



Mercy Home for Children, Inc.
CORPORATE COMPLIANCE PLAN

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Mercy Home for Children, Inc.
Corporate Compliance Plan

TABLE OF CONTENTS

Section Name	Pages
I. Forward.....	3
II. Corporate Compliance Plan	
• <i>Agency Overview.....</i>	<i>4-5</i>
• <i>Standard of Conduct.....</i>	<i>6-14</i>
III. Corporate Compliance Policies & Procedures	
• <i>False Claims Act and Whistleblower Provisions.....</i>	<i>15-16</i>
• <i>Deficit Reduction Act.....</i>	<i>16-17</i>
• <i>Internal Auditing and Monitoring.....</i>	<i>17-18</i>
• <i>Investigation of Compliance Issues.....</i>	<i>19-20</i>
• <i>Reimbursement Practices and Billing Errors.....</i>	<i>20-22</i>
• <i>Reporting Compliance Concerns.....</i>	<i>22-24</i>
• <i>Internal Reporting Mechanisms.....</i>	<i>25-26</i>
• <i>Enforcement of Compliance Standards.....</i>	<i>26-28</i>
IV. Corporate Compliance Education and Training.....	28

Forward

As Mercy Home Professionals, we are aware of, and sensitive to, the responsibilities involved in our practices. Each Professional has the responsibility to strive for high standards of ethical conduct, which includes concern for one's own behavior, encouraging the ethical behavior of others and consulting with others on ethical issues.

This Corporate Compliance Plan summarizes in part, Mercy Home's ethical business practices and Standard of conduct with which all employees, volunteers, independent contractors, and vendors directly associated with the Agency must comply. This Plan is not intended to replace any of Mercy Home's existing policies, nor is it intended to provide answers to every conceivable situation. It is however, intended to assist each Professional in developing a working knowledge of certain legal and regulatory statutes/requirements that affect/govern their relationship with Mercy Home.

Our Board of Directors, which adheres to ethical business standards and principles not unlike those which are included in this Plan, has recognized, and approved this as Mercy Home's statement of commitment to Corporate Compliance and the laws/regulations by which it is governed.

Mercy Home for Children, Inc. **Corporate Compliance Plan**

Agency Overview:

Mercy Home is funded through the NYS Office for People with Developmental Disabilities (OPWDD). The Agency operates residential facilities in Brooklyn, Queens and Long Island as well as providing Day Habilitation, Respite and Family Support Services. Mercy Home was founded by the Sisters of Mercy in 1862 and has a long history of caring for New Yorkers very much in need of nurturance and special education. Since the 1970's Mercy Home's mission has been to provide care to those living with intellectual disabilities. Prior to that, the Agency offered emergency placement to abused and neglected children in our residential treatment center. The change was a natural evolution, as there were more and more children with significant disabilities who needed the structure that had been developed.

Our Mission:

It is the mission of Mercy Home to assure the quality of life for persons with intellectual disabilities through the recognition of each person's inherent dignity and absolute right to a life filled with learning and love.

Our Core Values:

- **Respect:** We choose to create and maintain a supportive and encouraging environment that values the dignity and individuality of each person.
- **Teamwork:** We choose to create and maintain open and honest communication, listening to all and having a sense of responsibility and flexibility as we work together.
- **Care:** We choose to create and maintain an environment where we care about those we serve
- **Compassion:** We choose to create and maintain an environment where we are concerned with the well-being of others.
- **Trust:** We choose to create and maintain an environment where all are comfortable to explore opportunities for learning, learn from mistakes as well as successes, voice opinions without fear and believe in the abilities of others.

Corporate Compliance Overview:

For the purposes of this Corporate Compliance Plan, Mercy Home defines Corporate Compliance as the adherence to all federal, state and local laws, regulatory requirements, and established guidelines pertaining to: financial recordkeeping and reporting, billing, and reimbursement practices including but not limited to Medicaid and/or governmental programs.

Corporate Compliance is the commitment to ensuring high ethical standards with regards to the services provided, employment and business administration practices of the agency as they relate to Mercy Home's affiliates including its residents/persons supported, their families, vendors and those providing financial and other support to Mercy Home.

Mercy Home's Corporate Compliance Plan is a system designed to identify and avoid, to prevent and detect or to respond to actual wrongdoing or alleged acts of wrongdoing, including but not limited to violations of laws, regulatory requirements and established guidelines as well as potential unethical activity by any employee (*including Directors and Officers*), volunteer or business the Agency contracts with or pays for goods or services.

Mercy Home will make every good faith effort to maintain compliance with all applicable laws, regulations, and judicial directives governing the operations of our services to the best of our knowledge and ability. As a not-for-profit agency, Mercy Home will conduct its business in compliance with all IRS regulations governing tax-exempt organizations.

Mercy Home will cooperate fully with all agencies and legal entities attempting to determine compliance with this principle: including but not limited to program audits, fiscal audits, certification reviews and other required instruments and initiatives. Mercy Home will avoid all financial activities and transactions between the agency and its employees, which are beyond the scope of compensation for services rendered.

Mercy Home will communicate its stance on Corporate Compliance to all board members, employees, volunteers, independent contractors and vendors directly associated with the agency through training initiatives, orientations and distribution of copies of the Plan (*as is appropriate*).

The Agency will seek to ensure the effectiveness of the Corporate Compliance Plan, through monitoring and regularly auditing systems, policies, practices and procedures related to corporate compliance and if necessary, will use appropriate disciplinary mechanisms to enforce it.

All employees, independent contractors, volunteers and vendors (*Affected Individuals*) associated with Mercy Home will be required to report known or suspected instances of noncompliance to the Chief Compliance Officer. Anyone reporting noncompliance may do so anonymously, without fear of retaliation. The Agency will ensure a preliminary response to reports of noncompliance within seventy-two hours (*72 hrs.*) and all appropriate precautionary steps will be taken to address further similar occurrences. Those failing to report instances of noncompliance and/or those making claims, which are false/not in good faith, will be subject to disciplinary action up to and including termination of employment, contractual or volunteer relationship or legal proceedings on behalf of the Agency (*as is appropriate*).

Corporate Compliance Committee:

The Corporate Compliance Committee is comprised of Mercy Home's senior management and reports directly to the Executive Director and Governing Body. The Committee will be chaired by the Compliance Officer and will meet on a quarterly basis.

The Compliance committee is responsible for:

- Advising and assisting the Compliance Officer with the implementation of the Compliance Plan/Program, including strategies for promoting the Agency's process for compliance.
- Coordinating with the Compliance Officer to ensure communication and cooperation by all affected individuals on compliance-related issues including internal and external audits or other functions or activity required in the regulations.

- Ensuring the Compliance Officer is allocated sufficient funding, resources, and staff to fully perform his/her responsibilities.
- Ensuring that effective systems and processes are in place to identify compliance risks, overpayments, and other issues and effective policies and procedures for correcting and reporting such issues.
- Enacting required modifications to the compliance Program.

Compliance Officer Duties:

Compliance Officer’s duties include:

- Overall responsibility for developing and implementing policies and procedures related to compliance with regulations, oversight and monitoring of the compliance plan,
- Assuring communication of the compliance plan,
- Drafting, overseeing the updating of the Compliance Workplan at least annually.
- Directing the agency’s internal audits.
- Maintaining a reporting system (*hotline*) and responding to concerns, complaints and questions related to the Compliance Plan/Program.
- Investigating complaints or possible compliance violations.

Written Policies and Procedures:

- All written policies and procedures drafted by the Compliance Officer will be reviewed by the Compliance Committee
- The policy will be amended based on the suggestions made by the Compliance Committee. And will be brought back to the committee for approval.
- After being approved by the Committee all policies will be forwarded to the Executive Director for further review.
- Further amendments will be made as suggested by the Executive Director.
- The revised policy will be forwarded to the Board of Directors for review and approval.
- All affected individuals will be provided with training on the new policies.
- The policies will be available for review by individuals as requested.
- All policies and procedures as well as the Standards of Conduct will be reviewed annually for effectiveness and be revised as needed.

➤ **Standards of Conduct**

PURPOSE:

Mercy Home is committed to engaging in ethical business practices and to adhering to all federal, state and local laws, regulations, interpretations thereof, and the Standard of Conduct.

Mercy Home’s Standard of Conduct applies to all independent contractors, volunteers and vendors (*Affected Individuals*) directly associated with the Agency.

The Agency’s Board of Directors has approved and thus recognizes the Standard of Conduct as a formal statement of Mercy Home’s commitment to the standards and rules of ethical conduct.

Mercy Home is committed to the prevention of unethical or unlawful business practices and after discovery, to immediately take all the necessary steps to eliminate such behavior. For the purposes of this Code only, Mercy Home expands the definition of “Affected Individuals” to include all employees, volunteers, independent contractors and vendors directly associated with the Agency. In the course of practice all Affected Individuals must comply with this Standard of Conduct, immediately upon discovery, report any alleged or perceived violations or wrongdoings, and cooperate with all investigations of said violations/wrongdoings.

The Agency will discipline employees who violate the Standard, including employees who neglect to report a violation. In the case of volunteers and Business Associates, Mercy Home will discontinue the relationship. Furthermore, the Agency reserves the right to terminate its contractual relationships with any independent contractor, business associate or vendor found to have violated this Standard of Conduct. Mercy Home has zero tolerance for violations of the standard of conduct as well as violations of the compliance policies and procedures.

While the Standard of Conduct is intended to guide employees, volunteers, independent contractors and vendors (*affected Individuals*), they do not replace any Agency or program policies and procedures.

ETHICS

As set forth in the Agency’s Standard of Ethics, each Affected Individual *is* responsible for adhering to the standards of ethical conduct as they relate to complying with all laws and regulations that govern their business practices as well as the best interest of the Agency and its participants. This includes concern for one’s own behavior, encouraging the ethical behaviors of others and consulting with others on ethical issues.

Ethics Guidelines

All Affected Individuals are expected to:

- Become familiar with and adhere to the Standard of Ethics.
- Refuse to participate in unethical or illegal conduct.
- Document or record all services or transactions accurately and to be honest and forthcoming with the Agency, regulatory agencies, as well as internal and external auditors.
- Comply with the Agency’s policies and procedures, accounting rules and internal controls.
- Function with honesty in his/her work for the Agency and with the people we serve, providers, suppliers and all others with whom the Agency does business.
- Report any unethical or illegal conduct to the Compliance Officer.
- Cooperate with any investigation regarding an alleged violation of this Standard.
- Cooperate fully with any investigation that may be conducted under the auspices of The NYS Justice Center for the Protection of People with Special Needs.

CONFLICT OF INTEREST

A conflict of interest exists when the interests or concerns of a Board member, an employee, independent contractor, volunteer or vendor (*Affected Individuals*) or any member of his/her immediate family, party, group, or organization in which the Affected Individual is actively involved, may be seen as competing with the interests of Mercy Home. A conflict of interest may arise whenever an affected individual or a member of his/her immediate family (1) has an existing

relationship, which could impair the exercise of independent judgment on behalf of Mercy Home or (2) may receive material/financial benefit from information learned during employment, or business relationship with Mercy Home.

Affected Individuals must not only avoid situations which give rise to or could give rise to a conflict of interest but must also avoid those situations which create the appearance of a conflict of interest.

To avoid the fact or appearance of any such conflict it is necessary for all parties to make full disclosure of individual interests that are or may appear to conflict with the interests of Mercy Home.

Board members will review any disclosure made by other members. After disclosure the interested person shall leave the Board meeting while the remaining members discuss and vote on whether a conflict of interest exists. The Board member involved must abstain from discussing and voting on any matters where the conflict or the potential for conflict exists. All abstention will be recorded in the minutes of the Board meeting.

Conflict of Interest Guidelines

Outside Activities and Employment - All Affected Individuals are to:

- Refrain from conducting outside activities or personal business during work time.
- Positively represents Mercy Home in everyday life and within the Community.
- Avoid engaging in employment or activities that conflict with his/her relationship with Mercy Home.

Use of Funds and Resources – All Affected Individuals are to:

- Use assets including funds, equipment, inventory and office supplies, concepts, business plans, strategies, consumer information, financial information, computer property rights and other business-related information for the benefit of Mercy Home and the individuals we serve.
- Avoid using Mercy Home’s assets for personal gain or from sharing them with any other persons or entities, except in the ordinary course of business as a part of an approved transaction.

Use of Confidential Information – All Affected Individuals are to:

- Handle all business, staff and consumer information in strict confidence. Professionals are not to discuss said confidential information with outsiders or anyone not directly associated with the Agency in such a way that affords personal gain or benefits competing interests.

MAINTENANCE OF RECORDS

For the purposes of this Standard of Conduct, “Records” are defined as, but are not limited to, any documents, minutes, accounts, reports etc., on the individuals we support, documentation of services, accounting books or records, financial statements, timesheets or records, expense reports, vouchers, bills, payroll, claims payment records, correspondence, and any other method of communication.

Affected Individuals are required to record and report all billing and financial information fully, accurately and honestly. Employees, Business Associates, Independent Contractors, Volunteers and Vendors must not omit or conceal any relevant information. All employees must document accurately, honestly and only for those services provided or those events in which he/she was personally involved.

Maintenance of Records Guidelines

Falsification of Records – Affected Individuals:

- May not make false entries in any of Mercy Home’s records or in any public record for any reason.
- May not alter any permanent entries in the Agency’s records.
- May only approve payments or receipts on behalf of the Agency that are described in documents supporting the transaction. “Slush funds” or similar “off-book” accounts, where there is no accounting for receipts or expenditures on the Agency’s books, are strictly prohibited.
- May not create or participate in the creation of any records that are intended to mislead or to conceal anything.

Expense Records:

- Must always charge expenses accurately and to the appropriate account, regardless of the financial status of the program, project, contract, or the budget status of a particular account or line item.

Retention of Records:

- Retention, disposal, or destruction of records of, or pertaining to the Agency must always comply with legal and regulatory requirements and Mercy Home’s policy.
- Records pertaining to litigation, government investigations or audits may not be destroyed without express written approval of the Compliance Officer and as outlined in the Agency’s policy.

PROTECTION OF CONFIDENTIAL INFORMATION

Confidential information includes not only information about the individuals being supported, but also non-public information about Mercy Home that may be of use to the Agency’s competitors or harmful to Mercy Home or its consumers, if released.

As set forth in the Agency’s policies, Mercy Home is committed to protecting the privacy and confidentiality of all information and documentation it maintains concerning those it supports, its employees, independent contractors, business associates and volunteers. In accordance with this principle, the Agency will, as policy, ensure compliance with the Health Insurance Portability and Accountability Act (*HIPAA*) of 1996 and all other applicable federal, state, and local laws, rules and regulations governing the use and disclosure of Protected Health Information (*PHI*), as well as other information it maintains.

In order to comply with Mercy Home’s policies concerning confidentiality and protection of information, ALL employees, independent contractors, business associates, volunteers and

vendors “Affected Individuals” must observe the standards set within and must comply with the following guidelines of the Code:

Protection of Confidential Information Guidelines

Confidentiality – All Affected Individuals:

- Must treat all Agency records and information as confidential.
- May not release confidential information without authorization.
- May not remove information from Mercy Home property without permission from a supervisor or administrator with proper authority over the information.

Violations that may result in termination of Employment – All Affected Individuals:

- May not use any confidential information gained from employment, volunteer or contractual relationships with Mercy Home for your or another company’s benefit.
- May not take copies of any reports, documents or any other property belonging to Mercy Home.
- Must return all property belonging to Mercy Home, including but not limited to; copies of documents, notes, and other records containing confidential information, computers, electronic equipment, keys and credit cards, upon termination of employment or separation of a volunteer or contractual relationship.

Information Security – All Affected Individuals:

- Are responsible for properly using information stored and produced by all the computer systems
- Are to use computers, internet access, e-mail, or other office communications systems for business-related purposes only.
- May not use computers, internet access, e-mail, or other office communications systems to harass, disrupt, offend or harm others.
- May not share username or passwords with another person and may not allow another person to access the computer with their password.

FAIR DEALING

In addition to conducting business ethically, all Affected Individuals must deal fairly with Mercy Home’s affiliates, providers, contractors, competitors and the individuals supported.

Fair Dealing Guidelines Include

Kickbacks:

Mercy Home recognizes and adheres to the Anti-Kickback law, which prohibits the offer of payment, solicitation, or receipt of any form of remuneration for the referral of Medicare or Medicaid receipts. ***Therefore, Affected Individuals:***

- May not receive any kickbacks (*illegal, secret payments made in return for referrals*), credit or any other personal allowances or incentives from promoting or using any other business products or services.

Gifts, Gratuities and Entertainment – Affected Individuals:

- May not solicit money, gifts, gratuities, or any other personal benefits or favors of any kind from providers, contractors, producers, accounts, consumers or any other Mercy Home affiliate.
- May not offer or accept entertainment that is not a reasonable addition to a business relationship but is primarily intended to gain favor or to influence a business decision.

Business Courtesies for Referrals – Affected Individuals:

- Except as set forth in our policies, we may not provide gifts, entertainment, or any other benefits to referral sources unless otherwise authorized by the Executive Director.

Agreements with Contractors and Vendors – Affected Individuals:

- Must assure that any agreements with contractors and vendors clearly and accurately describe the services to be performed or items to be purchased. Performance standards, and the applicable compensation, if any, must be reasonable in amount, not be excessive in terms of industry practice and must equal the value of the services rendered.

FEDERAL AND STATE PROGRAMS

Mercy Home is committed to complying with all the laws and regulations that govern the federal, state, and local programs that it administers. As with all the Agency’s policies and procedures, this Standard of Conduct is intended to provide guidance in the day-to-day work and/or interactions of Professionals within or on behalf of the Agency.

Governmental Investigations Guidelines

Mercy Home may be asked to cooperate with an investigation by a federal, state or local governmental agency, or to respond to a request for information. All affected individuals associated with the agency are required to cooperate with such investigations and must report any requests for information or cooperation with a governmental investigation to the Compliance Officer immediately.

POLITICAL ACTIVITIES AND CONTRIBUTIONS

Mercy Home does not engage in any political campaign activities, nor does it engage in any political lobbying activity.

Political Activities and Contributions Guidelines – Affected Individuals:

- May not use Agency funds or resources, including worktime, for political contributions or activities.
- May not act as a representative of the Agency in any political campaign activity.
- Must clearly, when expressing political views, distinguish between personal political views and those of the Agency.
- Must seek prior approval from the Compliance Officer before engaging in any lobbying activities, so as to assure that the Agency does not violate any laws or regulations, or risk losing its tax-exempt status.

EMPLOYMENT ENVIRONMENT

It is the policy of Mercy Home to provide a safe and professional employment environment. The Agency exercises due diligence by conducting various background and professional license checks for prospective employees, independent contractors, volunteers and vendors directly associated with Mercy Home.

The Agency will conduct Exclusion Screening to ensure current, prospective employees, independent contractors, business associates, volunteers and vendors directly associated with Mercy Home, have not been sanctioned by any federal or state law enforcement, regulatory, or licensing agency. The Agency will not knowingly employ, contract with, or conduct business with any individual or entity excluded from participation in federally sponsored healthcare programs.

As set forth in our policies, the Agency maintains a work environment that is free of discrimination and harassment of any kind. Mercy Home does not tolerate any form of harassment or discrimination in the workplace based on race, color, ethnicity, creed, sex, marital status, genetic predisposition, sexual orientation, age, religion, citizenship status, national origin, pregnancy, disability, military and/or veteran status, or any other classification protected by applicable law.

Employment Environment Guidelines – Affected Individuals:

- Are required to support the Agency’s commitment to a safe and professional employment environment.
- Are required to cooperate fully in the Agency’s efforts to conduct exclusion checks during the pre-employment screening process.
- Are required to comply with labor and employment laws regarding employee-employee relationships, workplace environment and hiring practices.
- Are prohibited from considering race, color, ethnicity, creed, sex, marital status, genetic predisposition, sexual orientation, age, religion, citizenship status, national origin, pregnancy, disability, military and/or veteran status, or any other classification protected by applicable law in making decisions about hiring, placement, assignment of duties, training, promotion, termination, compensation, benefits and other work terms.
- Are required to demonstrate appropriate behavior in the workplace.
- Are prohibited from any form of workplace harassment including sexual harassment and joking about another person’s race, color, ethnicity, creed, sex, marital status, genetic predisposition, sexual orientation, age, religion, citizenship status, national origin, pregnancy, disability, military and/or veteran status, or any other classification protected by applicable law.
- Are responsible for understanding the Agency’s policies prohibiting discrimination and unlawful harassment, including, but not limited to sexual harassment.
- Are required to consult with the Director of Human Resources if there are any concerns about the employment environment.

REPORTING VIOLATIONS

All actual or suspected violations of this Standard of Conduct must be reported immediately to the Chief Compliance Officer. Steps will be taken to investigate reports in a prompt and thorough manner. Steps will also be taken to protect the confidentiality and anonymity of the individual reporting the violations, when appropriate and warranted.

The Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation (*where the report was not made anonymously*) within five business days of actual receipt of the report.

The Agency will not tolerate any form of intimidation or retaliation against a person who makes a good-faith report in accordance with this Standard of Conduct. Therefore, retaliation and/or intimidation against anyone who in good faith reports any possible violations of this Code, the Corporate Compliance Plan, Policies or Procedures is prohibited.

All employees, independent contractors, volunteers and vendors directly associated with the Agency must cooperate fully and honestly in any investigation into a reported violation of the Standard, any applicable law or regulation, Agency policy, procedure or practice.

Any employee, independent contractor, volunteer or vendor who knowingly **fails to report** any violation of this Standard of Conduct, any applicable law or regulations, Agency policy, procedure or practice is subject to appropriate disciplinary action, up to and including termination, ending of business contract or legal proceedings on behalf of the Agency.

RESPONSIBILITIES

All “Affected Individuals” associated with Mercy Home must:

- Attend required initial and annual trainings, must read and understand the Agency’s Corporate Compliance Plan, Policies and Procedures as well as the Standard of Conduct.
- Adhere to the Agency’s Standard of Conduct and abide by all policies and procedures, guidelines, and Federal and State laws and regulations.
- Be alert to any situation that could violate the Agency’s Standard of Conduct, policies and procedures, guidelines, and/or federal and state laws and regulations.
- Promptly report any issues, concerns, violations or suspected violations of the Corporate Compliance Plan, Policies, Procedures or Standard of Conduct to the Chief Compliance Officer, Director of Human Resources or the Executive Director.

INVESTIGATION OF COMPLIANCE ISSUES

Reports of actual or suspected violations of the Agency’s Code of Conduct or Compliance Plan, will be investigated promptly and thoroughly. The Chief Compliance Officer will conduct inquiries into the facts and circumstances surrounding actual or suspected violations. Full participation and cooperation of Professionals associated with Mercy Home is required. Those participating in an investigation are required to maintain the confidentiality of all matters discovered before, during or after the investigation has concluded. Professionals found to have divulged confidential information or to have interfered with the investigatory process will be subject to disciplinary action, up to and including termination or legal proceedings on behalf of the Agency.

ENFORCEMENT OF COMPLIANCE STANDARDS

Any employee, independent contractor, volunteer or vendor who upon investigation, is **found to have violated** the Standard of Conduct or the applicable laws and regulations, are subject to appropriate disciplinary action, up to and including termination or legal proceedings on behalf of the Agency.

Violations include but are not limited to: Failure to report inappropriate conduct: False reporting of violations; Retaliation against or intimidating those reporting possible violations or of those participating in investigations; Failure to cooperate with investigations and failure to act in accordance with the Standard of Conduct, Corporate Compliance Plan as well as the legal and statutory regulations which govern them.

The Compliance Officer and the Director of Human Resource in conjunction with the Executive Director will ensure the enforcement of all disciplinary actions relating to any violations of the Corporate Compliance Standards.

Mercy Home for Children, Inc.
CORPORATE COMPLIANCE
POLICIES AND PROCEDURES

➤ **FALSE CLAIMS ACT AND WHISTLEBLOWER PROVISIONS**

FALSE CLAIMS ACT:

The False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (*or should know*) is false. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. It is also a crime to falsify records that result in the submission of a false claim to Medicaid or Medicare. Conspiring to defraud the government by getting a false claim paid is also considered a crime under this act. Just as it is a crime to submit a false claim, it is also a crime to falsify records, submit false reports or conceal information to avoid paying an obligation to the government.

PURPOSE:

Mercy Home is committed to prompt, complete and accurate billing of all services provided to individuals. Mercy Home and its employees, contractors and agents shall not make or submit any false or misleading entries on any claim forms. No employee, volunteer, contractor or agent shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that result in the submission of a false or misleading entry on claims forms or documentation of services that results in the submission of a false claim.

It is Mercy Home’s policy to make every effort to detect and prevent fraud, waste and abuse in federal healthcare programs in accordance with the False Claims Act. This policy applies to the governing body, all employees, including management, all contractors, volunteers, and agents.

Overview of the False Claims Act:

The False Claims Act, 31 U.S.C. § 3729 *et seq.*, is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of \$5,500 to \$11,000 for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- Has actual knowledge of falsity of information in the claim.
- Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim. Some examples include knowingly making false statements, falsifying records, submitting claims for services never

performed or items never furnished, double billing for items or services, using false records or statements to avoid paying the Government, or otherwise causing a false claim to be submitted.

Overview of the Deficit Reduction Act:

The Deficit Reduction Act is federal legislation that places more emphasis on fraud detection and protection. The law requires that protections are provided to Whistleblowers to prevent retaliation and/or intimidation for reporting fraud.

WHISTLEBLOWER OR “QUI TAM” PROVISIONS

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or Whistleblower provision.

The Government, or an individual citizen acting on behalf of the Government, can bring action under the False Claims Act. An individual citizen, referred to as a Whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the U.S. Government. If the lawsuit is successful, and provided certain legal requirements are met, the Whistleblower may receive an award ranging from 15% - 30% of the amount recovered. Effective January 26, 2022, the False Claims Act was amended to expand protections for Whistleblowers as indicated below.

An employer shall not take any retaliatory action against any current or former employee because such employee does any of the following:

- Discloses or threatens to disclose to a supervisor of any activity, policy or practice of the employer that the employee reasonable believes is a violation of law, rule or regulation or that the employee believes poses a substantial danger to the public health or safety.
- Provides information or testifies before any public body conducting an investigation or inquiry into any such activity, policy or practice by the employer.
- Objects or refuses to participate in any such activity, policy, or practice.

Retaliatory action is any adverse action taken by an employer or agent to discharge, threaten, penalize or in any other manner discriminate against any current or former employee that could impact current or future employment.

The protection against retaliatory action does not apply to an employee who makes a disclosure to a public body unless the employee has made a good faith effort to notify his/her employer by bringing the activity, policy practice to the attention of a supervisor and has afforded the employer a reasonable opportunity to make correction unless:

- There is an imminent danger to public safety or health.
- The employee reasonably believes that reporting to a supervisor will result in destruction or concealment of evidence.
- The welfare of a minor might be in danger.
- The employee reasonably believes that reporting to a supervisor could result in physical harm to the employee or any other person.
- The employee believes that the supervisor is already aware of the activity and has not made any correction.

A current or former employee who has been subject of a retaliatory action of initiate a civil action in court against the employer and may be entitled to reinstatement to one's position, reinstatement of full fringe benefits and seniority rights, compensation for lost wages and all other benefits. The employer will also be liable for reasonable costs of any court proceedings and attorney's fees as well as civil penalties not to exceed ten thousand dollars and/or the payment of punitive damages by the employer.

POLICY:

Mercy Home will provide training in this policy and procedure to all its Board members, employees, volunteers, contractors, and agents. This training will be provided to all new employees as part of the new employee orientation and annually for all current employees.

1. Mercy Home will perform billing activities in a manner consistent with the regulations and requirements of third-party payors, including Medicaid and Medicare.
2. Mercy Home will conduct regular auditing and monitoring procedures as part of its efforts to ensure compliance with applicable regulations.
3. Any former or current employee, volunteer, contractor, or agent who has any reason to believe that anyone is engaging in false billing practices or false documentation of services, is expected to report the practice according to Mercy Home's procedure on Reporting of Compliance Concerns and Non-Retaliation/Non-intimidation Policy and Procedure.
4. Any form of intimidation or retaliation against an "Affected Individual" who reports a perceived problem or concern in good faith is strictly prohibited.
5. Any "professional" who commits or condones any form of retaliation or intimidation will be subject to disciplinary action up to, and including, termination.

PROCEDURES:

1. The Chief Compliance Officer and Director of Training will ensure that all employees and agents receive training related to the contents of this policy and the False Claims Act. The Compliance Officer and Director of Training will ensure that records are maintained to document the receipt of training.
2. The Compliance Officer and Director of Finance will ensure that information on this policy and procedure is provided to outside contractors or agents.

➤ **INTERNAL AUDITING AND MONITORING**

PURPOSE:

Mercy Home developed and implemented this compliance program in an effort to establish, in part, effective internal controls that promote adherence to applicable federal and state laws and requirements. An important component of the compliance program is the use of audits and/or

other evaluation techniques to monitor compliance and assist in the reduction of identified potential problem areas.

Mercy Home recognizes the need for internal controls. This policy focuses on effective and efficient auditing and monitoring risk areas.

POLICY:

1. Mercy Home will conduct ongoing auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, human resources, clinical operations, and service provision, quality of care, medical necessity, and credentialing.
2. The Director of Finance and Chief Compliance Officer will ensure that ongoing auditing and monitoring is properly conducted, documented and reported.

PROCEDURES:

1. The Chief Compliance Officer will recommend and facilitate auditing and monitoring of the identified risk areas related to compliance with laws and regulations, as well as Mercy Home's policies, procedures, and standards of conduct. *(Risk areas may be identified through the regular course of business, external alerts, or internal reporting channels).*
2. The audits and reviews conducted will examine Mercy Home's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires *(submitted to families)*, clinical record reviews to support claims for reimbursement and documentation reviews.
3. The Compliance Officer will determine the sample size and sample criteria prior to each internal audit.
4. The Compliance Officer will verify completion of compliance reviews and any corrective measures arising from them. Management and the Compliance Officer will address any weaknesses identified by the process.
5. Any correspondence from any regulatory agency charged with administering a federally or state-funded program received by any department of the Agency will be copied and promptly forwarded to the Executive Director and Compliance Officer for review and subsequent discussion by the Corporate Compliance Committee.
6. Program management will immediately notify the Executive Director and Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority. All results *(oral or written)* of any visits, audits, investigations, or surveys will be forwarded to the Executive Director and Compliance Officer promptly upon receipt by Agency personnel.
7. The Compliance Officer will be responsible to periodically, but not less than quarterly, meet with the Corporate Compliance Committee on the general status of compliance reviews, the outcome of compliance auditing and monitoring, and the corrective actions taken.

➤ INVESTIGATION OF COMPLIANCE ISSUES

PURPOSE:

Mercy Home implemented a Corporate Compliance Program in an effort to establish a culture within the organization that promotes prevention, detection and resolution of misconduct. This is accomplished, in part, by establishing communication channels for Professionals (*employees, volunteers, contractors, business associates and vendors associated with Mercy Home*) to report problems and concerns. Professionals are encouraged to report issues via the traditional chain of command, Human Resources, Compliance Hotline, or directly to the Compliance Officer. Therefore, the Compliance Officer is responsible for responding to compliance issues that are raised through the various communication channels. This policy is designed to establish a framework for managing and responding to compliance issues that are raised to the Compliance Officer.

POLICY:

Mercy Home will respond to reports or reasonable indications of suspected non-compliance by commencing a prompt and thorough investigation of the allegations to determine whether a violation has occurred.

The Compliance Officer is responsible for resolving compliance-related issues; however, Affected Individuals should not be discouraged from using any specific communication channel. Affected Individuals who report issues or concerns that are not related to compliance to the Compliance Officer, or the Compliance Hotline will be advised of the appropriate department or individual who should be contacted. In instances where the employee seeks confidentiality or reports anonymously, the Compliance Officer shall accept the report and forward the information to the appropriate department or individual.

PROCEDURES:

The Compliance Officer will conduct or oversee the conducting and execution of all internal investigations involving compliance-related issues and shall have the authority to engage other consultants as needed. The Compliance Officer will consider whether the investigation should be conducted under attorney/client privilege.

Before conducting an investigation of any compliance-related issue, the Compliance Officer shall have a full understanding of the relevant laws, regulations, and government issuances.

Upon report or notice of alleged non-compliance, the Compliance Officer will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative techniques.

The Compliance Officer should: **(a)** conduct a fair and impartial review of all relevant facts. **(b)** restrict the inquiry to those necessary to resolve the issues; and **(c)** conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue.

If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible non-compliance of any criminal, civil, or administrative law to warrant further

investigation, the issue should be turned over to legal counsel. A memorandum to this effect should be directed to legal counsel with a copy to the Executive Director. The memorandum should state whether legal counsel or the Compliance Officer will be leading the investigation. All documents produced during the investigation by legal counsel to be possibly protected from disclosure should include the notation: “Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product.” At the conclusion of an investigation involving legal counsel, he/she shall issue a report to the Compliance Officer, Executive Director, and Compliance Committee summarizing his or her findings, conclusions and recommendations and will render an opinion as to whether a violation of law has occurred.

For investigations that do not involve legal counsel, the Compliance Officer will determine what personnel possess the requisite skills to examine the particular issue(s) and will assemble a team of internal investigators, as needed. The Compliance Officer will also decide whether the Agency has sufficient internal resources to conduct the investigation or whether external resources are necessary.

The Compliance Officer shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation. The Compliance Officer will consider the need for an audit of billing or any other practice and determine the scope of interviews.

The Compliance Officer will maintain all notes of the interviews and review of documents as part of the investigation file.

The Compliance Officer should ensure that the following objectives are accomplished:

- Fully debrief complainant.
- Notify appropriate internal parties.
- Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact.
- Provide a complete list of findings and recommendations.
- Determine the necessary corrective action measures, (*e.g., policy changes, operational changes, system changes, personnel changes, training/education*);
- Document the investigation.

➤ REIMBURSEMENT PRACTICES AND BILLING ERRORS

PURPOSE:

Mercy Home is committed to accuracy and integrity in all its billing, coding, and other reimbursement operations. To reinforce this commitment, the VP of Finance is responsible for general oversight of billing, coding and other reimbursement operations in accordance with this policy. This policy and the following procedures were adopted to ensure that general guidance is available for all employees. This commitment includes a policy of ensuring accurate billing of claims for services that are actually rendered and deemed medically necessary.

POLICY:

Mercy Home is committed to ensuring that its reimbursement practices comply with all federal and state laws, regulations, guidelines and policies. The Agency prohibits the intentional submission for reimbursement of any claim that is false, fraudulent, or fictitious. Furthermore, the Agency is committed to ensuring against the accidental submission of any claim that is false or inaccurate.

All employees, volunteers and contractors will receive compliance training that will reinforce the following:

Anyone that has knowledge of a problem related to reimbursement (*e.g. submission of a claim that is false or contains false information*) must report that problem to management.

Failure to report a known problem related to reimbursement will subject an employee, volunteer, independent contractor or vendor to disciplinary action or legal proceedings on behalf of the Agency.

Anyone reporting a problem or concern in good faith will be protected by the agency's Whistleblower's policy.

The Director of Finance/Designee is responsible for ensuring that all reimbursement and billing procedures contained in this policy are integrated into the operations of the organization.

PROCEDURES:

1. The Compliance Officer and Director of Human Resources are responsible for ensuring that the Standard of Conduct provides adequate general guidance concerning appropriate reimbursement practices.
2. All services rendered to individuals shall be documented in a proper and timely manner so that only accurately documented services are billed.
3. Claims will be submitted only when appropriate documentation supports the claim, and such documentation must be maintained for audit and review.
4. Each Agency program will have written procedures for the documentation of services. Procedures will include, at a minimum, the following:
 - Attendance records
 - Receipt and maintenance of service plans (*including but not limited to Life Plans, Treatment Plans, and Staff Action Plans*)
 - Service documentation requirements specific to the respective program; Individual's Life Plans, Semi-annual reviews, Notice of Decision, Residential/Day Staff Action Plans;
 - Definition of contemporaneous documentation; (*happening at the same time*)
 - Review of documentation by senior management prior to submission to billing personnel; and
 - The forms used for documentation procedures.

1. The Compliance Officer must approve the billing and documentation procedures and/or any revisions to procedures or forms prior to implementation.
2. The Compliance Officer will conduct an annual review of its documentation practices to verify that practices conform to the written procedures.
3. Program and reimbursement staff shall use their best efforts to communicate effectively and accurately with each other to ensure compliance and avoid the potential for billing irregularities and/or errors.
4. The Director Finance is responsible for responding, within ten (10) business days, to all problems, concerns, or questions related to reimbursement practices. The Compliance Officer is responsible for ensuring that appropriate remedial actions are taken for any irregularities uncovered.
5. If a billing error is discovered, the billing error should be immediately reported to the Executive Director and the Compliance Officer.
6. The Compliance Officer is responsible for the investigation of any billing errors or irregularities. Appropriate steps will be taken to prevent recurrence.
7. Any overpayment received as a result of such billing error will be promptly disclosed to the relevant party which could include the Office of Medicaid Inspector General and repayment will be made to the appropriate payer, with interest, if appropriate.
8. Where applicable, the appropriate self-disclosure form will be completed and submitted to the Office of Medicaid Inspector General (*OMIG*) for any instances of overpayments to the Agency.
9. A report of irregularities, the results of investigations and the remedial actions will be recorded and reported to the Corporate Compliance Committee at least quarterly, and at least semi-annually to the Board of Directors.

➤ **REPORTING COMPLIANCE CONCERNS AND NON-RETALIATION /NON-INTIMIDATION**

PURPOSE:

Mercy Home recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state requirements, as well as the organization's ethical and business policies.

To promote this culture, Mercy Home established a compliance reporting process and a strict non-retaliation/non-intimidation policy to protect employees and others who report problems and concerns in good faith from retaliation. Any form of retaliation or intimidation can undermine the compliance resolution process and result in a failure of communication channels in the organization.

POLICY:

1. All Affected Individuals (*employees, volunteers, contractors, and vendors associated with Mercy Home*) have an affirmative duty and responsibility for promptly reporting any known or suspected misconduct, including actual or potential violations of laws, regulations, policies, and procedures, the Agency’s Corporate Compliance Plan or the Agency’s Standard of Conduct.
2. The “open-door policy” will be maintained at all levels of management to encourage Affected Individuals to report problems and concerns.
3. Mercy Home will maintain a Compliance Hotline. Affected Individuals may report their compliance concerns confidentially to the Compliance Officer through use of the Compliance Hotline.
4. Any form of retaliation/intimidation against any Affected Individual who reports a perceived problem or concern in good faith is strictly prohibited.
5. Any Affected Individual who commits or condones any form of retaliation/intimidation will be subject to discipline up to, and including, termination or legal proceedings on behalf of the Agency.
6. Affected Individual cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be considered in determining the appropriate course of action.

PROCEDURES:

Procedures that apply to all Affected Individuals:

1. Knowledge of misconduct, including actual or potential violations of laws, regulations, policies, procedures, or the organization’s Standard of Conduct, must be immediately reported to management, the Director of Human Resources, the Compliance Officer, or through the Compliance Hotline.
2. Confidentiality will be maintained to the extent that is practical and allowable by law. Employees should be aware that Mercy Home is legally required to report certain types of crimes, or potential crimes and infractions to external governmental agencies.
3. Affected Individuals may report their compliance concerns confidentially through the Compliance Hotline without revealing his or her identity. Callers should be aware, however, that it may not be possible to preserve anonymity if they identify themselves, provide other information that identifies them, the investigation reveals their identity, or if they inform others that they have called the Compliance Hotline.
4. If the caller wishes to make the report anonymously to the Compliance Hotline, no attempt will be made to trace the source of the call or identity of the person making the call.

5. The Compliance Hotline number will be published and visibly posted in a manner consistent with employee notification in locations frequented by all Mercy Home employees and persons supported
6. Mercy Home will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith regarding a practice that the individual believes may violate the Agency's Compliance Plan, Standard of Conduct, its Compliance Policies and Procedures, or any of the laws, rules or regulations by which the Agency is governed. "Good faith" means that the individual believes that the potential violation actually occurred as he or she is actually reporting.
7. Mercy Home strictly prohibits Affected Individuals from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation or intimidation against anyone for reporting his or her concerns relating to a possible violation of the Agency's Compliance Plan, Standard of Conduct, its Compliance Policies and Procedures, or any of the laws, rules or regulations by which the Agency is governed.
8. If an Affected Individual believes in good faith that he has been retaliated against or intimidated for reporting a compliance complaint or concern, or for participating in any investigation of such a report or complaint, the employee should immediately report the action to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates and specifics events, the names of any witnesses and the location or name of any document that supports the alleged retaliation/intimidation.
9. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or the Compliance Hotline.

Procedures that apply to management (including executives, directors, managers, and supervisors):

Management must take appropriate measures to ensure that Affected Individuals at all levels support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:

- Meet with department staff on at least an annual basis to discuss the main points within this policy; and
- Provide all department staff with information on accessing copies of this policy.

Procedures that apply to the Compliance Officer:

- The Compliance Officer will be responsible for the investigation and follow-up of any reported retaliation/intimidation against an Affected Individual for reporting a compliance concern or participating in the investigation of a compliance concern.
- The Compliance Officer will report the results of an investigation into suspected retaliation/intimidation to the governing entity deemed appropriate, such as the Executive Director, Director of Human Resources, Corporate Compliance Committee and/or the Board of Directors.

➤ INTERNAL REPORTING MECHANISMS

PURPOSE:

Mercy Home recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state requirements, as well as the organization's ethical and business policies.

To promote this culture, Mercy Home has established Anti-Retaliation, Anti-Intimidation and Whistle blowing policies to protect anyone who reports problems and concerns in good faith from retaliation or intimidation.

POLICY:

1. All Affected Individuals (*employees, volunteers, and contractors including therapists, musicians, etc.*) have a responsibility for promptly reporting any known or suspected misconduct, including actual or potential violations of laws, regulations, policies and procedures, Mercy Home's Compliance Plan or Agency's Standard of Conduct.
2. The "open door policy" will be maintained at all levels of management to encourage individuals to report problems and concerns.
3. Mercy Home will maintain a Compliance Hotline. Affected Individuals may report their compliance concerns confidentially to the Compliance Officer through use of the Compliance Hotline **(347) 381- 4588**
4. Any form of retaliation/intimidation against an Affected Individual who reports a problem or concern in good faith is strictly prohibited.
5. Anyone who commits or condones any form of retaliation/intimidation will be subject to discipline up to, and including, termination.
6. Affected Individuals cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although this may be considered in determining the appropriate course of action.

PROCEDURES:

Procedures that apply to all "Affected Individuals" (employees, volunteers and contractors including, therapists, musicians etc.):

1. Knowledge of misconduct, including actual or potential violations of laws, regulations, policies, procedures, or organization's Code of Conduct, must be reported to management, the Director of Human Resources, the Compliance Officer, or through the Compliance Hotline.
2. Confidentiality will be maintained to the extent that is practical and allowable by law. Affected Individuals should be aware that Mercy Home is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.
3. Affected Individuals may report their compliance concerns confidentially through the Compliance Hotline and **do not** have to reveal his or her identity. Callers should be aware, however, that it may not be possible to preserve anonymity if they identify themselves, provide other information that identifies them, the investigation reveals their identity, or if they inform others that they called the Compliance Hotline.
4. If the caller wishes to make the report anonymously to the Compliance Hotline, no attempt will be made to trace the source of the call or identity of the person making the call.

5. The number for the Compliance Hotline will be visibly posted at all work locations.
6. Mercy Home will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith regarding a practice that the individual believes may violate the Agency's Standard of Conduct, its policies and procedures or any of the laws, rules or regulations by which the agency is governed. "Good faith" means that the individual believes that the potential violation actually occurred as he or she is reporting.
7. Mercy Home strictly prohibits its employees from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation/intimidation against any employee for reporting his or her concerns relating to possible violations of the Agency's Standard of Conduct, its Compliance Policies and Procedures, or any of the laws, rules, or regulations by which the Agency is governed.
8. If an Affected Individual believes in good faith that he has been retaliated against or has been subject to any intimidation for reporting a compliance complaint or concern or for participating in any investigation of such a report or complaint, the employee should immediately report the violation to the Director of Human Resources, Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates and specific events, the names of any witnesses and the location or name of any document that supports the alleged retaliation/intimidation.
9. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or Compliance Hotline

Procedures that apply to management (including executives, directors, managers, supervisors and "Professionals"):

Management must take appropriate measures to ensure that all levels of Affected Individuals support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:

- Meet with department staff on at least an annual basis and discuss the main points within this policy; and provide all department staff with information on accessing this policy.

Procedures that apply to the Compliance Officer:

- The Compliance Officer in conjunction with the Director of Human Resources will be responsible for the investigation and follow-up of any reported retaliation/intimidation against an employee for reporting a compliance concern or participating in the investigation of compliance concern.
- The Compliance Officer in conjunction with the Director of Human Resources will report the results of an investigation into suspected retaliation/intimidation to the governing body or entity deemed appropriate, such as the Compliance Committee and Board of Directors.

➤ **ENFORCEMENT OF COMPLIANCE STANDARDS**

PURPOSE:

Mercy Home is committed to conducting its business ethically and in conformance with all applicable federal and state laws, regulations, interpretations thereof, and the Agency's Standard of Conduct. To support this commitment, Mercy Home has developed procedures for disciplinary

actions to be taken for violations of the Corporate Compliance Plan/Program and/or Standard of Conduct by employees, volunteers, vendor and/or independent contractors.

POLICY:

1. Any Employee, independent contractor, business associate, volunteer or vendor who, upon investigation, is found to have violated the Corporate Compliance Plan, Policies and Procedures, Standard of Conduct, or the applicable laws and regulations which govern them, is subject to appropriate disciplinary action, up to and including termination or legal proceedings on behalf of the Agency.
2. The following actions may result in disciplinary action:
 - Authorization of or participation in actions that violate the law, regulations and Corporate Compliance Plan, including the Standard of Conduct, and all related policies and procedures.
 - Failure to report a violation by a peer or subordinate.
 - Failure to cooperate in an investigation.
 - Retaliation or intimidation against an individual for reporting a possible violation or participating in an investigation; and
 - Failure to act as an honest, reliable, and trustworthy service provider.
1. Disciplinary actions will be appropriately documented in the disciplined employee's personnel file, independent contractors, volunteer or vendor's file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during regular and promotional evaluations for applicable staff.
2. The Chief Compliance Officer and Director of Human Resources in conjunction with the Executive Director will be responsible for assuring that disciplinary actions related to non-compliance with the law, regulations and Corporate Compliance Plan, including the Standard of Conduct, are consistent with actions taken in similar instances of non-compliance.

PROCEDURES:

1. The Agency shall apply discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: **(a)** verbal counseling or warning; **(b)** counseling with written warning; **(c)** retraining; **(d)** reassignment or demotion; **(e)** suspension without pay; and **(f)** termination of employment (*or arrangement with an independent contractor*).
2. To the extent possible, disciplinary action will be taken in accordance with Mercy Home's Employee Handbook or other established policies.
3. When the determination is made that a compliance violation has occurred, the Compliance Officer will notify the Executive Director and the individuals' supervisor or representative for independent contractors/business associate. If appropriate, the Compliance Officer may notify the Board and/or the Corporate Compliance Committee before the next regularly scheduled meeting when a full report of compliance-related disciplinary actions would normally be presented.



4. The Compliance Officer shall work in collaboration with the Executive Director, Director of Human Resources and Compliance Committee to determine the appropriate disciplinary action to be taken.
5. A written record of any disciplinary action taken against any staff due to violations of the Compliance Plan will be maintained on file and will reference these records when necessary to ensure consistency in the application of disciplinary measures.
6. The Compliance Officer or Director of Human Resources will report quarterly to the Compliance Committee and not less than semi- annually to the Board of Directors

➤ CORPORATE COMPLIANCE EDUCATION AND TRAINING

Mercy Home recognizes that education and training are critical elements of the Compliance Plan/Program. Every Affected Individual is expected to be familiar with and knowledgeable about the Agency's Compliance Plan/Program, Standard of Conduct, regulatory guidelines and statutory laws which govern them and have solid working knowledge of his or her responsibilities under these guidelines. Compliance policies and standards will be communicated to all Affected Individuals (*employees, clinicians, volunteers, contractors and vendors directly associated with Mercy Home*). A copy of the Compliance Plan and Standard of Conduct is available on Mercy Home's website for review by all affected individuals www.mercyhomeny.org

As part of the orientation process new employees will receive training within the first thirty (30) days of employment. All existing employees will receive training at least once per year. Each employee or volunteer will sign an acknowledgement that he/she is aware of and will abide by the Compliance Plan and Standard of Conduct.

The Chief Compliance Officer will ensure Compliance education training for all employees, volunteers and contractors, and at a minimum will provide information to ALL Affected individuals on the following aspects of the Compliance Plan/Program: Standard of Conduct; False Claims Act; Deficit Reduction Act; Non-Retaliation Policy; Organizational expectations for reporting problems and concerns and Communication Channels (*Corporate Compliance Hotline*).