

LeRoy Village Green Center for Nursing and Rehabilitation
COMPLIANCE AND ETHICS
PROGRAM MANUAL

REPORTING REQUIREMENTS

CODE OF CONDUCT

COMPLIANCE PROGRAM STRUCTURE AND GUIDELINES

REVISED 2021, 2022, 2023, 3/2026

COMPLIANCE AND ETHICS PROGRAM MANUAL

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Introduction

The Facility is dedicated and committed to conducting its business in compliance with all applicable Federal and State laws, rules, and regulations, including Federal health care program requirements (*e.g.*, the Medicare and Medicaid programs).

In accordance with these requirements, the Facility has designed and implemented a comprehensive Compliance and Ethics Program the (“Program”) that sets forth the standards of conduct that all “Personnel” (as defined below) are expected to follow in their employment or course of dealings with The Facility. The principal components of the Compliance and Ethics Program include:

(A) **Compliance and Ethics Program Code of Conduct.** The Code of Conduct sets forth the Facility’s mission and the general standards of conduct that all Personnel are expected to follow.

(B) **Compliance and Ethics Program Structure and Guidelines.** The Structure and Guidelines describe the elements of the Program and how the Program operates day-to-day.

(C) **Compliance Policies and Procedures.** Certain compliance issues require further detail and instruction. Personnel are required to review and be familiar with the requirements outlined in this Manual and any of our Program policies and procedures that relate to your responsibilities at the Facility. The Compliance Policies and Procedures may be accessed through the Corporate Compliance Binder located at the front desk reception desk and the Administrator Office. They are also available upon request to the Compliance Officer at any time.

(D) **Compliance Training.** The Facility has established a compliance and education program for Personnel. Annual participation in compliance training is mandatory. In addition, the Facility may require Personnel to participate in additional training from time to time, as necessary to address compliance issues or new developments in law or regulation.

The Facility is dedicated to ensuring a culture of compliance and quality. As such, we require that all Personnel cooperate fully with the requirements of the Compliance Program. Once you have reviewed these documents, please sign and return the attached Acknowledgement of Receipt to the Compliance Officer.

If you have any questions regarding The Facility’s Compliance and Ethics Program, please refer to the Code of Conduct, the Compliance and Ethics Program Structure and Guidelines, the Specific Policies, or speak with the Compliance Officer Ronie Rusea Robinson at CCO@phcmsservice.com for more detailed information regarding any aspect of the Program.

Key Definitions

- (1) ***“Compliance Committee”*** means the group or senior managers that The Facility has designated to coordinate with and the Compliance Officer in overseeing and carrying out certain aspects of the Compliance and Ethics Program.
- (2) ***“Compliance Officer”*** means the individual designated by the Facility with oversight responsibility of the Compliance and Ethics Program.
- (3) ***“Compliance Program”*** or ***“the Program”*** means the comprehensive program and organization policies and procedures implemented by the Facility which together, set forth the standards of conduct that all Personnel are expected to follow in their employment or course of dealings with the Facility.
- (4) ***“Federal health care program”*** means any plan or program that provides health benefits whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government, and includes certain State health care programs. Examples include, but are not limited to: Medicare, Medicaid, Veterans’ programs and the State Children’s Health Insurance Programs.
- (5) ***“Good faith participation in the Compliance Program”*** includes, but is not limited to the following:
 - Reporting actual or potential compliance issues to appropriate Personnel (e.g., the Compliance Officer);
 - Cooperating with/participating in the investigation of potential compliance issues;
 - Assisting The Facility with self-evaluations and audits;
 - Assisting The Facility with implementing remedial actions;
 - Reporting instances of intimidation or retaliation; and
 - Reporting potential fraud, waste or abuse to appropriate state or federal entities.
- (6) ***“Governing Body”*** refers to all owners of the Facility.
- (7) ***“Personnel”*** means all persons who are affected by the Facility’s compliance risk areas, including employees, the Administrator, senior managers, contractors, agents, subcontractors, independent contractors, the Governing Body and corporate officers.
- (8) ***“Risk Areas.”*** Compliance “risk areas” may change from time-to-time based on the Facility’s organizational experience. However, the Program continually addresses the following risk areas:
 - Billings and payments;
 - Ordered services;
 - Medical necessity and quality of care;
 - Governance;
 - Mandatory reporting;
 - Credentialing; and
 - Contractor, subcontract, agent or independent contract oversight.

REPORTING REQUIREMENTS

All Personnel must abide by the Compliance and Ethics Program and are required to report suspected misconduct or possible violations of the Program to the Compliance Officer, another member of senior management, or to their supervisor. Personnel may also report issues to the Compliance Hotline.

Disclosure is required if any Personnel have knowledge of any potential violations of criminal, civil or administrative law related to the Federal health care programs. Personnel are also required to raise any compliance issues or questions about the Facility's Program, policies, conduct, practice or procedures.

Personnel may report anonymously if they choose. To report anonymously, please use the Hotline.

Regardless of how the issue is reported, the identity of reporting Personnel will be kept confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the New York State Medicaid Fraud Control Unit (MFCU), the Office of the Medicaid Inspector General (OMIG) or law enforcement or if disclosure is a requirement in a legal proceeding.

Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct is strictly prohibited. Acts of retaliation or intimidation should be immediately reported to the Compliance Officer or to the Hotline and, if substantiated, the individuals responsible will be appropriately disciplined.

Name	Contact Information
<u>Compliance Officer</u> Ronie Rusea-Robinson	Ph: 929-782-1618 Email: CCO@phcmservice.com
<u>Compliance Hotline</u>	Ph: 929-782-1618

LeRoy Village Green Center for Nursing and Rehabilitation

Compliance and ETHICS Program Code of Conduct

The Code of Conduct

This Code of Conduct sets forth the Facility's mission and standards of conduct that all Personnel must adhere to and follow. If you have any questions or concerns about anything covered by the Code of Conduct or about any other matter relating to the Compliance and Ethics Program, or if you wish to report a concern or problem, please contact the Compliance Officer, your direct supervisor, or other senior management.

I. CODE OF CONDUCT: MISSION AND VALUES

- The Facility is dedicated to creating a sensitive, nurturing, and comfortable home environment for each resident. Our foundation is rooted in the Core Values of Respect, Integrity, Compassion, Quality and Dignity. Our valued adage that we hold dear is "Quality Care Means Everything."
- The Facility is committed not only to providing residents with high quality health care services, but also to providing those services pursuant to the highest ethical, business, and legal standards. These high standards must apply to our interactions with everyone with whom we deal. This includes our residents, other health care providers, companies with whom we do business, government entities to whom we report, and the public and private entities from whom reimbursement for services is sought and received. In this regard, all Personnel not only act in compliance with all applicable legal rules and regulations but also strive to avoid even the appearance of impropriety.
- We do not and will not tolerate any form of unlawful or unethical behavior by anyone associated with the Facility. We will follow the letter and spirit of applicable laws and regulations, conduct our business ethically and honestly, and act in a manner that enhances our standing in the community. Everyone should adhere both to the spirit and the language of the Code maintain a high level of integrity in their conduct and avoid any actions that could reasonably be expected to adversely affect the integrity or reputation of the Facility. Compliance with the Code of Conduct is a condition of employment, and violation of these standards will result in discipline being imposed, up to and including possible termination of employment or termination of contract

II. CODE OF CONDUCT: SCOPE OF APPLICATION TO PERSONNEL

- The Compliance and Ethics Program applies to all "Personnel."
- All Personnel have the responsibility to help create and maintain a work environment in which compliance concerns may be openly raised, reviewed and addressed without difficulty or fear of reprisal.

III. CODE OF CONDUCT: STANDARDS

► General Standards

- Personnel must be honest and lawful in all of their business dealings. No person should take any action that he or she believes violates any statute, rule, or regulation.

- Personnel must comply with the Compliance and Ethics Program; report any action they think may potentially be unlawful, inappropriate or in violation of the Code of Conduct, Compliance Policies and Procedures or the Compliance Program; cooperate with compliance-related inquiries and investigations; and work to correct any improper practices that are identified.
- All department heads, supervisors and managers have the responsibility to create and maintain a work environment in which ethical concerns can be raised and openly discussed. They are also responsible for ensuring that the personnel they supervise understand the importance of this Code and the Compliance and Ethics Program; that Personnel are aware of the procedures for reporting suspected wrongdoing; and that Personnel are protected from retaliation or intimidation if they come forward with information about such suspected wrongdoing.
- Personnel may not engage in any adverse action that intimidates or retaliates against anyone who has engaged in good faith participation in the Program. Retaliatory and intimidating actions violate this Code and will not be tolerated.
- Personnel who violate the Code or commit illegal acts are subject to discipline up to and including termination of employment or contract. Personnel who report their own illegal acts or improper conduct, however, will have such self-reporting taken into account when the Facility, in its discretion, determines the appropriate disciplinary action.

► **Standards Relating to Quality of Care/Medical Necessity**

- The Facility is fully committed to providing high quality skilled nursing and rehabilitative services in accordance with all applicable laws, rules and regulations. As part of this commitment, we ensure that necessary quality assurance systems are in place and functioning effectively. Moreover, the Facility is committed to providing and ensuring that each resident receives all care and services needed to attain and maintain their highest practicable level of physical, emotional and psychosocial well-being, in accordance with individual assessments and care plans. In keeping with our mission and values, the following quality of care and service principles have been incorporated into the Compliance and Ethics Program:
 - (1) All residents and potential residents will have access to admission and treatment without regard as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or sponsorship. The Facility will not charge, solicit, accept or receive anything of value as a precondition of admission, expedited admission or continued stay.
 - (2) Each resident will receive medically necessary services that are required to assure the resident attains or maintains the highest practicable physical, psychosocial, and mental well-being.
 - (3) The Facility provides care that conforms to acceptable clinical and safety standards.

- (4) Comprehensive person-centered assessments of each resident's medical condition(s) will be conducted upon admission and throughout their stay, in accordance with applicable federal and state regulations and time limits.
- (5) The Facility will only provide rehabilitative services, such as physical therapy, occupational therapy, speech language pathology and mental health services, pursuant to a written care plan and a physician order. Rehabilitative services, such as physical therapy, occupational therapy, speech-language pathology and mental health services, are provided, but only to the extent that these services are reasonable and necessary for the treatment of the resident.
- (6) The rights of all residents, including privacy, dignified existence, self-determination and to participate in their own care and treatment are at all times respected. The Facility, upon admission, will provide all residents with written notice of their rights as written in the Admission Agreement.
- (7) The Facility will conduct appropriate background checks pursuant to federal and state law (which may include, but is not limited to, criminal convictions and/or exclusion from participation in any federal health care program) on all Personnel involved in resident care, or who have access to residents' possessions.
- (8) The Facility will conduct routine checks to ensure that all practitioners employed by, or contracted on behalf of the Facility will have the proper credentials, licensure, experience and expertise required to discharge their responsibilities.
- (9) The Facility is dedicated to ensuring the safety of all of its residents. The Facility appropriately screens personnel to ensure resident safety (see the Standards Related to Credentialing, below). Moreover, the Facility will screen and, as necessary, monitor residents to prevent resident-to-resident abuse. Allegations of resident abuse and all unexplained injuries, incidents and accidents involving residents must be immediately reported (i.e., as soon as possible, but no later than twenty-four hours after discovery) to the appropriate supervisor and will be investigated. If there is reasonable cause to believe that allegations of abuse, mistreatment, or neglect (including injuries of unknown origin) or that a crime against a resident has occurred, a report must be made immediately to the Facility's management and the state in accordance with Federal and State regulations (see also Standards Related to Mandatory Reporting, below).
- (10) The Facility has implemented and maintains an effective, comprehensive, data-driven Quality Assurance and Performance Improvement (QAPI) program that focuses on indicators of the outcomes of care and quality of life. The Facility monitors both quality and compliance assurance through its Quality Assessment (QA) and Assurance Committee. The Compliance Officer or designee will ensure that QA reviews are conducted, issues are addressed and corrective actions are implemented.
- (11) The Facility has a medication management process, which includes appropriate training of staff, advancing resident safety and minimizing adverse drug interactions.

- (12) The use of psychotropic medication by the Facility's residents are carefully monitored, documented and reviewed to ensure that such usage comports with federal regulations and generally accepted professional standards. It is prohibited to use psychotropic drugs as a chemical restraint for purposes of discipline or convenience.
- (13) Providing quality skilled nursing care to its residents is a continuing obligation of the Facility. To this end, the Facility ensures that each resident receives appropriate treatments, medications, diets and/or other health services in accordance with individual care plans, such as: activities of daily living, vision and hearing, pressure sores, urinary incontinence, range of motion, mental and psychosocial functioning, enteral feeding tubes, nutrition, hydration, special needs and wound care.
- (14) The Facility maintains an emergency preparedness program that meets Federal and State requirements, including, but not limited to: (i) an emergency plan; (ii) policies and procedures; (iii) a communication plan; and (iv) a training and testing program.

► **Standards Related to Credentialing**

- The Facility has processes in place of the on-going and continuous credentialing and competency reviews of the Facility's clinical and non-clinical staff. The Facility conducts appropriate background checks pursuant to federal and state law (which may include, but is not limited to, criminal history checks for all Personnel (or prospective Personnel) involved in resident care or who have access to residents' possessions and whether any Personnel are excluded from participation in Federal health care programs.
- It is the on-going and continuous obligation of all Personnel to alert the Compliance Officer in writing, within two days or at their earliest convenience, or any criminal conviction, exclusion from participation in a Federal health care program (e.g., Medicare or Medicaid), or any other finding that would disqualify them from providing services. Upon receipt of any conviction or exclusion report, the Compliance Officer will assess whether your conviction or exclusion violates the Compliance and Ethics Program, with the assistance of counsel as may be appropriate.
- Employees are required to certify annually that they have not been (i) excluded, debarred or declared otherwise ineligible for participation in any Federal health care programs (e.g., Medicare and Medicaid); or (ii) convicted of a crime. Employees are further required to certify annually that their New York State certification/license and registration to practice their profession are current (if applicable). [note: this can be done as part of the annual employee job performance review, so please advise if this is the case].

► **Standards Related to Billings and Payments**

- All billing must accordingly be accurate and truthful and be based on adequate documentation of the medical justification for the services provided.
- All Personnel involved in coding, billing and claims submissions must maintain high ethical standards and must know and adhere to all requirements, including all rules and regulations pertaining to Federal health care programs. Appropriate Personnel will also be

expected to attend training and education sessions to ensure proper compliance with applicable rules and regulations relating to billing and documentation.

- In addition, the following standards must be maintained with respect to all billing and documentation:
 - (1) A comprehensive person-centered and up-to-date plan of care is maintained for each resident in a skilled nursing unit. All resident assessment documents, including but not limited to Minimum Data Sets (MDS) and Care Area Assessments (CAA), must be fully, timely, and accurately completed in accordance with all applicable federal, state, and local rules and regulations.
 - (2) Under no circumstances may any Personnel knowingly misrepresent any information on any patient assessment forms, or in any other document, in an attempt to ensure reimbursement or obtain a higher reimbursement rate.
 - (3) Personnel should never misrepresent charges to, or on behalf of, a resident or a third-party payor. Deliberate or reckless misstatements to government agencies or other payors will expose the Personnel involved to termination of employment or contract and potential criminal penalties.
 - (4) Only those medical services to residents that are consistent with acceptable standards of medical care may be billed.
 - (5) Billing must always be based on adequate documentation of the medical justification for the services provided. The medical documentation must comport with all applicable laws and regulations.
 - (6) The Facility's clinical staff will ensure, to the extent possible, that each resident is visited by a physician every thirty (30) days. Additionally, the Facility will ensure that all residents are provided, as needed, with physician services more frequently, including twenty-four (24) hour physician availability in cases of medical emergencies. The Facility, as well as State and Federal law, prohibits attending physicians from providing and billing for medically unnecessary services or excessive visits. Anyone who engages in such practices, either intentionally or otherwise, will be subject to discipline, including loss of privileges and/or termination.
 - (7) Personnel must comply with all applicable Federal and State laws governing the submission of billing claims and related statements. A discussion of these laws is contained in a separate policy, entitled "Compliance with Applicable Federal and State False Claims Acts: Overview of the Laws Regarding False Claims and Whistleblower Protections." All Personnel will receive a copy of this policy.
 - (8) The Facility does not retain any payments to which it is not entitled. The Facility will timely report, return and explain any identified overpayments in accordance with applicable law, rules, regulations and contractual requirements. For more information, see the Standards Related to Mandatory Reporting, below.

► **Standards Related to Governance**

- The Governing Body maintains oversight of The Facility's compliance with Federal health care program requirements and this Program. In that regard, the Governing Body regularly receives reports from the Compliance Officer and the Compliance Committee regarding the effectiveness of the Program.
- The Governing Body also oversees the Facility's procedures for evaluating potential or actual conflicts of interest. Personnel must exercise the utmost good faith in all transactions that touch upon their duties and responsibilities for, or on behalf of, the Facility. Even the appearance of illegality, impropriety, conflicts or the duality of interests can be detrimental to the Facility and must be avoided.

► **Standards Relating to Referrals**

- In compliance with Federal and State anti-referral laws, the Facility does not pay incentives to any Personnel based upon the number of persons admitted to the Facility or the value of services provided. Nor does the Facility pay physicians, or anyone else, either directly or indirectly, for resident referrals. The Facility also does not accept any form of remuneration in return for referring our residents to other health care providers.
- All financial relationships with other providers who have referral relationships with the Facility are based on the fair market value of the services or items provided.

► **Standards Relating to Ordered Services**

- Physicians and other practitioners that order services for the Facility's Medicaid program recipients must ensure such orders are in accordance with the resident's treatment plan, are in writing (or if given verbally in an emergency, followed by a written order), and that payment of any item of medical care is made only to the provider who actually furnished such care, not to the ordering physician/practitioner.

► **Standards Relating to Business Practices**

- The Facility will not enter into any business transaction or opportunity that can only be obtained by improper or illegal means and will not make any unethical or illegal payments to anyone to induce the use of the Facility's services.
- (1) Business transactions and joint ventures with other health care providers will be aimed at enhancing the quality or continuity of care provided to the residents. Financial investments in such transactions and ventures, and any return on investments, will be based on the bona fide financial value of the investment and its positive impact on the Facility's ability to deliver medical services. Such investments will not be based on intent to induce or reward referrals to or from another provider. In the course of the Facility's business practices, Personnel must deal with a variety of individuals, companies, organizations, and governmental agencies. In those dealings, Personnel must never make any misrepresentations, dishonest statements, or statements intended to mislead or misinform and will correct any misunderstood statement promptly.

- (2) Personnel may not be involved with gifts or benefits that could be viewed as an attempt to influence the Facility's decisions and that are undertaken: (i) in return for or to induce referrals, or (ii) in return for or to induce the purchasing, leasing, ordering or arranging (or the recommending of any of the foregoing) of any item or service. Any questions regarding whether or not an item or situation falls within the scope of this policy must be raised immediately with the Compliance Officer. In addition:
- Personnel are strictly prohibited from soliciting any gifts or benefits of any kind from any person or entity, either individually or on behalf the Facility, except in accordance with the Facility's Gift Policy.
 - Personnel may not accept any personal gifts, gratuities or tips (cash or non-cash) from any resident or resident's family member.
 - Personnel may not offer or give any gifts or benefits to a person if the gift or benefit is likely to influence the person to select the Facility as their provider of care.
 - Personnel may provide or receive ordinary and reasonable business entertainment and gifts of nominal value, if those gifts are not given for the purpose of influencing the business behavior of the recipient.
 - Gifts of cash or cash equivalents (*e.g.*, gift cards) are strictly prohibited.
- (3) All purchasing decisions must be made with the purpose of obtaining the highest quality product or service for the Facility at the most reasonable price. No purchasing decision may be made based on considerations that any Personnel, or family member or friend of Personnel, will benefit. All purchasing decisions will be approved by a member of the Governing Body or its designee and will be based on best price, quality and other relevant factors.
- (4) In marketing our services, Personnel must be truthful and honest in all representations they make and never agree to offer anything of value in exchange for referrals. All marketing and advertising of services are based solely on the merits of the services provided.
- (5) The Facility may receive grants from government agencies, private industry, and various philanthropies to implement certain projects. While the receipt of grants is to be encouraged in appropriate cases, the receipt and use of grants must be subject to adequate safeguards to ensure that an appearance of impropriety, or actual impropriety, is not created.

► **Standards Relating to Confidentiality and Security**

- The Facility has implemented and maintains a Health Insurance Portability and Accountability act (HIPAA) Compliance Program that addresses privacy and security. Personnel must adhere to the standards of the HIPAA Compliance Program with respect to confidential resident information.

- Personnel are bound by and must observe all confidentiality provisions of HIPAA and other applicable federal and state laws and regulations governing the confidentiality of residents' records and information. Personnel must keep resident information in the strictest confidence and secure. Such information must not be disclosed to anyone unless authorized by the resident or otherwise permitted by law. This includes, without limitation, disclosure of pictures or any resident information on any form of social media. **The disclosure of pictures or any resident information on any form of social media is prohibited.**
- Personnel also may not disclose or release, without prior authorization of the appropriate supervisor, any confidential information relating to the following: the Facility's operations, pending or contemplated business transactions, trade secrets, and confidential personnel information. All confidential information pertaining to the Facility is to be used for the benefit of our residents and is not to be used for the personal benefit of Personnel, their families, or friends.

► **Standards Relating to Mandatory Reporting**

- As part of its commitment to providing the highest quality of resident care and services, the Facility complies with all applicable Federal and State mandatory reporting laws, rules and regulations. To this end, the Facility will ensure that all incidents and events that are required to be reported are done so in timely manner and will monitor compliance with such requirements.
- Allegations of resident abuse, mistreatment, neglect, exploitation, or misappropriation of resident property must be immediately reported to the appropriate supervisor and investigated in accordance with applicable rules and regulations.
- The Facility will also ensure that it complies with annual certification requirements that apply to its Compliance and Ethics Program in accordance with all applicable state requirements, if any (e.g., the New York Social Services Law) and the Federal Deficit Reduction Act of 2005.
- The Facility will ensure that all identified overpayments are reported timely, returned and explained. It is our policy to exercise reasonable diligence in identifying overpayments and quantifying overpayment amounts, not retain any funds which are received as a result of overpayments and to report, return and explain any overpayments from Federal health care programs (e.g., Medicare and Medicaid) within 60 days from the date the overpayment was identified. Such funds are refunded to the appropriate party (e.g., Medicare Administrative Contractor, the New York OMIG, etc.).
- In some circumstances (e.g., after an internal investigation confirms possible fraud, waste, abuse or inappropriate claims), and with the assistance of legal counsel, as necessary and appropriate, the Facility will avail itself of the appropriate self-disclosure and/or refund process (e.g., the U.S. Department of Health and Human Services, Office of Inspector General, the Department of Health, Office of the Medicaid Inspector General or other appropriate governmental agency).

► **Standards Relating to Contractor Oversight**

- The Compliance Officer will ensure that arrangements with contractors, agents, subcontractors, and independent contractors (“Contractors”) specify in writing that such individuals/entities are subject to the Facility’s Program, to the extent that such Contractors are affected by the Facility’s compliance risk areas and only within the scope of the contracted authority and affected risk areas. The Facility will confirm the identity and determine the exclusion status of Contractors affected by the Facility’s compliance risk areas. All such contracts must include termination provisions for failure to adhere to the Facility’s Program requirements.

► **Government Inquiries**

- Personnel may speak voluntarily with government agents, and the Facility will not attempt to obstruct such communication, but the Facility recommends that, before speaking with any government agents, Personnel contact their supervisor and the Compliance Officer.
- Personnel must receive authorization from the Administrator, Compliance Officer and/or designee, who will consult with counsel as necessary and appropriate, before responding to any request to disclose the Facility’s documents to any outside party. In no event may Personnel respond to a request to disclose documents that are the property of the Facility without authorization from the Compliance Officer and/or Administrator.
- It is the Facility’s policy to comply with the law and cooperate with legitimate governmental investigations and inquiries. All responses for information must be accurate and complete. Any action by Personnel to destroy, alter, or change any the Facility records in response to a request for such records is strictly prohibited and shall subject the individual to immediate termination of employment or contract and possible criminal prosecution, among other things.

LeRoy Village Green Center for Nursing and Rehabilitation

**COMPLIANCE AND ETHICS PROGRAM
STRUCTURE AND GUIDELINES**

Compliance and Ethics Program Structure and Guidelines

To be effective, a Compliance and Ethics Program must address specific elements set forth in New York Social Services Law and the implementing regulations. The following elements comprise the Facility Compliance and Ethics Program's Structure and Guidelines with which all Personnel should be familiar. Each element governs a different and important aspect of the Compliance and Ethics Program.

► **Element 1: Written Policies and Procedures**

- Formal Policies Adopted by the Governing Body [through its designee the Chief Executive Officer] The Code of Conduct, these Compliance and Ethics Program Structure and Guidelines, and the Compliance Program policies and procedures have all been formalized in writing and adopted by the Governing Body [through its designee the Chief Executive Officer]. The Compliance Officer will at least annually (or more frequently as necessary) review these documents to determine if they (i) have been implemented; (ii) are being followed by Personnel; (iii) are effective; and (iv) require any updates.
- Code of Conduct and Program Policies and Procedures. The Facility's written Compliance Policies and Procedures and the Code of Conduct are designed to:
 - articulate the Facility's commitment to comply with all applicable federal and state standards;
 - describe compliance expectations as embodied in the Code of Conduct Standards;
 - document the implementation of the Compliance Program;
 - provide guidance to Personnel on dealing with potential compliance issues, including methods and procedures for communicating compliance issues to the appropriate Compliance Personnel;
 - describe how potential compliance issues are investigated and resolved;
 - include a policy of non-intimidation and non-retaliation for good faith participation in the Program;
 - establish disciplinary standards for Personnel who fail to comply with the written policies and procedures, standards of conduct, or state and federal laws, rules and regulations; and
 - include all requirements listed under the Federal Deficit Reduction Act of 2005 as to maintaining and disseminating policies regarding false claims laws and whistleblower protections.

► **Element 2: Designation of Compliance Officer and Compliance Committee.**

- **Duties of the Compliance Officer.** The Facility has designated a Compliance Officer who maintains the day-to-day responsibility of the Compliance and Ethics Program. Among other things, the Compliance Officer is responsible for ensuring that all elements described herein are in effect and are fully operational. The Compliance Officer reports directly and is accountable to the Governing Body and the **Chief Executive Officer**. For more information see: The Compliance Personnel Policy and the Compliance Monitoring and Risk Assessment Policy.
- **Compliance Committee Responsibility.** The Compliance Committee will assist the Compliance Officer in overseeing and executing various aspects of the Compliance and Ethics Program. The Compliance Committee is responsible for coordinating with the Compliance Officer to ensure that the Facility is conducting its business in an ethical and responsible manner, consistent with the Program. The Compliance Committee meets at least quarterly and also directly reports and is accountable to the Governing Body. For more information, see: The Compliance Personnel Policy and the Compliance Monitoring and Risk Assessment Policy.

► **Element 3: Training and Education**

- (1) The Facility's compliance training and education program is designed to train and educate our Personnel, including the Compliance Officer, Governing Body, and all affected individuals. Training and education covers, among other things, compliance issues/risk areas, expectations, disciplinary standards and the operation of the Compliance Program.
- (2) Participation in such training is mandatory for all Personnel.
- (3) Training will take place no less than annually and will be promptly provided as part of the orientation for newly hired/contracted Personnel. For more information, see: The Compliance Training Plan.

► **Element 4: Effective Lines of Communication**

- **Communication System.** The Facility has established and implemented effective lines of communication, ensuring confidentiality, between the Compliance Officer, members of the Compliance Committee, the Governing Body, and Personnel. The lines of communication are accessible to all Personnel, and all residents receiving services from the Facility.
- **Reporting and Confidentiality.** All Personnel are required to report suspected misconduct or possible violations of the Code of Conduct to the Compliance Officer, Administrator, another member of Senior Management, or their supervisor. Personnel are also expected to raise any questions they might have about potentially unethical or illegal conduct. The identity of Personnel reporting will be kept confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the New York State Medicaid Fraud Control Unit, the Office of the Medicaid Inspector General, or law enforcement, or if disclosure is a requirement in connection with a legal

proceeding. Personnel may also report issues to the Compliance Hotline. Personnel may report anonymously, if they so choose (by way of Hotline).

- **Informing the Compliance Officer.** Upon receiving information regarding a possible violation, the individual informed (if other than the Compliance Officer) shall immediately inform the Compliance Officer so that he or she may address the issue.
- **Public Promotion of the Compliance and Ethics Program.** The Facility's website contains information regarding its Program, including the Code of Conduct.
- Element 5: Disciplinary Standards to Encourage Good Faith Participation in the Compliance Program
- The Facility has established well-publicized disciplinary standards to encourage good faith participation in the Compliance Program by all affected individuals.
- Personnel will be subject to disciplinary action, ranging from verbal warnings to termination of employment or contract, regardless of their level or position, if they fail to comply with any applicable laws or regulations, or any aspect of the Compliance Program. This includes, but is not limited to, disciplinary actions for:
 - Failure to report suspected problems;
 - Participation in non-compliant behavior;
 - Encouraging, directing, facilitating or permitting non-compliant behavior;
 - Failure by a violator's supervisor(s) to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight;
 - Refusal to cooperate in the investigation of a potential violation;
 - Refusal to assist in the resolution of compliance issues; and
 - Retaliation against, or intimidation of, an individual for his or her for reporting such acts of retaliation or intimidation of for other good faith participation in the Program.
- **For more information see:** The Protocols for Investigations, Implementing Corrective Action and Discipline Policy.

► **Element 6: The System for Routine Monitoring and Identification of Compliance Risk Areas**

The Facility has established a system for the on-going identification and assessment of compliance risk areas relevant to its operations. This process includes internal, and, as appropriate, external reviews, audits, and other practices to evaluate the Facility's compliance with federal health care program requirements and the overall effectiveness of the Compliance Program.

- **Monitoring and Auditing.** The Compliance Officer (or a designee) will ensure that internal and external audits, as appropriate, are conducted by auditors with expertise in Federal health care program requirements and applicable laws, rules and regulations, or have expertise in the audit subject areas. The Compliance Officer and Compliance Committee will also audit and monitor the operation of the Program to determine its effectiveness.
- **Specific Risk Areas.** The Compliance Officer will monitor areas where there is a potential for fraud, waste or abuse. This includes, but is not limited to, reviews of the Facility's documentation, billing and payment practices; business practices; quality of care/medical necessity issues; mandatory reporting requirements; the credentialing process; governance standards; contractor oversight; and other compliance risk areas that may arise.
- **Tracking New Developments.** The Compliance Officer will ensure that all relevant publications issued by government or third-party payors regarding compliance rules or protocols are reviewed and appropriately implemented. Through this, the Compliance Officer will identify compliance risk areas and regularly incorporate these issues into the Annual Work plan, or conduct a focused audit, as appropriate. In addition, the Compliance Officer or his/her designee will monitor the Compliance Hotline and any other reports of compliance issues or violations that might be raised. All current issues will be raised and addressed at The Facility's Compliance Committee meetings.
- **Risk Assessment and Annual Work Plan.** The Compliance Officer, working with the Compliance Committee, will formulate an annual Compliance Work Plan based on the developments arising from internal reviews and external areas of compliance concerns. The Work Plan will outline the Facility's strategy for maintaining an effective Program. The annual Work Plan will be reviewed and approved by the Governing Body and distributed to the Compliance Officer and the Compliance Committee.
- For more information see: Compliance Monitoring and Risk Assessment Policy.

► **Element 7: System for Promptly Responding to Compliance Issues**

The Facility has established and implemented procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of internal auditing and monitoring, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring on-going compliance with Federal health care program requirements.

- **Investigation by the Compliance Officer.** All compliance issues, however raised (*i.e.*, whether reported or discovered through an audit or other activity), must be brought to the attention of the Compliance Officer. The Compliance Officer (or designee) will conduct or oversee an inquiry of the issue. Personnel are expected to cooperate in such investigations.
- **Corrective Action and Responses to Suspected Violations.** Personnel are also expected to assist in the resolution of compliance issues. Corrective action will be determined by the Compliance Officer and the Compliance Committee, and will be implemented promptly and thoroughly. Corrective actions may include, but are not limited to: conducting training,

revising or creating appropriate forms; modifying or creating new policies and procedures; conducting internal reviews, audits or follow-up audits; imposing discipline, as appropriate; and making a voluntary disclosure or refund to appropriate governmental agencies. Corrective action plans will be monitored after they are implemented to ensure that they have been effective.

- For more information see: The Protocols for Investigations, Implementing Corrective Action and Discipline Policy.

► **Element 8: Policy of Non-Intimidation and Non-Retaliation.**

- **Intimidation or Retaliation Are Prohibited.** We expect all Personnel to participate in and comply with this Compliance and Ethics Program, including the reporting of any potential misconduct, illegal conduct or other compliance issues. **Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct or for other good faith participation in the Compliance and Ethics Program is strictly prohibited and is itself a serious violation of the Code of Conduct.** Acts of retaliation or intimidation should be immediately reported to the Compliance Officer, and if substantiated, will be disciplined appropriately.
- For more information see: Whistleblower Policy, Non-Retaliation/Non-Intimidation for Good Faith Participation in the Compliance Program.

Acknowledgment of Receipt

I acknowledge that I have received a copy of the Facility's Compliance Manual, containing the Reporting Requirements, Code of Conduct and Compliance and Ethics Program Structure and Guidelines. I affirm the following:

- (1) I will follow the standards set forth in the Manual and will ask questions if I do not understand my responsibilities under the Compliance Program.
- (2) If I become aware of any possible violations of the Program, or if I have concerns or questions about the appropriateness of any practices at the Facility, I will report such issues to the Compliance Officer, my supervisor, other management or department head, or via the Compliance Hotline.
- (3) I understand that I may be subject to discipline (or other corrective action) if I violate the standards and requirements set forth in the Manual, related Program policies or procedures, or any other aspect of the Program.
- (4) I acknowledge receipt of the following: (i) the Compliance and Ethics Program Manual; (ii) the Compliance with Federal and State False Claims Laws and Whistleblower Protections Policy; and (ii) the Non-Intimidation and Non-Retaliation for Good Faith Participating in the Compliance and Ethics Program Policy.

Sign Name

Date

Print Name

Title/Department