



CORPORATE COMPLIANCE PLAN

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Meeting Life's Challenges

CORPORATE COMPLIANCE OVERVIEW

I Background & Introduction

The mission of Living Resources is ***“to support and empower individuals with disabilities and other life changing conditions to live with dignity, independence and happiness.”***

Living Resources’ ability to fulfill its mission is to a great degree dependent on securing reimbursement for its services from our external funding sources.

Living Resources is committed to complying with federal and state law, and with Medicaid & Medicare program requirements. Living Resources’ commitment stems not only from its duty to comply with the law, but from its recognition of the ethical imperative to protect the financial integrity of the payer programs that serve its Individuals. Finally, Living Resource’s interest in compliance reflects its awareness that fraud, abuse, waste or errors in billing can jeopardize the agency’s mission.

Accordingly, Living Resources acknowledges the obligation of all affected individuals defined as; board members, employees, volunteers, venders and contractors, etc., to strictly comply with Medicaid/Medicare statutes and requirements; and to diligently strive to prevent, detect and appropriately respond to instances of all forms of noncompliance.

Living Resources provides a wide array of services to individuals with developmental disabilities and/or acquired brain injury. Those service areas include, but are not limited to: supported employment, day habilitation, residential habilitation, clinical supports, after-school, college experience, acquired brain injury services, arts center, etc. In order to coordinate a compliance program among different service departments, we have found the need to establish one single compliance program among these different units. Strong communication among these varying departments is viewed as being highly critical. Living Resources has made the commitment of time and resources throughout the organization in order to implement an “effective” compliance program.

II Authority and Oversight

Ultimate accountability and oversight for Corporate Compliance lies with the Board of Directors and the Chief Executive Officer (CEO). Responsibility for the implementation of all initiatives lies with the CEO. The Board of Directors is committed to providing both the financial and human resources necessary to develop, implement, support, maintain and monitor an ethical environment, which complies with all Federal, State and local Law.

The day-to-day operational oversight and implementation of agency compliance activities rests with the designated Compliance Officer, whom is titled by Job Position as the *Associate Executive Director for Organizational Systems & Quality Control*. Although the Compliance Officer's position does entail other administrative job duties there is also a full time staff members that include the *Director for Corporate Compliance and Quality Improvement* and their staff who supports and assists with day-to-day compliance operations.

The Compliance Officer also has the authority to directly report any untoward situations to the Board President as deemed necessary. The Compliance Officer presents and submits reports of compliance activity to the Living Resources Board of Directors via the Board's *Program Quality and Compliance Committee* which is scheduled on a regular basis throughout each year.

III Benefits of the Compliance Plan:

Living Resources believes that a comprehensive compliance program provides a mechanism that brings the public & private sectors together to reach mutual goals of reducing fraud and abuse, enhancing operational functions and improving the quality of service delivery.

Attaining these goals imparts positive results for the agency, governmental entities, and other stakeholders and most importantly for the individuals and families served. In addition to fulfilling its legal duty to ensure that we are not submitting false or inaccurate claims to government and private payers, Living Resources may gain numerous other benefits by voluntarily implementing a compliance program. The benefits may include:

1. The formulation of effective internal controls to ensure compliance with statutes, regulations and rules.
2. A concrete demonstration to employees and the community at large of Living Resources' commitment to responsible corporate conduct.
3. The ability to understand risk and mitigating factors.
4. An increased likelihood of identifying and preventing unlawful and unethical behavior.
5. The ability to quickly react to employees' operational compliance concerns and effectively target resources to address those concerns.
6. An improvement in the quality, efficiency and consistency of providing services.
7. A mechanism to maintain effective internal communications.
8. Procedures that allow prompt and thorough investigation of alleged misconduct.
9. Through early detection and reporting, minimizing loss to the government from false claims, and thereby reducing the agency's exposure to civil damages and penalties, criminal sanctions and administrative remedies.

IV Areas of Risk:

It is beneficial for Living Resources to evaluate our current compliance policies & procedures by conducting a baseline assessment of risk areas.

Such areas of risk include: employee screening, vendor relationships, billing & cost reporting, record keeping & documentation. This list of risk areas is not exhaustive, nor all encompassing. Rather, it is viewed as a starting point for an internal review of potential vulnerabilities within the agency.

The objective of this assessment is to ensure that Affected Individuals (the employees, managers, directors, Board Members, Executives, CEO, volunteers, vendors, contractors and all other associated individuals or entities) are aware of these risk areas and that steps are taken to minimize, to the extent possible, the types of problems identified.

The Compliance Officer will coordinate subsequent re-evaluations (internal compliance reviews) on a periodic basis.

Any changes that would add value to our compliance plan will be added within this document. Living Resources will focus on items which may be highlighted by current & past surveys conducted by OPWDD Certification Bureau, Office of the Medicaid Inspector General Audits and Workplans and other governmental agencies. In addition, regulation updates, provider associations, peer groups, individual & family satisfaction surveys, and employee feedback will all be taken into account when assessing risk.

V Compliance Officer:

The CEO has designated a Compliance Officer who is a full-time employee of the Living Resources Corporation and reports directly to the CEO with authority to report to the agency's Board President as desired & needed. The Compliance Officer is designated as the agency's *Associate Executive Director for Organizational Systems & Quality Control*. For a summary of the Compliance Officer's job duties, please review the Associate Executive Director's Position Description.

In any case of extended absence of the designated Compliance Officer, the CEO has designated the Director of Compliance and Quality Improvement to act in the capacity of Compliance Officer and will include all aspects of the Compliance Officers job description.

The CEO has designated authority to the Compliance Officer to allow total access and review of all documentation relevant to compliance activities within the agency.

The Compliance Officer is a visible and engaging part of the agency. The Compliance Officer has adopted an open-door policy in order to foster good communication and easy accessibility.

VI Role of Program Operation Departments:

1. Each Program Director will oversee process compliance of services provided within his/her particular department and will serve as a liaison between the department and the Compliance Officer.
2. Each department will adopt and implement the program's specific processes as it relates to billing, documentation and record keeping practices. Such a department plan will be reviewed by Compliance Officer and/or the Compliance Committee. Such department's specific plan shall address, at a minimum, the following:
 - a) Billing protocol;
 - b) Verification systems to monitor accurate billing, to include description of in-house random auditing guidelines;
 - c) Listing of paperwork (forms) in use;
 - d) Documentation guidelines for billing system(s);
 - e) Education & training programs as directed by the department head;
3. Department representatives will communicate any issues/concerns to the Compliance Officer as needed. Such communication would include, at a minimum, the following:
 - a) Identification of any areas of compliance concern and how they are being addressed;
 - b) Any incidents of intentional or accidental misconduct within the department (notification also provided to Compliance Officer immediately upon discovery);
 - c) Any disciplinary action in regard to the compliance plan taken against department employee(s);
 - d) Training progress, needs and/or concerns;
 - e) Any other matter dealing with compliance issues within the department.



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Other “Affected Individuals” with Living Resources Definition

Other Affected individuals are persons or entities associated with Living Resources who are not employed by the corporation who are involved in the delivery of Medicaid reimbursable care, services, supplies or whose activities may result in a Medicaid payment.

Dependent upon the position/purpose of the persons to be trained, each person's training and education topics and/or methods may be different. Living Resources has established some informal criteria to help identify those differences.

1. Does the entity have access to confidential information (agency or service recipient)?
2. Will the entity work directly with and/or around our service recipients?
3. Are they delivering Medicaid reimbursable care?
4. Will the entity have access to PHI in any form?
5. What specialized training/education is needed in order to perform their duties?
6. What is the collegiate/professional level of the entity (including experience)?
7. Other, as deemed appropriate

Interns/Volunteers

Student Interns are periodically retained by certain departments within the agency (ex: Finance, Clinical, Administration). All Interns are required to attend the full orientation on Corporate Compliance within 30 days of taking on their position. Interns are normally scheduled on either a temporary identified period of time or on a part-time basis.

At present, Living Resources does not utilize volunteers within their workforce.

Contractors/Consultants/Vendors

Living Resources will contract with various entities in order to provide specialty services such as clinical (e.g. OT, Speech, PT, etc.) and/or administrative services such as legal counsel and external auditing services.

Consultants are considered professional experts who may be utilized as a component of the agency's workforce either by contract or through vendor payment methods. In both situations, the consultant will receive the following training/education prior to working.

1. Signed Confidentiality Agreement
2. Signed Business Associate Agreement
3. Published Corporate Compliance Plan on Living Resources Website.

Board of Directors

The CEO of Living Resources meets with each incoming board member and reviews the agency board orientation packet. The Compliance Officer provides material and/or support to all incoming BOD members – including presentation of the agencies current Corporate Compliance Plan.

Through the Board's Program Quality & Compliance Committee, Board members are provided with a corporate compliance status report from the Compliance Officer. This review is documented within the Committee meeting notes which is in turn submitted to the full Board in a subsequent meetings Board packet and presented by the Committee's Board Chairperson.



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CORPORATE COMPLIANCE COMMITTEE

The CEO has established a committee within the organization for the purpose of guidance and updates on the agency's Corporate Compliance Plan. Upon the assignment of the committee members, it is the CEO's expectation that its membership demonstrates high integrity, good judgment, assertiveness, and an approachable demeanor, while eliciting the respect and trust of employees of the organization. This committee consists of staff with knowledge and process understanding from various departments, including human resources, information technology, finance, training, program & office administration. These committee members also represent a variety of skill and are those persons who are able to accept the responsibilities vested as members of such a committee. Each member has the comprehensive expertise within their respective departments to inform and subsequently support the implementation of any changes to policies and procedures as recommended.

The standing committee is also viewed as an extension of the Corporate Compliance office and provides the organization with increased support & oversight.

This standing committee will formulate "sub-committees" as needed in response to the CEO or Compliance Officer's request for a task force on any more complicated or time involved issues related to the compliance program. Members of these sub-committees will be designated and assigned as viewed appropriate to the subject of concern.

Living Resources Corporation
COMPLIANCE PROGRAM
COMPLIANCE COMMITTEE CHARTER

The committee shall assure that Living Resources Corporation has an effective compliance program in force and *effect* at all times. The committee shall review and advise the compliance program to ensure applicable and specific policies and procedures and related monitoring activities ensure compliance with applicable federal and state laws and regulations, as well as compliance with reporting requirements under applicable private arrangements. The compliance program will assist Living Resources Corporation to operate in an ethical and compliant manner.

The committee shall review the activities of the Compliance Program to assure that the appropriate resources of Living Resource Corporation are being expended for the creation and execution of the compliance program, including the proper records maintenance to document material compliance matters undertaken by the Compliance Department. The committee shall receive regular reports from a compliance officer regarding the discharge of his or her duties, including, but not limited to, the status of internal compliance programs and processes and reported violations of the compliance program and the response to any such alleged violations.

The committee shall assure that periodic report is presented to the executive committee and/or the board of directors. The compliance officer shall have ultimate responsibility for operating the compliance program, with the support and assistance of the compliance committee.

The compliance committee coordinates with the compliance officer to ensure that all Affected Individuals complete compliance training and education during orientation and for employees annually.

The committee shall at the minimum be comprised of the following positions; Chief Executive Officer, ex officio, Chief Financial Officer, Associate Executive Directors over seeing (a) Workforce & Culture (b) Program (c) Operations, Compliance Officer, Director of Incident Management and Mitigation and Director of Information Technologies. Ad hoc members representing program services or other departments may be invited or assigned as needed to serve at the pleasure of the committee, to assist and advise the committee in carrying out this charter.

The Compliance Officer or his or her designee will Chair the Compliance Committee and the committee will meet a minimum of four (4) times a year. This Charter shall be reviewed on an annual bases and updated as necessary.

The compliance officer and committee shall retain a direct line of communication with and have direct reporting responsibility to the board of directors, executive committee, and CEO.



Meeting Life's Challenges

CODE OF ETHICS & PROFESSIONAL CONDUCT

I Policy:

Commitment to ethical professional conduct is expected of all affected individuals; employee, board member, volunteers, vendors and any other associate directly affiliated with the Living Resources Corporation. Because of this, the agency has established a Code of Conduct that applies to all Affected Individuals. Living Resources is committed to preventing the occurrence of unethical and/or unlawful behavior, stopping behavior as soon as possible after discovery and to appropriately discipline those persons who violate the Code, including persons who fail to report a violation.

All Affected Individuals must comply with the agencies Code of Conduct, immediately report any alleged violations of wrongdoing and assist management and compliance personnel in the investigation of untoward incidents resulting from reports of non-compliance.

It is the policy of Living Resources to observe all laws and regulations applicable to its business and to conduct business with the highest degree of integrity. To accomplish this, Affected Individuals must obey the laws and regulations that govern their work and always act in the best interest of the people we serve, their families and Living Resources.

II Guidelines:

1. Ethics:

- a) You are expected to keep management staff informed of what you are doing; to document or record all services or transactions accurately; and to be honest and forthcoming with Living Resources, regulatory agencies and internal/external auditors.
- b) You are expected to comply with Living Resources policies and procedures, accounting rules and internal controls as applicable and provided to you in writing.
- c) You are expected to function with honesty in your work for Living Resources and with the people we serve, providers, suppliers and others with whom the agency does business.

2. Use of Agency Funds and Resources:

- a) Living Resources assets are to be only used for the benefit of the individuals we serve and the agency at large. Assets include funds, equipment, inventory and office supplies, but also concepts, business plans and strategies, information about people served, financial information, computer property rights, and other business information about the agency.
- b) You may not use agency assets for personal gain or give them to any other persons or entities, except in the ordinary course of business as part of an approved transaction.
- c) Use of Living Resource's funds or assets (ex; food, gas, materials, etc.) for any improper purpose is strictly prohibited. If you are aware of or have reason to believe that funds are being improperly used, you must report this immediately to the Compliance Officer.

3. Confidentiality:

During your work with Living Resources, you may acquire confidential information about Living Resources, its staff and people we serve. This information must be handled in strict confidence and not discussed with any individual or entity that does not have explicit rights to that information. The protection of confidential business, staff and Individual information is very important.

4. Maintenance of Records:

You must record and report all agency, service recipient and financial information fully, accurately and honestly. Records include, but are not limited to records of the people we serve, 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. Employees must not omit or conceal any relevant information.

- a) Falsification of Records:
 - You must not make any false entries in any of the agency's records or in any public record for any reason.
 - You may not alter any permanent entries in agency records.
 - You may not create or participate in the creation of any records that are intended to mislead or to conceal anything that is improper.
- b) Expense Records:
 - You must always charge expenses accurately and to the appropriate cost center or account, regardless of the financial status of the program, project or contract, or the budget status of a particular account or line item.
- c) Retention of Records:
 - The retention, disposal or destruction of records of or pertaining to Living Resources must always comply with legal and regulatory requirements and agency policy.
 - You may not alter records. You may not destroy records pertaining to litigation or government investigations or audit without express written approval of the Compliance Officer.

5. Business Dealings between Living Resources & Vendors and/or Contractors:

Living Resources will not be inappropriately influenced with goods or services from any business in which you or your immediate family members have a substantial interest. All staff have a duty to disclose relationships that are real or potential conflicts of interest.

6. Protection of Confidential Information:

Living Resources has developed policies and procedures to assure that the confidentiality of agency information and information about the people we serve is protected and released only with the appropriate authorization.

- a) You must treat all agency records and information in a confidential manner.
- b) You may not release confidential information without the proper authorization. Confidential information includes not only information about the people we serve and their families, but also non-public information about the agency that may be of use to competitors or harmful to the agency or its customers if released.
- c) You must protect agency information and avoid discussing or disclosing agency information purposefully or inadvertently (through casual conversation), to any unauthorized person inside or outside of Living Resources.

7. Fair Dealing:

The Code of Conduct and the following guidelines are intended to help you make appropriate, responsible and correct decisions in these and all matters.

- a) Kickbacks & Rebate:
 - Kickbacks and rebate in cash, credit or other form are prohibited. They are not only unethical, but in many cases, illegal.
- b) Gifts and Gratuities & Entertainment:
 - You may not solicit money, gifts, gratitude or other personal benefits or favors of any kind from Affected individuals, people we serve and/or their families.
 - You must 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.
 - This is not meant to include charitable contributions/gifts monetary or non-monetary to the agency as long as there is not individual personal benefit or any expectation of business preference from the individual or the agency.

8. Discontinuation of Services:

- a) Upon discontinuation of services, you must return all agency property including, but not limited to copies of documents, notes, and other records containing confidential information; computer disks, agency ID, keys, etc.

9. Information Security:

- a) You are responsible for properly using information stored and produced by all Living Resource's computer systems.
- b) Computers, Internet access, email, or other office communications systems are intended for business related purposes only.

10. Government & Agency Investigations:

- a) There may be times that Living Resources is asked to cooperate with an investigation by a federal or state or local governmental agency, or to respond to a request for information. Employees must report any requests for information or cooperation with an investigation to the Compliance Officer immediately.
- b) Affected Individuals must cooperate fully and honestly in any investigation into a reported violation of this Code of Conduct, any applicable law or regulation, agency policy, procedure or practice.
- c) Affected Individuals will be required to assist in the resolution of a reported compliance issue. Such assistance may be in the form of a documented/signed interview as requested.

11. Seeking Guidance & Reporting Violations:

- a) Affected Individuals must report any actual or suspected violations of this Code of Conduct, any applicable law or regulation, or any agency policy & procedure to the Compliance Officer.
- b) The Compliance Officer can be contacted by phone at 518-867-8811 or by email at jmorelli@livingresources.org or through mailing at 300 Washington Avenue Extension, Albany, New York 12203

Also refer to the following information from Living Resources Human Resources department:

- LRC Human Resources Policy – Section VII A; Code of Conduct
- National Alliance of Direct Support Professionals (NADSP)
- Justice Center – Code of Conduct for Persons with Special Needs

REPORTING NON-COMPLIANCE CONCERNS

The purpose of this reporting policy is to provide Affected Individuals with a means to communicate needs, concerns and/or any other problematic issue to the Compliance Officer as deemed necessary.

It is expected that Affected Individuals will display “good faith” and be an avid participant of the agency’s compliance plan. When we state the term “good faith,” we are basically expecting all employees to possess an honesty of purpose, freedom from intent to defraud and being faithful to one’s duty or obligation.

I Definition of Noncompliance:

Noncompliance to the Corporate Compliance Plan has the potential to take many forms. The following list provides several examples of noncompliance (it is not to be considered an all-inclusive list):

- Falsifying information on verbal or written reports
- Signing for a service that was not provided
- Falsifying a signature on any documentation.
- Removal of official documents from its’ home file without authorization.
- Clocking In or Out for another employee.
- Missing and/or potential loss of Individual funds.
- Providing confidential information to unauthorized persons.
- Destroying documents without permission.
- Encouraging, directing, facilitating or permitting non-compliant conduct.
- Failure to report witnessed noncompliance.

II Access to the Compliance Officer:

Living Resources has established a very successful “open-door” policy whereby any Affected Individual may attain easy, direct access to the Compliance Officer.

Notification to the Compliance Officer can be provided in a variety of ways, dependent upon the Reporter’s wishes. Includes: Email, Voice mail, posted mailing or In-person. To this end, Living Resources continues to encourage Affected Individuals to report any needs or concerns related to the agency’s operations directly to the Compliance Officer, Joe Morelli, who is available to receive and investigate any reports.

Joseph Morelli, Compliance Officer
300 Washington Ave Extension, Albany, NY 12203-7303
518-867-8811
jmorelli@livingresources.org

III Anonymous Reporting:

For those employees who feel it necessary to remain anonymous when reporting problematic situations, they are welcome to contact the Compliance Officer by telephone voice mail or by mail. The Compliance Officer is the only person with access to his telephone messages. In addition, his phone line does not provide a caller identification function.

It is important to understand that unless detailed information is provided, anonymous reporting may result with the Compliance Officer's inability to follow-up in a thorough manner. The content of all reports made through an anonymous manner will still be reported to the CEO or BOD President, who will assure that it remains confidential and anonymous. However, the identity of the caller will not be disclosed to anyone without the direct consent of the caller.

IV Reporting of Misconduct:

When the Compliance Officer, Compliance Committee or an administrative staff member discovers credible evidence of misconduct from any source and, after a reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil or administrative law, Living Resources will promptly report the existence of misconduct to the appropriate Federal, State, or local authorities. Such a report, as validated, will be made within a reasonable time period, but not more than 60 days.

Some of the Federal & State authorities include:

- NYS Office of Medicaid Inspector General (OMIG)
- U.S. Office of Inspector General (OIG)
- U.S. Criminal & Civil Divisions of the Department of Justice
- U.S. Attorney General
- Office for People with Developmental Disabilities
- New York State Medicaid Fraud Control
- New York State Department of Health
- County District Attorney
- NYS Labor Department (sections 740/741)

EMPLOYEE CONFLICT OF INTEREST

The purpose of the conflict of interest policy is to protect the Corporation's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an employee of the Corporation. This policy is intended to supplement but not replace any applicable state laws governing conflicts of interest applicable to nonprofit and charitable corporations.

A conflict of interest arises if an Affected Individual judgment and/or discretion is influenced by personal considerations. To this end, Living Resources has established some basic guiding principles that will lead the agency to avoid situations that may have the possibility of causing a conflict of interest.

I Guidelines:

1. Immediate family/staff members will not supervise or report to each other.
2. Immediate family/staff members will not work in the same program location as the other. (Exception: crisis or an emergency situation requiring presence of qualified staffing).
3. If the agency is in contract or service affiliated with an employee's immediate family member or friend, the employee must disclose this information to the Chief Executive Officer (CEO) upon discovery.
4. An Affected Individual should not utilize his/her position within the agency in order to achieve personal gain.
5. Other outside employment is prohibited to the extent that it interferes with an employee's performance while working at Living Resources.
6. Equipment, materials or proprietary information owned by Living Resources Corporation will not be used for any outside employment purpose or personal need.
7. Also refer to the agency's Human Resources Code of Conduct Policy #30-05 for further related information.

II Duty to Disclose

In connection with any actual or possible conflicts of interest, the Affected Individual must disclose the existence of his or her interest in a transaction or arrangement. The Affected Individual will be provided with the opportunity to disclose all material facts to the Chief Executive Officer (CEO) and the Corporate Compliance Officer.

It will be through the determination & judgment of the CEO to consider the following factors:

- whether the transaction or arrangement is in the Corporation's best interest, and;
- whether the transaction or arrangement is of benefit to the Corporation, and;
- whether the transaction is fair and reasonable to the Corporation.

III Violation of Policy

Any Affected Individual who shall knowingly and intentionally violate any of the provisions stated within this policy will be subjected to disciplinary and corrective action, which may include suspension or termination from employment, separation from the corporation and/or termination of any contractual responsibilities.

IV Records of Proceedings

It is the responsibility of the Corporate Compliance Officer to maintain all records of any proceedings regarding a conflict of interest. Such records will contain:

- The names of the person(s) who disclosed or otherwise were found to have an interest in connection with an actual or possible conflict of interest.
- The nature of the employee's interest.
- Any action taken to determine whether a conflict of interest was present.
- The CEO's decision as to whether a conflict of interest in fact existed.
- The names of any persons who were present for discussion related to the transaction or arrangement.

FALSE CLAIMS ACT & WHISTLEBLOWER PROTECTION

Introduction

Living Resources is committed to upholding the highest standards of ethical, moral and legal business conduct, and transparency through open communication. Furthermore, the Corporation and all Affected Individuals; board members, employees, volunteers, vendors, contractors and all other associated individuals or entities are required to comply with applicable federal, state and local statutes, including New York Not-For-Profit Corporation Law Section 715-b, New York State Labor Law Section 740, ordinances, executive orders, rules, regulations, judicial or administrative decisions, rulings or orders, and must faithfully implement and adhere to the agency's own policies and procedures in conducting their duties and responsibilities.

This policy provides an avenue for all Affected Individuals to report any suspected or actual conduct contrary to these requirements and standards without the fear of intimidation, harassment, discrimination, or retaliation.

In most cases, Affected Individuals concerns can be addressed by the Corporation's management in accordance with the applicable corporate policies and procedures. As such, this Whistleblower Policy is not intended and may not be used for general complaints, employment grievances, etc. Such concerns should be pursued in accordance with the applicable policies and procedures articulated in employee handbooks and manuals or as otherwise promulgated by Living Resources from time to time.

Furthermore, Living Resources has established a Corporate Compliance Plan pursuant to federal and New York State laws for matters related to fraud, waste or abuse in healthcare programs. Reports of conduct related to false claims as described in the Corporate Compliance Plan shall be made in accordance therewith. The protections provided under this policy are in addition to those provided under the Corporate Compliance Plan.

Article I – General Policy

Section 1.1. Whistleblower Protection

No Affected Individuals shall suffer intimidation, harassment, discrimination, retaliation or adverse employment consequences for making a good-faith or reasonable report of Covered Conduct (whether pursuant to this policy or otherwise in a manner which is protected under Section 740 of the New York State Labor Law) or for their participation in any internal or governmental investigation of a report of Covered Conduct. Retaliation against any person on one or both of these bases is a violation of this policy, and anyone who so retaliates is subject to disciplinary action, up to and including termination of employment.

Article II – Oversight

Section 2.1. Oversight

The Corporation's Executive Committee shall serve as the "Compliance Committee" to oversee the adoption of, implementation of, and compliance with this policy in accordance with the procedures contained herein. If at any time such Executive Committee shall not exist, then the Board shall either assign this oversight responsibility to another Committee of the Board or to the Board itself. Unless otherwise indicated, any reference in this policy to the "Compliance Committee" shall be interpreted as a reference to the Executive Committee, such other committee or the Board, as the case may be.

Section 2.2. Compliance Officer

The Compliance Officer shall be the Chair of the Compliance Committee. Should the Compliance Officer be the subject of the report, then the Compliance Committee shall appoint another member thereof to perform the Compliance Officer's role regarding the allegations. The Compliance Officer shall be responsible for administering this policy and reporting to the Compliance Committee. The Compliance Officer shall report to the Board at least annually on compliance activity.

Section 2.3. Corporation Employees Excluded from Oversight.

Directors who are employees of the Corporation may not participate in any Compliance Committee or Board deliberations or voting relating to the administration of this Whistleblower Policy.

Section 3.1. Reporting Violations or Suspected Violations

A Manner of Reporting: A report of actual or suspected Covered Conduct shall, except as otherwise provided in Labor Law §740, be reported using one of the following methods, as applicable:

- a) With respect to any employee, by speaking or writing to the employee's supervisor.
- b) By speaking or writing to the Living Resources Director of Human Resources.
- c) Any report related to conduct of the agency's Director of Human Resources, or which might for any other reason not appropriately be made to the Director of Human Resources, should be directed to the CEO.
- d) Any report related to conduct of the BOD President should be directed to the Compliance Officer.

The person receiving a report under this Policy shall be referred to as the "Recipient." Contact information for the persons noted in b-d above is set forth in Section 3.6 below.

B. Form of Report: A report may be provided in person, in writing, or by electronic mail. Written reports by mail or electronic mail shall be made on the *Whistleblower Disclosure Statement* attached as **Appendix "B"**. For reports made in person, the Recipient shall record the information reported on a Whistleblower Disclosure Statement. With the exception of a person's report of his or her own violation, the reporter may elect to submit the report confidentially. Anonymous reports, a report in which the receiver does not know the identity of the reporter, must include sufficient information, including but not limited to, the name of the person against whom the report is being made, the date of the incident, the names of any potential witnesses, and a description of the incident, in order that an investigation can be conducted, or other appropriate action can be taken.

Section 3.2. Handling Reports

If the identity of the person making the report is known, the Recipient shall provide the reporter timely acknowledgement of receipt of the report, whether submitted in person, electronically, or otherwise. The report shall be reviewed by the Recipient with appropriate members of the Corporation's management, the Compliance Officer, and/or the Compliance Committee (the "Reviewing Authorities") and legal counsel, as appropriate. Generally, the composition of the Reviewing Authorities shall be determined in light of the nature of the reported Covered Conduct and the individuals involved. The Reviewing Authorities shall undertake or cause to be undertaken such investigation as they deem appropriate, taking into consideration all relevant facts and circumstances.

The subject(s) of the report may be notified of the investigation, if the Reviewing Authorities deem it appropriate, unless prohibited by law.

Living Resources expects full cooperation by all individuals in the investigation of a report. An employee's failure to participate or otherwise cooperate in an investigation may result in disciplinary action, up to and including termination of employment.

Section 3.3. Results of Investigation

When the investigation is concluded, the Reviewing Authorities will determine if any disciplinary actions, up to and including termination of employment, and/or other corrective measures are required or otherwise warranted, which may include reporting the findings of the investigation to appropriate law enforcement or governmental authorities. Any person who is the subject of a report under this policy shall not be present at or participate in any deliberation, voting or other decision-making on any matter relating to such report, provided that nothing shall prohibit the Reviewing Authorities from requesting that the person who is the subject of the report present information as background or answer questions prior to such decision-making.

If, when the investigation is concluded, it is not established that Covered Conduct has occurred, the investigation will be closed.

If the identity of the person making the report is known, the Reviewing Authorities may inform him or her of the resolution, if the Reviewing Authorities determine that it is appropriate. If the Reviewing Authorities deem it appropriate and/or the circumstances so require, the subject(s) of the report may be notified of the resolution.

Section 3.4. Documentation

The Reviewing Authorities shall document any investigation or other action carried out under this policy, including the rationale for any recommended resolution and/or corrective action. All documentation relating to the investigation, including the *Whistleblower Disclosure Statement*, and the resolution and/or corrective action taken shall be kept in the agency's records in the [Human Resources Department] and/or Compliance Committee records for at least five years.

Section 3.5. Confidentiality

All violations or suspected violations may be submitted on a confidential or anonymous basis. Reports will be kept confidential to the extent possible, consistent with applicable laws and the need to conduct an adequate investigation and prevent or correct actual or suspected Covered Conduct. Information relating to a report shall be provided only to those with a need to know so that effective investigation or other action can be taken. In appropriate cases, and without limitation, the investigation documents will be shared with law enforcement personnel. Disclosure of reports to individuals not involved in the investigation shall be viewed as a serious disciplinary offense and may result in discipline, up to and including dismissal, termination or civil lawsuits.

3.6 Contact Information

Director of Human Resources
300 Washington Ave Ext
Albany, NY 12203
Phone (518) 218-0000

Compliance Officer
300 Washington Ave Ext
Albany, NY 12203
Phone (518) 218-0000

Chief Executive Officer
300 Washington Ave Ext
Albany, NY 12203
Phone (518) 218-0000

INVESTIGATION & CORRECTION OF REPORTS OF NON-COMPLIANCE

I Overview:

The purpose of this policy is to provide prompt follow-up and resolution to all reports of non-compliance in a consistent and thorough manner. To ascertain factual information related to reports of non-compliance and provide valid recommendations for improvement, revision, discipline, and/or other directives as pertinent to each case report.

II Investigation Procedures:

The Compliance Officer or designee will begin an investigation into any alleged report of noncompliance. Investigations are conducted in an entirely confidential manner with immediate and ongoing progress reports to the CEO. (If the reporter requests confidentiality, the reporter's name will not be identified).

All employees are required to assist the Compliance Officer in resolving compliance issues. Failure to cooperate and assist in such a resolution will include disciplinary action up to and including termination. Such assistance may include, participating in the investigation of noncompliance, participation with follow-up communications, implementation of recommendations, etc.

Once an investigation has been completed and there is cause for any legal or disciplinary action, the Compliance Officer will present the case report to the CEO. The CEO will provide a full review of the case and forward final resolution and directives back to the Compliance Officer for follow-up and closure. In order to alleviate/eliminate repetitive occurrences of non-compliance, a corrective action plan, often provided in the form of recommendations, is included in the final resolution. Reports of noncompliance are presented to the Corporate Compliance Committee for review and further recommendation as applicable.

III Procedures to Correct Noncompliance:

Upon receipt of reports or reasonable indications of suspected noncompliance, the Compliance Officer or designee will immediately investigate the allegations to determine whether a material violation of applicable law or the requirements of the Compliance Plan has occurred and, if so, take decisive steps to correct the problem. As appropriate, such steps may include a corrective action plan, the return of any overpayments, a report to the government and/or a referral to criminal or civil law enforcement authorities.

Instances of noncompliance will be determined on a case-by-case basis. The existence or amount of a monetary loss to the agency is not solely determinative of whether the conduct should be investigated and reported to governmental agencies. In fact, there may be instances where there is no monetary loss, but corrective actions are still necessary to protect the integrity of the applicable program and its beneficiaries.

A system is in effect for implementing procedures, policies and systems as necessary to reduce the potential for recurrence. As directed by the CEO, Living Resources may seek advice from its legal counsel to determine the extent of the agency's liability and to assist in planning an appropriate course of action.

Where potential fraud is not involved, the agency will utilize required re-payment channels to return overpayments as they are discovered. However, even when the billing department is effectively using the overpayment detection and return process, the Director of Finance is obligated to alert the Compliance Officer to any non-routine overpayments.

When there are indications of potential fraud or criminal activity, the CEO may determine (upon the advice of the Compliance Officer) whether further investigation may be warranted. Such an investigation will include interviews and a review of relevant documents. Under some circumstances, the agency may need to consider engaging its counsel, auditors or health care experts to assist in the investigation.

IV Process for Medicaid Overpayment Refunds:

Living Resource Finance Department has written processes for voiding overpayments or submitting a self-disclosure of Medicaid overpayment. If staff identify that they have submitted documentation in error, or believe that documentation contains errors, they should immediately contact the finance department to begin the process of correcting the error.

TRAINING AND EDUCATION

Compliance training and education is provided to All Affected Individuals. All employees are expected to attend the Corporate Compliance orientation within 30 days of hire. Compliance orientation instruction is provided by the Training department with input from the corporate compliance office. All other affected individuals are expected to review the compliance plan and if applicable contracts, agreements and business associate agreement.

All training and education provided to employees is presented at a level which will maximize comprehension of the various individuals and/or groups to be trained. Documents, such as a particular policy, may be customized in order to achieve this objective.

Annual/Ongoing Training:

Living Resources provides an annual review on varying topics related to the Corporate Compliance Plan. Each Employee will be presented with and review a specific Compliance topic (via Schoox) which is determined each year by the Compliance Officer and/or the CEO. This review by the employee is acknowledged by signature, electronically recorded and filed within the training department records.

Record of Attendance:

Living Resources maintains an individualized electronic training record for each employee. Compliance training attendance sheets are held in hard-copy form by the training department in separate folders. The training attendance sheets note the name of the training session, the Instructor, the student's printed name and signature, the date and any comments as deemed applicable.

Attendance Requirements:

Employees are expected to attend training as required by the agency' General Rules of Conduct, Letter F; "Staff Education and Training Page 60

In addition, there are consequences when an employee is found to be out-of-compliance with required training expectations

- Employees out of compliance with training will be placed on unpaid suspension until their training requirements have been met.
- Suspended employees will have four (4) weeks from the date of suspension to complete required training or be subject to termination.

The agency' General Rules of Conduct, Letter F; "Staff Education and Training also describe a detailed system for disciplinary action as needed.

Orientation Training Agenda

I Compliance Plan

Beginning to end description of the operation of Living Resource's compliance program is reviewed. The Corporate Compliance Agenda includes the following:

1. 1. Background and Introduction
 - Definitions (fraud, waste, abuse)
 - Authority and oversight
 - Benefits of the plan
 - Compliance Officer
 - Role of program operation departments
2. Corporate Compliance Committee
3. Code of Ethics & Professional Conduct
4. Reporting Noncompliance
5. Whistleblower Protections
6. Protections toward Non-Retaliation and Non-Intimidation
7. Employee Conflict of Interest
8. Investigation & Correction of Noncompliance
9. Disciplinary Measures for Noncompliance
10. Training and Education
11. Auditing and Monitoring
 - Internal & External Audits
 - Self-Assessment
 - Risk Analysis
12. Question and Answer Session

II Methods

1. Power Point Presentation
2. Acknowledgement Statement (initial/annual)

III Hand-Outs

1. Reporting Noncompliance
2. Employee Conflict of Interest
3. Whistleblower Protections

NONCOMPLIANCE & DISCIPLINARY MEASURES VIOLATION OF STANDARDS OF CONDUCT, POLICIES AND PROCEDURES

The purpose of this policy is to deter employees & other affected individuals from improper conduct relating to the breach of HIPPA and/or the Corporate Compliance Plan.

I Guidelines:

An effective compliance program needs to include disciplinary procedures that set out the consequences of violating the agency's standards of HIPPA & corporate compliance conduct, policy and procedures. Intentional noncompliance will be viewed as requiring significant sanctions to the transgressor; yet the following procedures will be made on a fair and equitable basis. It is important that all Affected Individuals be familiar with the Corporate Compliance Plan so that we are all able to recognize noncompliance as it may occur. The Corporate Compliance Plan is maintained/updated as needed on the LRC website.

II Definition of Noncompliance:

Noncompliance to HIPPA or the Corporate Compliance Plan has the potential to take many forms. In general terms, "noncompliance" can be defined as *Fraud, Waste* and/or *Abuse*. The following list provided here are just a few examples of noncompliance.

- Falsifying information on verbal or written reports
- Signing for a service that was not provided
- Falsifying a signature on any documentation.
- Removal of official documents from its' home file without authorization.
- Clocking In or Out for another employee.
- Submitting false time keeping record.
- Missing and/or potential loss of Individual funds.
- Providing confidential information to unauthorized persons.
- Destroying documents without permission.
- Encouraging, directing, facilitating or permitting non-compliant conduct.
- Failure to report witnessed noncompliance.

III Disciplinary Procedures:

Dependent upon the preliminary results of an investigation and/or the severity of the situation, targeted employees may be suspended from duty or transferred to a different temporary position until final deliberation has been completed by the Chief Executive Officer.

Only a member of the agency's administrative personnel maintains the authority to initiate work suspension under this policy.

Upon any suspension of work duty, the Director for Human Resources and the appropriate Department Director will be contacted in order to ensure any further actions needed toward the continuity of service delivery.

Any affected individuals who participates in, violates or knowingly obstructs the reporting of any noncompliance, HIPAA policy and/or any applicable law or regulation, agency policy, procedure or practice is subject to appropriate disciplinary action, up to and including termination of employment, contract or associated with the Living Resources Corporation.

Obstruction in this case will include the following:

- Failure to report a suspected or witnessed incident of non-compliance;
- Leading, directing or encouraging the act of non-compliance with others;
- Destruction or removal of vital documents which may assist in the investigation of non-compliance reports.

For employees, disciplinary action may range from a warning notice to suspension or termination of employment, depending on the nature of the incident and the relevant surrounding circumstances. For other affected individuals or entities, sanctions including breach of contract or separation from association with Living Resources Corp may be utilized.

Since the agency's commitment to compliance applies to all Affected Individuals will be potentially subject to the same types of disciplinary action for the commission of similar offenses. This means that administrators, management and supervisors will be held accountable for failing to comply with, or for the foreseeable failure of their subordinates to adhere to, the applicable standards of the Corporate Compliance Plan.

IV Further Related Information:

See Living Resources' Personnel Policy & Procedures for the following:

- Code of Conduct (Section VII, A, Page 55)
- Disciplinary Process (Section VII, C Page 58)
- Employment Agreement Handout upon Hire
- Corporate compliance Plan

For other Affected individuals or Entities.

- Vendor Contracts or agreements
- Business Associate Agreements
- Corporate Bylaws
- Corporate Compliance Plan

***NONCOMPLIANCE & CORRECTIVE MEASURES
VIOLATION OF STANDARDS OF CONDUCT, POLICIES AND PROCEDURES***

The purpose of this policy is to deter improper conduct relating to the breach of HIPPA and/or the Living Resources Corporate Compliance Plan.

I Guidelines:

An effective compliance program needs to include disciplinary procedures that set out the consequences of violating the agency's standards of HIPPA & corporate compliance conduct, policy and procedures.

Intentional noncompliance will be viewed as requiring significant sanctions to the transgressor; yet the following procedures will be made on a fair and equitable basis. It is important that all Affected Individuals be familiar with the Corporate Compliance Plan so that we are all able to recognize noncompliance as it may occur.

II Good Faith Participation:

It is expected that all Affected Individuals will display "good faith" and be an avid participant of the agency's compliance plan. When we state the term "good faith," we are basically expecting all associates to possess an honesty of purpose, freedom from intent to defraud and being faithful to one's duty or obligation.

1. Reporting Noncompliance Issues:

All affected associates are required to report any witnessed or suspected noncompliance issues to the Living Resources Compliance Officer. Failure to make such a report may result in discharge of services. Notification to the Compliance Officer can be provided in a variety of ways, dependent upon the Reporter's wishes. Includes:

- Email
- Voice mail
- Posted mailing
- In person

Joseph Morelli, Compliance Officer

300 Washington Ave Extension, Albany, NY 12203-7303

518-867-8811

jmorelli@livingresources.org

2. *Non-Retaliation and Non-Intimidation:*

Affected Individuals of Living Resources can be assured that when conducted under good faith, there will be no intimidation or retaliation of any kind when presenting problematic situations to the Compliance Officer or any other member of the administrative or management team. It has been the philosophy of the agency and its leadership to encourage the presentation of problems in order that the agency may gain knowledge & insight – thus creating opportunity to make improvements that will lead to better quality care. Any person who deliberately makes a false accusation with the purpose of harming or retaliating against another person, or who willfully abuses the mandated reporting system may be subject to corrective action, up to and including discharge of services.

3. *Assisting in Resolution:*

All Affected Individuals are required to assist the Compliance Officer in resolving compliance issues. Failure to assist in such a resolution may result in discharge of services. Such assistance may include, participating in the investigation of noncompliance, participation with follow-up communications, implementation of recommendations, etc.

III Definition of Noncompliance:

Noncompliance to HIPPA or the Corporate Compliance Plan has the potential to take many forms. In general terms, “noncompliance” can be defined as *Fraud, Waste* and/or *Abuse*. The following list provided here are just a few examples of noncompliance.

- Falsifying information on verbal or written reports
- Signing for a service that was not provided
- Falsifying a signature on any documentation.
- Removal of official documents from its’ home file without authorization.
- Falsifying time records/invoice.
- Missing and/or potential loss of Individual funds.
- Providing confidential information to unauthorized persons.
- Destroying documents without permission.
- Encouraging, directing, facilitating or permitting non-compliant conduct.
- Failure to report witnessed noncompliance.

IV Disciplinary Procedures:

Dependent upon the preliminary results of an investigation and/or the severity of the situation and the status of the affected service, Corrective action may range from a formal notice to suspension or discharge of services, depending on the nature of the incident and the relevant surrounding circumstances.

The agency’s commitment to compliance applies to all Affected Individuals who will be potentially subject to the same types of disciplinary action for the commission of similar offenses. In addition, it will be the responsibility of the affected associate to ensure that any sub-contractors or employees of an affected associate follow these same guidelines set forth within this policy

AUDITING/MONITORING

Living Resources will monitor overall service provisions throughout the agency in order to ensure an effective compliance program. The agency's audit and monitoring system will identify areas of regulatory non-compliance, quality of life concerns and/or procedural irregularities that impact the integrity of billing standards and quality of services.

I Administrative Financial Audit

Effective September 2021, Living Resources utilizes the auditing services of Cusack & Company, Latham, New York for its annual audit of the agency's *Consolidated Financial Report*. This audit is comprised of the agency's combined statements of financial position for the fiscal year and related combined statements of activities, cash flows and functional expenses.

II Corporate Compliance Office Audits

Conducted by the Assistant Director for Corporate Compliance at the direction and review of the Associate Executive Director for Organizational Systems & Quality Control.

1. Billing Reviews:

A randomized selection of ten (10) Individuals per month is audited on billing requirements, including documentation review, billing claims and programmatic requirements. An audit tool has been developed for each program which identifies the main components of billing standards. This monthly audit covers the following program services:

- Supported Employment
- Acquired Brain Injury (DOH)
- HCBS Respite (After-School Program)
- HCBS Habilitation:
 - Residential
 - Day (DCOP, SBDH, CHAC)

2. Personal Allowance Reviews:

A randomized audit/review of no less than 25 % of individuals will be conducted annually to assure the proper management of Individual funds as regulated by OPWDD. An audit tool has been developed and targets the accuracy of such areas as ledger documentation, PA transactions, internal management review, presence of receipts, capability, expenditure planning, etc.

3. *Billing and Verification Systems Review:*

On an annual basis, a meeting is held with the administrator (Director) for each program type and the corporate compliance office. This meeting is for the purpose of reviewing each program department's billing system and providing an update on any changes that may have taken place throughout the past year – such as laws/rules/regulations, paperwork (forms) utilized to submit billing and the procedures for inter-departmental monitoring of billing.

4. *Risk Assessment:*

A bi-annual risk assessment is conducted for each program type within the agency. This assessment provides a review of past identified risks and solicits management discussion on the progress/status of these risks as well as the identification of new risks that might be present.

Members of the corporate compliance office meet with each Program Director in order to review and discuss status of each programs' operational system. This audit would encompass reviews in such areas as: number of participants served, number of employees assigned to the program, staff turnover, training, new developments and/or changes, billing process, employee error risks, technology, etc.

5. *Self Evaluation:*

On an ongoing basis, Living Resources utilizes the *Program Self-Assessment* form which was developed by the Office of the Medicaid Inspector General (OMIG). This assessment provides a review of the agency's status & effectiveness in meeting the regulatory elements of New York State's mandatory compliance program. In addition to the *Program Self-Assessment*, Living Resources will also review other areas of importance such as annual trends of incidents of non-compliance and achievements/needs identified through the past Work Plan.

6. *Periodic Review/Miscellaneous:*

As part of day-to-day operations, the corporate compliance office is often made aware of non-compliance issues via internal and external resources. The compliance office is prepared and always ready to address concerns/issues reported through these venues:

- Serious Incident Review Committee findings and recommendations and/or other Quality Assurance identified concerns.
- OPWDD/DQI routine program survey findings
- Government audit findings (Hot Topics)
- Issues noted through identified/recognized trends
- CEO directive
- CFO directive, Finance office referral/reports
- OMIG/OIG work plan, advisory reports and/or alerts
- Association newsletters, meetings (NYSACRA, NYSRA, etc.)
- Capital District coalition groups (QA, Compliance, Executive, etc.)
- OPWDD Administrative memorandums and/or alerts
- National and local news reports