

**CARING PROFESSIONALS**  
**Consumer Directed Personal**  
**Assistance Program**

**COMPLIANCE PROGRAM**  
**Policy Overview**

Adopted:

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## I. COMPLIANCE PROGRAM IMPLEMENTATION

- A. Governance Authorization.** Caring Professionals, Inc. (“Caring Professionals” or the “Agency”) is committed to conducting business in a professional, ethical, and legal manner. Caring Professionals endeavors to establish an effective compliance program for its Consumer Directed Personal Assistance Program (“CDPAP” or “CDPA program”) consisting of a written plan for assuring compliance with the various laws and regulations affecting the Agency's operations. It is the purpose of the Caring Compliance Program to detect fraud, waste and abuse in the Medicaid program as well as organize provider resources to address compliance issues as quickly and efficiently as possible, and to impose systemic checks and balances to prevent future recurrence of such issues.

This program applies to “Affected Individuals,” which is defined as all persons who are affected by the Agency’s risk areas, including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. For the purposes of the CDPAP compliance program, “Affected Individuals” also includes the consumers and personal aides involved in the CDPA program. All Affected Individuals are expected to read, understand and comply with this Compliance Program and the Standards of Conduct. In addition, all Affected Individuals have a duty to report any conduct that they believe violates this Compliance Program, the Company’s policies, or applicable laws and regulations to their supervisor or the Company’s Compliance Officer.

The overall Compliance Program includes: (1) Compliance Program Policy Overview; (2) Code of Conduct; (3) Training/Education Plan; (4) Compliance Protocols; and (5) other appropriate policies and procedures affecting any risk area in the Agency’s operations. Together, these documents constitute the Agency's Compliance Program (the "Compliance Program"). The Agency’s Compliance Protocols is maintained as **Appendix A** to the Compliance Program Policy Overview.

A copy of the Compliance Program and Code of Conduct will be available at the Agency’s business offices.

- B. Access and Custody.** The Compliance Program shall be maintained in a binder under custody of the Compliance Officer as defined in Article III of the Compliance Program Policy Overview. The binder shall include:
1. The official authorized version of the Compliance Program Policy Overview;
  2. The approved version of the Compliance Protocols as **Appendix A**;
  3. Authorizing resolutions and/or Agency approvals as **Appendix B**;
  4. Copies of transitional policies and procedures adopted by the Agency and subject to the Compliance Program to date as **Appendix C**;
  5. Copies of all appropriate forms and applicable policies to be utilized under the Compliance Program will be included as **Appendix D**.
- C. Authorizations, Modifications and Amendments.** All authorizing resolutions regarding the Compliance Program shall be maintained collectively within **Appendix B** of the Compliance Program Policy Overview. The signed resolutions and polices shall be

maintained in the compliance binder. Any change to the Compliance Program, including protocols or written policies, shall be properly archived in a separate binder with maintenance of the section or policy being replaced for a transitional period after its replacement or the effective date of the new policy is fully implemented. All records related to the adoption, implementation, and operation of the Compliance Program shall be retained for a period of at least six (6) years.

- D. Corporate Governance.** The governing authority of the Agency will review all issues affecting governance of the Agency through standing committees and committees of the corporation as warranted under the State, Federal and Local Laws as well as the Agency's Compliance Program.
- E. Transitional Implementation Schedule.** Any Compliance Program Protocols are subject to transitional implementation by the Agency. The Agency, through its Compliance Committee, shall develop a schedule to adopt a Compliance Protocols and implement same with training and/or orientation of staff and associated contractors as applicable. In addition, upon full development of such Compliance Protocols, it shall be appended hereto as **Appendix A**. Agency authorizations shall then be confirmed and appended as **Appendix B** to this Program. All remaining transitional policies and new compliance policies shall also be approved by the Compliance Committee and shall be appended as **Appendix C**.

## II. COMPLIANCE COMMITTEE

- A. Composition.** Consistent with the New York State Office of the Medicaid Inspector General (OMIG) standards, the Compliance Committee shall be established by the Agency's Compliance Committee Charter and, at a minimum, will be comprised of senior managers. Except as modified on the most recent Compliance Committee Charter, membership of the Compliance Committee currently consists of:
1. Miriam Sternberg – President
  2. Yoni Schwartz - CFO
  3. Julian Hagmann - VP
  4. Compliance Officer – Karen Matell, Michel Weiner
  5. Suzanne Burger – Controller
  6. Mari Tavdgiridze – CDPAP Director
- B. Meetings.** The Compliance Committee shall meet at least quarterly and more frequently if deemed necessary. The Chief Executive Officer or the Compliance Officer may call special meetings of the Compliance Committee. Members of the Compliance Committee may participate in meetings either in person or by telephonic or electronic communication.
- C. Quorum.** The presence of at least a majority of the members of the Compliance Committee shall constitute a quorum. All actions by the Compliance Committee require a majority vote of the members present.
- D. Duties and Functions.** The Compliance Committee is responsible for coordinating with the Compliance Officer to ensure that the Agency is conducting its business in an ethical and responsible matter consistent with its Compliance Program. The Compliance Committee's duties and functions are to:
1. Analyze the Agency's business environment, including the legal and regulatory requirements thereof, and identify specific areas of potential risk to be addressed in the Agency's Compliance Program;
  2. Coordinate with the Compliance Officer to ensure that the written policies and procedures, and code of conduct of the Agency's Compliance Program are current, accurate and complete, and that required Compliance Program trainings are timely completed;
  3. Coordinate with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other compliance-related function or activity as required by this Compliance Program or applicable state or federal law, rule, or regulation;
  4. Advocate for the allocation of sufficient funding, resources, and staff for the Compliance Officer to fully perform their responsibilities;
  5. Ensure that the Agency has effective systems and processes in place to identify compliance program risks, overpayments, and other issues, and effective policies and procedures for correcting and reporting such issues;

6. Advocate for the adoption and implementation of required modifications to the compliance program;
7. Coordinate with the Compliance Officer, to ensure the development of internal auditing procedures with respect to specific areas of potential risk;
8. Coordinate with the Compliance Officer, to ensure the development and implementation of initial and annual training and education sessions;
9. Coordinate with the Compliance Officer, to review and investigate reported suspected violations of legal, regulatory or ethical standards and recommend to administration appropriate corrective actions, if required, including but not limited to disciplinary action and self-reporting to state or federal governmental agencies;
10. On an annual basis, review the Agency's written compliance policies and procedures, including the Compliance Program Policy Overview and the Compliance Protocols, to determine if such policies and procedures have been implemented, whether the affected individuals are following the Compliance Program, whether the Compliance Program policies are effective, and whether any updates or revision to the Compliance Program policies and procedures is required;
11. Ensure that sufficient funding is available for the Compliance Officer to carry out the day-to-day operations of the Compliance Program;
12. Review and update, if necessary, the Compliance Committee Charter at least annually or as frequently as necessary.

**E. Reporting.** The Compliance Committee shall report directly and be accountable to the Chief Executive Officer and governing Board with regard to activities of the Compliance Committee. Reporting to the Chief Executive Officer and governing Board shall be done on a quarterly basis. A report on the results of the Agency's annual Compliance Program Review shall be shared with the Chief Executive Officer, senior management, Compliance Committee and governing Board.

### III. COMPLIANCE OFFICER

- A. Appointment.** The Compliance Officer shall be appointed by the Chief Executive Officer or authorized designee. The Compliance Officer shall report directly and be accountable to the Agency's Chief Executive Officer or another senior manager designated by the Chief Executive Officer.
- B. Duties and Responsibilities.** The Compliance Officer is responsible for the day-to-day operation of Agency's Compliance Program. Any duties assigned to the Compliance Officer outside of the duties required by the role as Compliance Officer shall not hinder the Compliance Officer's primary responsibilities. The Compliance Officer shall be responsible for:
1. Overseeing and monitoring the adoption, implementation, and maintenance of the Compliance Program and evaluating its effectiveness.
  2. Drafting and implementing an annual Compliance Work Plan that outlines the Agency's strategy for complying with all applicable laws, regulations, and other requirements set by the Federal and State government
  3. Updating the Compliance Work Plan on at least an annual basis or as otherwise necessary to conform to changes or updates to applicable Federal and State laws, rules, regulations, policies, and standards.
  4. Reporting, at least quarterly, directly to the Agency's Compliance Committee, Chief Executive Officer, and governing Board on the progress of adopting, implementing, and maintaining the Compliance Program;
  5. Reviewing and proposing revisions to the Compliance Committee of the Agency's written Compliance Program policies and procedures to incorporate changes based on the Agency's organizational experience and any changes to Federal and State laws, rules, regulations, policies and standards;
  6. Assisting the development of new methods to improve the Agency's efficiency, quality of services, and reducing the Agency's vulnerability to fraud, waste, and abuse.
  7. Developing and implementing, in conjunction with relevant department heads, Compliance Committee, and outside consultants, if necessary, the initial, annual and periodic training and education program for all Affected Individuals under the Agency's Compliance Program;
    - (i) See Part IV of the Compliance Program Policy Overview for more information on the Agency's Education and Training Policies.
  8. Ensuring that independent contractors and agents who provide services or supplies to the Agency are aware of the requirements of the Agency's Compliance Program;



9. Developing and implementing in conjunction with relevant department heads, Compliance Committee, and outside consultants, if necessary, internal audit and control systems with respect to departments or areas determined to be areas of potential risk;
  - (i) See Part VII of the Compliance Program Policy Overview for more information on the Agency's Monitoring and Auditing Policies.
10. Investigating and independently acting on all reported or suspected violations of legal, regulatory or ethical standards. The Compliance Officer shall design and coordinate all internal investigations related to compliance issues. The Compliance Officer shall report the results of such investigation to the Compliance Committee and recommend to the Compliance Committee appropriate follow up action, including but not limited to disciplinary action and self-reporting to appropriate state or governmental agencies. In undertaking an investigation, the Compliance Officer may engage outside legal and/or accounting experts;
  - (i) See Part VIII of the Compliance Program Policy Overview for more information on the Agency's Investigation Policies.
11. Developing and implementing a recordkeeping system with regard to:
  - (i) Distribution and acknowledgement of receipt of the Agency's Compliance Program material and all updates and revisions thereto to employees, independent contractors, and all other Affected Individuals;
  - (ii) All required initial, annual and periodic Compliance Program education and training programs;
  - (iii) Documentation related to investigations, including the results thereof and any corrective actions or disciplinary actions taken in response thereto;
12. Overseeing an annual review of the Compliance Program, as consistent with 18 NYCRR 521-1.4(g)(2), to ensure that and that the requirements of Subpart 521 have been met, determining the effectiveness of the Compliance Program, and whether any revision or corrective action is required.
  - (i) See Part VII. of the Compliance Program Policy Overview for more information on the Agency's Annual Compliance Program Review.

**C. Access.** In carrying its responsibilities hereunder, the Compliance Officer shall have the authority to review all documents and other information that is relevant to compliance activities, including, but not limited to, medical records, billing records, employment and vendor contracts. The Compliance Officer shall also have authority to access, as necessary, the Agency's facilities and Affected Individuals, including employees, professional staff members and vendors. The Compliance Officer will be expected to coordinate all internal compliance reviews, monitoring activities, and act as liaison with applicable federal, state, and municipal representatives in charge of compliance activities as needed.

**D. Outside Consultants and Experts.** The Compliance Officer, with the prior approval of the Chief Executive Officer, shall have the authority to engage outside consultants, including legal and accounting, when necessary for the Compliance Officer to fulfill the responsibilities hereunder.

#### IV. EDUCATION AND TRAINING

All of the Agency's Affected Individuals will receive training and education on the Compliance Program. Compliance Program trainings will be conducted on an annual basis. In developing the training and education component of the Agency's Compliance Program, the following principles will be adhered to:

- A. **Initial Training.** An initial standardized training on the Compliance Program and Code of Conduct will be presented at orientation sessions as part of the on-boarding process. At the orientation sessions, all new employees will receive a copy of the Compliance Program Policy Overview and Code of Conduct. All employees shall be required to verify in writing their receipt of the Compliance Program and Code of Conduct.
- B. **Annual Training.** In addition, the Agency will conduct an annual training on Medicaid compliance and the provisions of the Compliance Program. The Compliance Officer and all Affected Individuals, including, employees, applicable vendors/contractors, and Board members shall complete the annual training program.
- C. **Training Plan.** The Compliance Officer shall develop a Training Plan that, at a minimum, outlines the following:
  - 1. The subjects or topics for the training and education;
  - 2. The timing and frequency of the training;
  - 3. Which Affected Individuals are required to attend the trainings;
  - 4. How training attendance will be tracked
  - 5. How the effectiveness of the training will be periodically evaluated
- D. **Training Content.** Initial and annual training and education programs shall concentrate on the Agency's Compliance Program as outlined in the Compliance Protocols, including the role of the Compliance Officer and Compliance Committee, how to report potential compliance issues, how to ask compliance-related questions, how the Agency responds to compliance concerns, ethical standards and conflicts of interest, and basic federal and regulatory standards governing the Agency's business.

In addition to any other training topics determined by the Compliance Committee, compliance training and education shall include, at a minimum, the following topics:

- 1. The Agency's compliance risk areas and organizational experience;
- 2. The Agency's required provider's written Compliance Program, including all Compliance Protocols;
- 3. The role of the Compliance Officer and Compliance Committee;
- 4. How employees and other Affected Individuals can ask questions related to the Compliance Program and how to report potential compliance-related issues to the Compliance Officer and/or senior management;
- 5. The obligation of Affected Individuals to report suspected illegal or improper conduct and the procedures for submitting such reports;

6. The Agency's Non-Intimidation and Non-Retaliation Policy and an Affected Individual's protection from intimidation or retaliation for good faith participation in the Compliance Program;
7. The Agency's Enforcement and Disciplinary Policy, with an emphasis on that policy's applicability to the Compliance Program and the prevention of fraud, waste, and abuse;
8. How the Agency responds to compliance issues and implements corrective action plans;
9. Any Medicaid requirements specific to the Agency's categories of services;
10. Coding and billing requirements and best practices;
11. Claim development and submission process;
12. Any other potential risk areas identified by the Agency.

In developing the initial, annual and any other periodic training and education programs, the Compliance Officer is authorized to utilize the services of outside consultants. Training and education may vary depending on the role of the individual receiving training.

- E. Training for External Affected Individuals.** Certain Affected Individuals are not able to complete in-person Compliance training sessions. These Affected Individuals include, but are not limited to Contractors, and Consumers and Personal Assistants under the CDPA program ("External Affected Individuals"). In order to ensure these External Affected Individuals receive effective training on the Agency's Compliance Program, the Agency will follow the following procedure, as amended by the most recent Training Plan. External Affected Individuals will be provided:
1. Compliance Program Policy Overview
  2. Caring Professionals Corporate Compliance Training Material
  3. Compliance Plan Training and Education Summary
  4. "DRA" Deficit Reduction Act of 2005 Detailed Summary

In addition, each External Affected Individual will be required to sign a Medicaid Compliance Program Training Acknowledgment and Certification Form, certifying that the individual has closely and completely read and reviewed the provided Compliance Program training material. The Medicaid Compliance Program Training Acknowledgment and Certification Form that will be retained by the Agency.

- F. Training Accessibility.** All training and education will be provided in a form and format accessible and understandable to all Affected Individuals.
- G. Deficit Reduction Act Notice.** All employees, vendors, and agents doing business or providing services on behalf of the Agency must receive a summary of applicable statutes and regulations concerning false claims, administrative and civil penalties relating to health care programs. Such summaries will include both federal and state requirements as well as a summary of whistleblower protections relating thereto. The Compliance Committee will update and revise such summaries in accordance with 42 USC § 1396a(a)(68) as well as section 363-d(c) of the New York State Social Services Law, and related resources concerning such standards issued by the New York State Office of the Medicaid Inspector

General. The Compliance Officer shall ensure that such summaries and any revisions thereto are distributed to all employees, vendors, and agents of the Agency.

## V. EMPLOYMENT

- A. **Exclusion Checks.** The Agency will confirm the identity and determine the exclusion status of its employees and all Affected Individuals consistent with New York State's standards and as required by law. In determining the exclusion status of a person, the Agency shall review the following State and Federal databases at least every thirty (30) days:
- New York State Office of Medicaid Inspector General Exclusion List ([https://apps.omig.ny.gov/exclusions/ex\\_search.aspx](https://apps.omig.ny.gov/exclusions/ex_search.aspx))
  - U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities (<https://exclusions.oig.hhs.gov/>)

Prior to hiring any position that falls within the scope of an Affected Individual, the candidate may be screened for exclusion status and clearances sought through various databases. Licenses and/or Certifications shall be verified through State online databases.

- B. **Enforcement and Discipline.** All Affected Individuals and the Agency's Human Resources staff will be trained on the importance of disciplinary measures required in instances where employees, vendors or other applicable personnel fail to report or adhere to the obligations set forth in the Compliance Program and Enforcement and Disciplinary Policy. Any violation of the Compliance Program or State or Federal laws, rules, or regulations, including the failure to report compliance-related issues, will be subject to disciplinary action. Disciplinary sanction may include, oral or written warnings, suspension, or termination depending on the severity of the violation. Disciplinary standards will be enforced fairly and consistently across all Affected Individuals. Training and orientation will also include disciplinary measures required to ensure that persons in positions of authority, supervision and those engaged with individuals who report matters are not retaliated against or intimidated reporting suspected or actual compliance violations.
- C. **Non-Intimidation and Non-Retaliation.** The Agency's commitment to a policy of non-retaliation and non-intimidation includes ensuring that there is no intimidation of Affected Individuals from reporting violations or raising compliance concerns. The Agency will not tolerate intimidation or retaliation related to an individual's good faith participation in the Compliance Program, which includes but is not limited to:
1. Reporting potential compliance issues to appropriate personnel
  2. Participating in investigations of potential compliance issues
  3. Self-evaluations
  4. Compliance audits
  5. Remedial actions related to compliance issues
  6. Reporting instances of intimidation or retaliation
  7. Reporting potential fraud, waste, or abuse to the appropriate State or Federal entities

Any colorable report of retaliation or intimidation will be subject to the Agency's disciplinary policies, up to and including termination, and shall be reported to appropriate regulatory authorities, e.g., where consistent with 18 NYCRR 521-1.4(a)(2)(vii) and (viii). For more information, please refer to the Non-Intimidation and Non-Retaliation Policy in the Compliance Protocols.

## VI. VENDOR AND PROFESSIONAL CONTRACTS

- A. Prohibition.** The Agency is prohibited from entering into a contract with any individual, company or entity which has been:
1. Convicted of a criminal offense relating to health care, including conviction for a criminal offense relating to delivery of an item or service under Medicare or a state health care program, conviction for a criminal offense relating to neglect or abuse of individuals in connection with the delivery of a health care item or services, conviction for an offense relating to health care fraud and conviction for an offense relating to obstruction of an investigation of a criminal offense related to the delivery of an item or service under Medicare or a state health care program; and
  2. Debarred, excluded or otherwise ineligible for participation in a federal health care program which is defined as any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States government or any state health care program.
- B. Exclusion Checks.** Before entering into any vendor or professional service contract, the Agency will require each vendor and professional provider to sign a certification to the effect that the vendor has not been convicted of a criminal offense relating to health care or been debarred, excluded or otherwise found ineligible to participate or engage in any work involving a federal health care program.

In addition, the Agency will access any applicable state or federal database to determine whether a prospective vendor or professional provider has been excluded or otherwise found ineligible to participate in federal health care program. In determining the exclusion status of a person, the Agency shall review the following State and Federal databases at least every thirty (30) days:

- New York State Office of Medicaid Inspector General Exclusion List ([https://apps.omig.ny.gov/exclusions/ex\\_search.aspx](https://apps.omig.ny.gov/exclusions/ex_search.aspx))
- U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities (<https://exclusions.oig.hhs.gov/>)

The Agency will review these databases on a monthly basis to ensure that all staff, vendors, and contractors are not excluded or otherwise ineligible to participate in federal health care program.

- C. Termination Provisions.** All contractors and vendors are expected to review and abide by the terms of the Agency's Compliance Program. The Agency shall include termination provisions into its contractual agreements. The Agency will enforce these termination provisions if a contractor or vendor fails to adhere to the terms of the Compliance Program.

## VII. MONITORING AND AUDITING

- A. Auditing and Monitoring.** The Compliance Officer is responsible for the day-to-day monitoring of the Compliance Program, including the establishment and implementation of an effective Work Plan that identifies the schedule for conducting routine audits and monitoring for the identification of compliance risks. The Work Plan shall be designed to prevent, detect, and correct non-compliance with Medicaid program requirements and the Compliance Program, including fraud, waste, and abuse. The Work Plan shall include, at a minimum, internal audit procedures and external auditing as appropriate, in addition to an annual review of the compliance program and exclusion checks. Any audits conducted by the state or federal government are not considered external audits for the purposes of the Work Plan.
- B. Internal Audits.** The Compliance Officer, or his or her designee, shall conduct routine internal audits of the Compliance Program. Internal audits will focus, at a minimum, on the following general risk areas:
- billings;
  - payments;
  - ordered services;
  - medical necessity;
  - quality of care;
  - governance;
  - mandatory reporting;
  - credentialing;
  - contract oversight; and
  - other risk areas identified by the Agency.
- D. External Audits.** The Compliance Officer shall arrange and coordinate with outside consultants for the external audit of those departments and areas involving compliance issues. External audits will be conducted periodically as determined by the Compliance Officer. An external audit may satisfy one of the Agency's internal audit requirements as set out in the Compliance Program.
- E. Audit Reports and Corrective Action.** The Compliance Officer shall provide the Compliance Committee and governing Board with appropriate reports of any internal and external audits. Such reports shall include the design, implementation, and results of any internal or external audit. In the event an internal or external audit discovers a violation of legal, regulatory or ethical standards, the report will recommend appropriate corrective action and/or disciplinary action. The results of any audit will be reviewed by the Compliance Officer for risk areas that can be included in the Agency's Compliance Program. The results of any Compliance Program audit or monitoring activity shall be promptly shared with the Compliance Officer and appropriate compliance personnel.
- F. Self-Disclosure Policy.** Any identified overpayment shall be reported, returned, and explained in accordance with the applicable state or federal law, rule, or regulation. The self-disclosure of overpayments, violations, and other matters affecting the Agency's participation in Medicaid, Medicare and other public health care programs will be in

accordance with applicable self-disclosure program requirements. The Agency will take prompt corrective action related to any identified overpayment to prevent such reoccurrence. For more information on reporting overpayments, please refer to the Reimbursement and Self-Disclosure Policy in the Compliance Protocols.

**G. Reporting Compliance Issues.** All Affected Individuals are encouraged and required to report all suspected compliance issues or suspected violations of the Compliance Program. Concerns should be brought to the attention of the Compliance Officer or any member of the Compliance Committee. Reports may be made in person, in writing, or over the telephone. Methods for reporting compliance issues, including anonymous methods of reporting, are outlined below:

- Make a report to your supervisor
- Make a report to the Compliance Officer at:
  - **Email:** [compliance@caringprof.com](mailto:compliance@caringprof.com)
  - **Phone:** (718) 897-2273 X187
- **Anonymous Reporting** – make an anonymous report:
  - **Compliance Voicemail Drop Box:** (929) 350-1987
  - **Online Submission Form:** <https://www.caringprofessionals.com/fraud-waste-abuse-form>

A written report may be made using the "**Program Report Form**," which will be distributed to all persons undergoing training and is also available at the Company offices. If such form is not readily available, an Affected Individual may use whatever written form is available to make the report. A report made in writing or using the Program Report Form should be mailed or hand delivered to the Compliance Officer at Caring Professionals, Inc., 70-20 Austin Street Suite 135 Forest Hills, New York 11375.

All reports of compliance issues or violations will be referred to the Compliance Officer for investigation.

To promote the submission of reports of known or suspected violations to the Compliance Officer, the Agency will attempt to maintain confidentiality, to the extent possible, with respect to reports made pursuant to the Compliance Program, the information obtained in the course of conducting investigations or audits, and the results of such investigations or audits. The Agency, at the request of the individual making a report, will provide anonymity to the individual who reports unless required by law or governmental officials.

It is the Agency's intent that the identities of Affected Individuals who submit Compliance Program Reports shall remain confidential to the extent possible. However, the Agency cannot always guarantee complete confidentiality. All information related to a report of a violation will be disclosed on a "need to know" basis and only when such disclosure is required by law or by the Compliance Program. The Agency makes every effort to maintain confidentiality of person reporting compliance issues unless the matter is subject to a disciplinary proceeding, under investigation by MFCU, OMIG, or law enforcement or disclosure is required during a legal proceeding.



**H. Annual Compliance Program Review.** The Agency will conduct an annual review of the Compliance Program. The purpose of the annual review of the Compliance Program will be to (1) determine whether the Compliance Program satisfies the requirements of 18 NYCRR Part 521; (2) determine the effectiveness of the Compliance Program; and (3) determine whether any revisions or corrective actions need to be taken. The annual review of the Compliance Program may be conducted by the Compliance Officer or any designee of the Compliance Officer. The Agency will document the design, implementation, and results of the annual review of the Compliance Program as well as any corrective actions taken as a result of the annual review. The results of the annual review of the Compliance Program will be shared with the Chief Executive Officer, senior management, the Compliance Committee, and the Governing Body.

The annual review should include, but is not limited to:

- On-site visits
- Interviews with Affected Individuals
- Review of records
- Surveys

**I. Exclusion Checks.** In addition to the background checks performed upon prospective employment with the Agency or contracting with the Agency, the Agency will check the exclusion status of every Affected Individual every 30 days as part of its auditing and monitoring activities. In determining the exclusion status of its Affected Individuals, the Agency will review Federal and New York State databases including the Health and Human Services Office of Inspector General's list of Excluded Individuals and Entities and the New York State Office of the Medicaid Inspector General Exclusion List. Vendors that contract with the Agency are also required to perform exclusion checks every 30 days where applicable. For more information, please refer to the Sanction Screening Policy in the Compliance Protocols.

## VIII. INVESTIGATION AND RESPONSE TO COMPLIANCE REPORTS

When a compliance issue is raised, the Compliance Department will conduct a prompt and full investigation. The Compliance Officer is responsible for investigating all reports of alleged violations of this Compliance Program or any compliance-related law, rules, or regulations; in addition to investigating any potential compliance problems identified in the course of an audit, monitoring program, or annual review of the Compliance Program. The Compliance Officer also shall ensure that all investigations are conducted promptly and thoroughly, with the assistance of legal counsel where appropriate.

When issues are substantiated, we ensure that prompt and effective corrective action is taken. Upon receipt of information concerning alleged fraud, waste or abuse, the Compliance Department will:

- Conduct an investigation, with the direction of legal counsel when warranted, which may include, but is not limited to:
  - Interviews with employees and others who have knowledge of the alleged conduct and a review of the applicable, laws, regulations and standards to determine whether or not a violation has occurred.
  - Identification and review of relevant documentation, including, where applicable, representative bills or claims submitted to the Medicaid program, to determine the specific nature and scope of the violation and its frequency, duration, and potential financial magnitude.
  - Interviews of persons who appear to have played a role in the suspected activity or conduct or may have information about it.
- Determine whether a corrective action is necessary to prevent further violations of if disciplinary action is warranted.

Reports of misconduct will be investigated and if verified, steps will be taken to correct the matter, including creation of a corrective action plan, the return of overpayments, and if warranted, any necessary disciplinary action up to and including termination of employment, contract, or other business relationship.

If the reported practice involves the improper submission of claims for payment, the Agency will immediately cease all billing potentially affected by the offending practice. If applicable, the Agency will calculate and repay any duplicate or improper payments made by the federal or state government program or a third-party payer as a result of the misconduct. Caring Professionals, with the direction of legal counsel, if warranted, may self-disclose activities of non-compliance and or criminal activity to regulatory agencies, and governmental authorities. For more information on reporting overpayments, please refer to the Reimbursement and Self-Disclosure Policy in the Compliance Protocols.

