. Structure

The agency Compliance Committee is made up of several levels of management, specialists, clinical and executive staff. Meeting minutes are maintained for each meeting accordingly.

I. Expectations

Each Corporate Compliance Committee member will be expected to agree and acknowledge the following:

- I will protect the privacy of all information relating to individuals receiving services, employees, and other Agency representatives.
- I know that confidential information I learn in my role does not belong to me and I have no right or ownership to it. Community Services for Every1 may take away my access to confidential information at any time.
- I will not misuse confidential information and will only access information necessary in my role. I will not disclose any confidential information unless required to do so in the official capacity of my relationship with Community Services for Every1.
- I will not share, change or destroy any confidential information unless it is in my role to do so. If any of these tasks are part of my role, I will do so in accordance with Agency policy and/or department procedure.
- I will only print information from a Community Services for Every1 system when necessary for legitimate work related purposes. I am accountable for this information until it is properly filed or disposed of.
- If I have access to electronic equipment and/or records, I will not share it with any unauthorized individual. I am responsible to protect my computer password or other access to confidential information. I understand that my use of an electronic system may be periodically monitored and audited to ensure compliance with this agreement.
- I will password protect confidential information stored on electronic media (hard drives, CDs, DVDs, flash drives, cell phones, mobile devices.)
- I will not store information considered protected health information on mobile devices, unless authorized to do so and only when issued an agency approved encrypted flash drive.
- I understand that I have an obligation to report to my primary contact and/or the Corporate Compliance Officer if I think someone is misusing confidential information or is using my password. I further understand that Community Services for Every1 will not tolerate any retaliation against me for doing so.
- I understand that upon termination of my relationship with the Agency, I will return to Community Services for Every1, all confidential information or data in my possession or control.
- I understand that once I have terminated my relationship with the agency, I have no right to access or use agency information (i.e., policies, procedures, strategic or business plans, administrative memos, financial documents, etc.). This includes but is not limited to the distribution or duplication of information that was originally created by me or others for the benefit and operations of the Agency.

II. Meeting Minutes & Frequency of both Agency and BOD Committees

Agency and Board of Directors Meetings are held bi-monthly. The Director of Quality Management & Corporate Compliance Officer will notify agency committee members of the schedule at the beginning of the calendar year.

The Board of Directors schedule, agenda and meeting minutes are distributed by the Executive Assistant to Board of Directors who sit on QM/Compliance Committee.

The Corporate Compliance Officer will submit written documentation of pertinent and significant compliance issues and activities to the Corporate Compliance Board Committee for review, comment, and/or approval as appropriate.

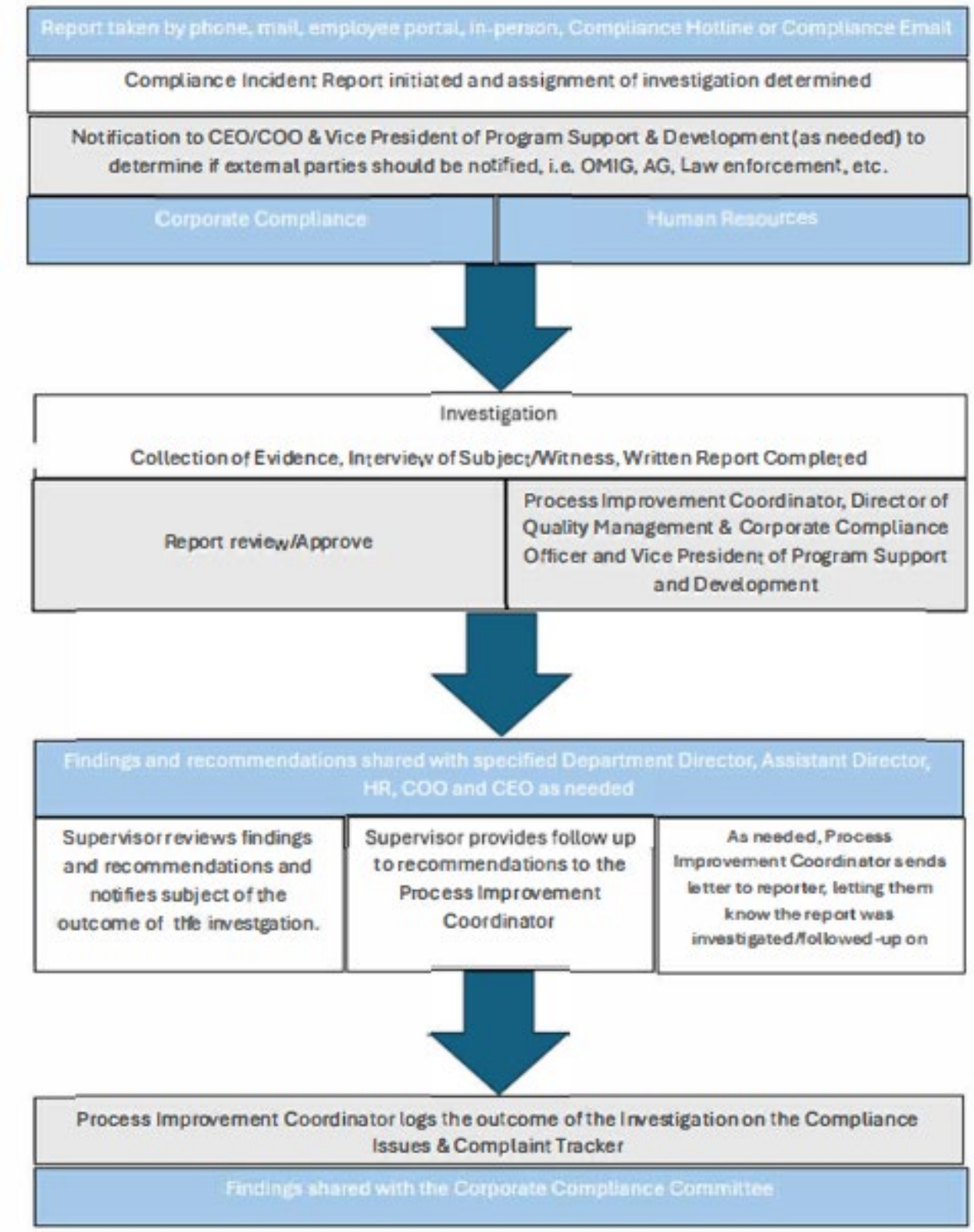
III. Board of Directors Quality Management and Compliance Committee Agenda Items

The following is a list of possible agenda items for discussion at Board of Directors Corporate Compliance Committee meetings:

1. Corporate Compliance, work plan and audit plan review at least annually and/or as updated.
2. Review of on-going monitoring/internal and external audit activities.
3. Review of all new laws, regulations, issues, guidelines, etc. which affect the on-going compliance of Community Services for Every1, Inc.
4. Participation in risk analysis for future reviews as appropriate based on any trends and/or identified areas of vulnerability.
5. Review of Corporate Compliance reports and investigations brought to the attention of the Compliance Officer.
6. Review of Self-Disclosures as necessary.

In the event that any Corporate Compliance Committee member must discuss a compliance issue which may involve another Corporate Compliance Committee member, a request may be made requiring the individual to be removed from the meeting until a full discussion of the issue can be conducted after which time the removed Corporate Compliance Committee member will rejoin the meeting.

Attachment C- Compliance Investigation Flowchart



Attachment D- Zero Tolerance Statement

Zero Tolerance Statement

Community Services continues to vigorously strive for the highest standards at all times. We are committed to maintaining a pleasant work environment that is a desirable and create a rewarding experience for agency representatives. It is the responsibility of ALL agency representatives to maintain the highest standards of conduct for themselves. Every person has a responsibility to comply with and support our Zero Tolerance Statement and to behave in a manner that is respectable.

The intent of this policy is to set the expectation for those behaviors that Community Services has deemed as severe and unacceptable resulting in termination. When enforcing the zero tolerance standards the following should be considered: the intent of the offender, the effect of the transgression on others (both those directly and indirectly involved), and, finally the impact on the agency. The punishment should fit the "crime."

“Zero Tolerance essentially means that no intentional behavior will be tolerated that is deliberately perpetrated with the purpose of harming others or the agency, for personal gain or vengeance. Transgressions include but are not limited to: failure to treat individuals receiving services with dignity and respect, workplace violence, fraud, vandalism, theft of any kind, the use of any object as a weapon and/or conducting any type of illegal activity.”

Attachment E- Federal and State Statutes Filling False Claims

Federal and New York Statutes
Filing False Claims

Numerous federal and State laws prohibit health care providers from submitting "false" or "fraudulent" claims to Medicare and Medicaid and other federally-funded health care programs. Presented below is a listing and description of various federal and State statutes related to the filing of false Medicare and Medicaid claims.

Federal Laws

1. False Claims Act, 31 U.S.C. 3729-3733

The federal False Claims act imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from Medicare, Medicaid, or other federal health programs. The penalty for filing a false claim is $5,500 - $11,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claims filer may have to pay the governments' legal fees.

The false claims act allows private individuals to file lawsuits in federal court, just as if they were federal prosecutors. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit, or 15-25% if the government did participate in the suit.

2. Administrative Remedies for False Claims, 31 U.S.C. 3801-3812

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false, or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to $5,000 for each claim. The agency may also recover twice the amount of the claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also, unlike the False Claims Act, the determination of whether a claim is false and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

New York State Laws

New York false claims laws fall into two categories: administrative and civil laws; and criminal laws. Many of the laws overlap. Some apply to recipient false claims, and some apply to provider false claims.

A. Administrative and Civil Laws

1. Social Services Laws 145-c If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's needs, the person's family's needs are not taken into account for six months if a first offense, 12 months if a second (once if benefits received are $1,000 - $3,900), 18 months if a third (or once if benefits received are over $3,900) and five years for four or more offenses.

2. Social Services Law 145-b False Statements. It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device.

The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to $2,000 per violation. If repeat violations occur within five years, a penalty up to $7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

B. Criminal Laws

1. Social Services Law 145, Penalties. Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

2. Social Services Law 366-b, Penalties for Fraudulent Practices

   a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.

   b. Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services, knowingly submits false information in order to obtain greater Medicaid compensation or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

3. Penal Law Article 155, Larceny. The crime or larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. It has been applied to Medicaid fraud cases.

   a. Fifth degree petit larceny involves property of any amount. It is a Class A misdemeanor.

   b. Fourth degree grand larceny involves property valued over $1,000. It is a Class E felony.

   c. Third degree grand larceny involves property valued over $3,000. It is a Class D felony.

   d. Second degree grand larceny involves property valued over $50,000. It is a Class C felony.

   e. First degree grand larceny involves property valued over $1 million. It is a class B felony.

4. Penal Law Article 175, False Written Statements. Four crimes in this Article relate to filing false information or claims that have been applied in Medicaid fraud prosecutions.

   a. 175.05, Falsifying business records in the second degree involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.

   b. 175.10, Falsifying business records in the first degree includes the elements of the 175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.

c. 175.30, Offering a false instrument for filing in the second degree involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.

d. 175.35, Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include intent to defraud the State or a political subdivision. It is a Class E felony.

5. Penal Law Article 176, insurance Fraud, applies to claims for insurance payment, including Medicaid or other health insurance and contains six crimes.

a. Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.

b. Insurance fraud in the 4th degree is filing a false insurance claim for over $1,000. It is a Class E felony.

c. Insurance fraud in the 3rd degree is filing a false insurance claim for over $3,000. It is a Class D felony.

d. Insurance fraud in the 2nd degree is filing a false insurance claim for over $50,000. It is a Class C felony.

e. Insurance fraud in the 1st degree is filing a false insurance claim for over $1 million. It is a Class B felony.

f. Aggravated insurance fraud is committing insurance fraud more than once. It is a Class B felony.

6. Penal Law Article 177, Health Care Fraud, applies to claims for health insurance payment, including Medicaid, and contains five crimes.

a. Health care fraud in the 5th degree is knowingly filing, with the intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.

b. Health care fraud in the 4th degree is filing false claims and annually receiving over $3,000 in aggregate. It is a Class E felony.

c. Health care fraud in the 3rd degree is filing false claims and annually receiving over $10,000 in aggregate. It is a Class D felony.

d. Health care fraud in the 2nd degree is filing false claims and annually receiving over $50,000 in aggregate. It is a Class C felony.

e. Health care fraud in the 1st degree is filing false claims and annually receiving over $1 million in aggregate. It is a Class B felony.

Whistleblower Protection

1. New York Labor Law 740. An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or

other similar agency or public official. Protected disclosures are those that assert that the employer (1) is in violation of a law that creates a substantial and specific danger to the public health and safety; or (2) has committed health care fraud (as defined in Penal Law Article 177). The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation.

If an employer takes a retaliatory action against the employee, the employee may sue in State court for reinstatement to the same or equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of $10,000 on the employer.

2. New York Labor Law 741. A health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities (including those related to improper quality of patient care) to a regulatory, law enforcement or other similar agency or public official. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action.

   If an employer takes a retaliatory action against the employee, the employee may sue in the State court for reinstatement to the same or equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of $10,000 on the employer.

3. Federal False Claims Act (31 U.S.C. 3730(h)) and New York False Claims Act (State Finance Law 191). An employee who is "discharged, demoted, suspended, threatened, harassed or in any manner discriminated against" because of the employee's lawful acts under the False Claims Act is entitled to reinstatement, double back pay with interest special damages and litigation costs and attorneys' fees.

Attachment F- Confidentiality Agreement

Community Services
FOR EVERY1

Confidentiality Agreement
Obligation Regarding Confidentiality

All organizational information and information on those served is protected by law, regulation, and Community Services for Every1, Inc. policies and procedures. The intent of these laws, regulations, and policies is to assure that confidentiality of information is maintained and used for business purposes only.

In my role, I may see or hear confidential information in any form (oral, written, electronic) regarding a person receiving services, agency representatives (employees, volunteers, consultants, contractors), and agency practices (i.e., policies, procedures, plans, memos, financial records. All agency information, whether in electronic or written format, is confidential and may not be released or shared with others outside the agency; accept as required by law or regulation. Only authorized agency representatives, as identified in Agency policies, may approve the release of information to a third party.

I agree to and acknowledge the following:

- I will protect the privacy of all information relating to people receiving services, employees, and other Agency representatives.
- I know that confidential information I learn in my role does not belong to me and I have no right or ownership to it. Community Services for Every1, Inc. may take away my access to confidential information at any time.
- I will not misuse confidential information and will only access information necessary in my role. I will not disclose any confidential information unless required to do so in the official capacity of my relationship with Community Services for Every1, Inc.
- I will not share, change, or destroy any confidential information unless it is in my role to do so. If any of these tasks are part of my role, I will do so in accordance with Agency policy and/or department procedure.
- I will only print information from a Community Services for Every1, Inc. system when necessary for legitimate work-related purposes. I am accountable for this information until it is properly filed or disposed of.
- If I have access to electronic equipment and/or records, I will not share it with any unauthorized individual. I am responsible to protect my computer password or other access to confidential information. I understand that my use of an electronic system may be periodically monitored and audited to ensure compliance with this agreement.
- I will password protect confidential information stored on electronic media (hard drives, CDs, DVDs, flash drives, cell phones, mobile devices.)
- I will not store information considered protected health information on mobile devices, unless authorized to do so and only when issued an agency approved encrypted flash drive.
- I understand that I have an obligation to report to my primary contact and/or the Corporate Compliance Officer if I think someone is misusing confidential information or is using my password. I further understand that Community Services for Every1, Inc. will not tolerate any retaliation against me for doing so.
- I understand that upon termination of my relationship with the Agency, I will return to Community Services for Every1, Inc. all confidential information or data in my possession or control.
- I understand that once I have terminated my relationship with the agency, I have no right to access or use agency information (i.e., policies, procedures, strategic or business plans, administrative memos, financial documents, etc.). This includes but is not limited to the distribution or duplication of information that was originally created by me or others for the benefit and operations of the Agency.

I understand that failure to comply with this agreement may result in corrective action up to, and including, termination of my relationship with Community Services for Every1, Inc. I understand that I may also be subject to other remedies allowed by law and regulation. I understand that I must also comply with any laws, regulations, and Community Services for Every1, Inc. policies, including but not limited to the Agency Code of Business Conduct & Ethics and Computer Network and Internet Access Policy that address confidentiality.