



Crystal Run Village, Inc.

Corporate Compliance Plan

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CRVI

I CORPORATE COMPLIANCE POLICY

A. Philosophy

The Board of Directors, Executive Director, and the senior management staff require that all members of the Crystal Run Village, Inc. (CRVI) community observe high standards of ethical conduct in order to fulfill the agency's mission with integrity and assure public confidence. As a guide to ethical conduct, the Executive Director and the Board of Directors adopt the following statement of values for all members of the CRVI community to uphold.

The leaders of CRVI commit to building a community that:

- Values integrity, trustworthiness and honesty
- Strives for excellence in all that we do
- Promotes the dignity and participation of every person
- Supports individual development, personal achievement, and life-long learning
- Fosters innovation and creativity
- Rewards loyalty, teamwork and perseverance

B. Expectations

We seek to ensure that all aspects of service provision and business conduct are performed in compliance with our mission/vision statement, policies and procedures, professional standards, applicable governmental laws, rules, and regulations, and other payer standards. The Agency expects every person who provides services to our customers to adhere to the highest ethical standards and to promote ethical behavior. Any person whose behavior is found to violate ethical standards will be disciplined appropriately.

Employees, Board Members, volunteers, contractors, vendors, and other Affected individuals may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of the Agency. Board Members, Executives and Managers must disclose any circumstances where that person or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that

(i) engages in any business or maintains any relationship with the Agency; (ii) provides to, or receives from, the Agency any customer referrals; or (iii) competes with the Agency.

Employees may not without permission of the Compliance Officer accept, solicit, or offer anything of value from anyone doing business with CRVI. The Agency's Conflict of Interest policy provides further detail on this subject.

Employees are expected to maintain complete, accurate, and contemporaneous records as required by the Agency. The term "records" includes all documents, both written and electronic, that relate to the provision of Agency services or provide support for the billing of Agency services. Records must reflect the actual service provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of

the person altering the document, and the reason for the alteration, if not apparent. No person shall ever sign the name of another person to any document. Signature stamps shall not be used. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to their immediate supervisor(s), the Chief Quality and Compliance Officer, and/or the Executive Director, so each situation may be appropriately dealt with. The Chief Quality and Compliance Officer may be reached at (845)695-6004.

C. Policy

It is and has been the policy of CRVI (sometimes referred to as the “Agency”) to comply with all applicable Federal, State, and local laws, regulations, and payer requirements. It is also the Agency’s policy to adhere to the Code of Ethics adopted by the Board of Directors.

D. Commitment

We remain committed to conduct our business affairs with integrity based on sound ethical standards. We will hold our Board of Directors, employees, contracted personnel, and vendors to these same standards.

We are committed to maintaining and measuring the effectiveness of our Compliance policies and standards through monitoring and auditing systems reasonably designed to detect noncompliance by its employees and agents. We shall require the performance of regular compliance audits by internal and/or external auditors who have expertise in Federal and State health care statutes, regulations, and health care program requirements.

E. Responsibility

All employees, contracted personnel, and vendors are responsible to report any instances of suspected or known noncompliance to their immediate supervisor, the Executive Director, or the Chief Quality and Compliance Officer.

Reports may be made anonymously without fear of retaliation or retribution. The number to the anonymous compliance hotline is (845)467-6190.

Failure to report known noncompliance will be grounds for disciplinary action, up to and including termination.

Reports related to harassment or other employee related issues will be referred to the Director of Human Resources at (845)695-2505.

F. Policies and Procedures

CRVI will communicate its compliance standards and policies through:

- (1) required training for all employees, contracted personnel, and vendors; and
- (2) distribution of this Corporate Compliance Policy, our Code of Ethics and our Philosophy to each employee, Board member and vendor.

G. Enforcement

This Corporate Compliance Policy will be fairly and consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals responsible for failure to detect and/or report noncompliance.

H. Agency Response

The Agency will respond to any detected noncompliance in an expedient manner and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Corporate Compliance Plan.

I. Due Diligence

The Agency will, at all times, exercise due diligence with regard to background and professional license investigations for all prospective employees, employees, contractors, vendors, and members of the Board of Directors.

J. Whistleblower Provisions and Protections

The Agency strictly prohibits and will not take any intimidating or retaliatory action against an Affected individual for good faith participation in the compliance program, including if an individual discloses certain information about the Agency's policies, practices, or activities either internally, or to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that that Agency is violating a law and that such violation creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert in good faith, that the individual believes constitute improper quality of care under law.

II. Oversight

A. Compliance Officer

The Board of Directors of CRVI designates Kristina Stolzenberg as the Chief Quality and Compliance Officer. The Chief Quality and Compliance Officer has direct lines of communication to the Executive Director, the Board of Directors, and Agency counsel.

(1) Job Duties

The Chief Quality and Compliance Officer is directly obligated to serve the best interests of our agency, customers, and employees. Responsibilities of the Chief Quality and Compliance Officer include but are not limited to:

- Developing and implementing compliance policies and procedures.
- Overseeing and monitoring the implementation of the Corporate Compliance Program.
- Directing Agency internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management, medical/clinical program personnel, and individual departments regarding Policies & Procedures and governmental laws, rules, and regulations.
- Updating, periodically, the Corporate Compliance Plan as changes occur within Agency, within the law, regulations, or governmental and third party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Corporate Compliance Plan.
- Establishing a process to provide notification by the Chief Quality and Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.
- Coordinating, developing, and participating in the educational and training program.
- Communicating with independent contractors (customer services, vendors, billing services, etc.) in order to attempt to assure that they are aware of and comply with the requirements of Agency's Corporate Compliance Plan.
- Maintain systems so that she becomes aware of up-to-date material and releases regarding regulatory compliance.

- Maintaining a reporting system (including a hotline) and responding to concerns, complaints, and questions related to the Corporate Compliance Plan.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to compliance.
- Coordinating internal investigations and implementing corrective action.

B. Compliance Committee

(1) Membership

Compliance Committee members are appointed by the Executive Director and approved by the Board of Directors. Compliance issues are reported through the Compliance Committee to the Board. The Compliance Committee's purpose is to advise and assist the Chief Quality and Compliance Officer with implementation of the Corporate Compliance Plan.

(2) Responsibilities

The roles of the Compliance Committee include:

- Analyzing the environment where the Agency does business, including legal requirements with which it must comply.
- Reviewing and assessing existing policies & procedures that address all risk areas for possible incorporation into the Corporate Compliance Plan.
- Working with departments to develop standards and policies & procedures that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate departments relative to compliance matters.
- Developing internal systems and controls to assure compliance with standards and policies.
- Monitoring internal and external audits to identify potential non-compliant issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.

III. Education and Training

A. Expectations

Education and training are critical elements of the Corporate Compliance Plan. Every employee, Board Member and agent is expected to be familiar with and knowledgeable about the Agency's Corporate Compliance Plan and have a solid working knowledge of his or her responsibilities under the Plan. Compliance policies and standards will be communicated to all employees through required participation in initial and annual training programs.

B. Training Topics - General

All personnel and Members of the Board of Directors shall participate in training on the topics identified below:

- Government and private payer reimbursement principles;
- Government initiatives;
- History and background of Compliance;
- Legal principles regarding compliance and Board responsibilities related thereto;
- Prohibitions against submitting a claim for services when documentation of the service does not exist to the extent required;
- Prohibitions against signing for the work of another employee;
- Prohibitions against alterations to records and appropriate methods of alteration;
- Prohibitions against rendering services without a signed physician's order or other prescription, if applicable;
- Proper documentation of services rendered;
- Duty to report misconduct; and
- How compliance matters are investigated.

C. Training Topics - Targeted

In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics. Managers shall assist the Chief Quality and Compliance Officer in identifying areas that require specific training and are responsible for communication of the terms of this Corporate Compliance Plan to all independent contractors doing business with CRVI.

D.. Orientation

As part of their orientation, each employee, volunteer, Board Member and contractor shall receive a written copy of the Corporate Compliance Plan, policies, and specific standards of conduct that affect their position.

E. Attendance

All education and training relating to the Corporate Compliance Plan will be verified by attendance records and a signed acknowledgement of receipt of the Corporate Compliance Plan and standards.

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

IV. Effective Confidential Communication

A. Expectations

Open lines of communication between the Chief Quality and Compliance Officer and every employee, Board Member and agent subject to this Plan are essential to the success of our Corporate Compliance Program. Every employee has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

B. Reporting Procedures

If an employee, contractor, or agent witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Corporate Compliance Plan, he or she should contact their supervisor, or if they prefer, may contact the Chief Quality and Compliance Officer, or the Executive Director.

Questions or reports may be done in person to Kristina Stolzenberg, Chief Quality and Compliance Officer, by phone to her at (845)695-6004, or through email to Kristina.Stolzenberg@crvi.org.

The number for the anonymous compliance hotline is (845)467-6190.

Upon receipt of a question or concern, any supervisor, officer, or director shall document the issue at hand and provide a report to the Chief Quality and Compliance Officer. Any questions or concerns relating to potential non-compliance by the Chief Quality and Compliance Officer should be reported immediately to the Executive Director.

The Chief Quality and Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Code of Ethics or its application, the Chief Quality and Compliance Officer or designee shall record the facts of the call and the nature of the information sought and respond as appropriate. Agency shall, as much as is practical, protect the anonymity of the employee or contractor who reports any complaint or question.

Harassment or Employee Issues

If an employee wishes to make a report related to harassment or other employee relation issues, they may be made in person to the Director of Human Resources, by phone at (845)695-2505, or through email.

C. Protections

The identity of anyone reporting a violation will be safeguarded to the extent practical. Anyone reporting in good faith a suspected violation of this Plan as provided in this Plan shall not be subject to any retribution. Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under the Plan is against the Agency's

Corporate Compliance Policy. Any employee who threatens, or retaliates against, an employee for acting in good faith pursuant to this Plan will be subject to discipline, up to and including termination of employment.

D. Guidance

Any employee or agent may seek guidance with respect to the Corporate Compliance Plan or Code of Ethics at any time by contacting the Chief Quality and Compliance Officer.

V. Enforcement of Compliance Standards

A. Investigations

Any employee or prospective employee who holds, or seeks to hold, a position with substantial discretionary authority for the Agency is required to disclose any name changes and any involvement in non-compliant activities including health care related crimes. In addition, the Agency performs reasonable inquiries into the background of such applicants, contractors, vendors, and Members of the Board of Directors.

The following organizations shall be queried with respect to potential employees, contractors, vendors, and Members of the Board of Directors:

- (i) General Services Administration: list of parties excluded from Federal programs.
- (ii) Department of Health and Human Services: OIG List of Excluded Individuals and Entities (LEIE)
- (iii) NYS Office of the Medicaid Inspector General Exclusions List.
- (iv) Licensure and disciplinary record with NYS Office of Professional Medical Conduct and/or New York State Department of Education.

B. Disciplinary Action - General

Employees who fail to comply with the Agency's Corporate Compliance Policy and standards requiring good faith participation in the Compliance Program, including requirements for good faith reporting, or who have engaged in conduct that has the potential of impairing the Agency's status as a reliable, honest, and trustworthy service provider, including encouraging, directing, facilitating, or permitting non-compliant behavior, will be subject to disciplinary action, up to and including termination. Any discipline will be fairly and firmly enforced and appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The Chief Quality and Compliance Officer shall maintain a record of all disciplinary actions involving the Corporate Compliance Plan and report at least quarterly to the Board of Directors regarding such actions.

C. Performance Evaluation - Supervisory

The promotion of, and adherence to, the elements of the Corporate Compliance Program shall be a factor in evaluating the performance of Agency employees and contractors. All employees will be periodically trained in new compliance policies and procedures. In addition, all managers and supervisors will:

- (1) Discuss with all supervised employees the compliance policies and legal requirements applicable to their function.

(2) Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.

(3) Make clear to all supervised personnel that the Agency will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

D. Disciplinary Action - Supervisory

Managers and supervisors will be sanctioned for their failure to adequately instruct their subordinates and may be sanctioned for a failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations.

E. Disciplinary Action – Board Members

Board Members who fail to participate in good faith and fulfill their compliance obligations will be subject to corrective action, including but not limited to removal in accordance with the process set forth in the Bylaws.

VI. Auditing and Monitoring of Compliance Activities

A. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of CRVI's Corporate Compliance Program. An ongoing auditing and monitoring system, implemented by the Chief Quality and Compliance Officer in consultation with the Compliance Committee, is an integral component of our Corporate Compliance Program. This ongoing evaluation shall include:

- Review of relationships with third-party contractors, especially those which are subject to special audit and enforcement initiatives by state or federal governments.
- Compliance audits of compliance policies and standards; and
- Review of documentation and billing relating to claims made to Federal, State, and private payers for reimbursement, performed internally or by an external consultant as determined by Chief Quality and Compliance Officer and Compliance Committee.

The audits and reviews will include examining compliance through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), and customer record documentation reviews.

B. Plan Integrity

Additional steps to ensure the integrity of the Corporate Compliance Plan will include:

- As deemed necessary by the Chief Quality and Compliance Officer, Executive Director and/or the Compliance Committee, there will be annual review with legal counsel of records of communications and reports by all employees or contractors kept in accordance with this Plan.
- The Chief Quality and Compliance Officer will be notified immediately in the event of any visits, audits, investigations, or surveys by any Federal or State agency or authority, and shall immediately receive a copy of any correspondence from any regulatory agency charged with licensing the Agency and/or administering a federal, state or county-funded program with which the Agency participates.

VII. Response to Violations and Potential Violations

A. Response to Potential Violations

If there is any basis to suspect a violation of the Corporate Compliance Plan, the Chief Quality and Compliance Officer, Executive Director, and/or the Compliance Committee as appropriate, will review the evidence and allegations to determine if further action is believed to be appropriate.

If further action is believed to be appropriate, the Chief Quality and Compliance Officer, Executive Director, and/or the Compliance Committee determine the next steps, including potentially referring the matter to legal counsel for assistance in conducting a more detailed investigation. This investigation may include, but is not limited to, the following:

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

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

B. Reports of Investigations

At the conclusion of an investigation involving legal counsel, counsel shall advise the Chief Quality and Compliance Officer, Executive Director, and Compliance Committee of counsel's findings, conclusions, and recommendations.

The Chief Quality and Compliance Officer shall report to the Executive Director and the Compliance Committee regarding each investigation conducted.

C. Corrective Action

If CRVI identifies that an overpayment was received from any payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified, based on or with the advice and assistance of counsel, within 60 days of identification. Compliance issues, other than overpayments, will also be reported to the appropriate State oversight agency (i.e. OPWDD) as appropriate or otherwise required. Systems shall be put in place to prevent such overpayments in the future.

D. Record Keeping

Regardless of whether a report is made to a governmental agency, Chief Quality and Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and will not be released without the approval of the Executive Director.

VIII. Whistleblower Provisions and Protections

A. False Claims Act

New York Labor Law §§ 740 and 741 provides protection to individuals who, in good-faith, report concerns (generally known as “Whistleblowers”) who are subsequently discharged, demoted, suspended, threatened, harassed, or are otherwise the subject of intimidation or retaliation in any other manner in the terms and conditions of their employment as a result of their furtherance of any good faith participation in the compliance program.

The Agency will not take any retaliatory or intimidating action against an employee or other affected individual if such individual, in good faith, either raises concerns internally or properly discloses information about the Agency’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 Agency is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of care as a matter of law.

B. Protections

Unless the danger is imminent to the public or customer and the employee believes in good faith that reporting to a supervisor, the Chief Quality and Compliance Officer, or Executive Director would not result in corrective action, the employee’s disclosure is protected only if the employee first brought up the matter with a supervisor, the Chief Quality and Compliance Officer, or Executive Director and gave the Agency a reasonable opportunity to correct the alleged violation.

The Agency will protect whistleblowers from discrimination, harassment, discharge, or any other form of intimidation or retaliation.

If the Agency takes a retaliatory action against a whistleblower, the individual may sue for reinstatement to the same, or an equivalent position, any lost back wages and benefits, or, in the case of a vendor, reinstatement of, or performance of the obligations under, their contract, and attorneys’ fees.