



## Community Access Corporate Compliance Program

The Community Access Corporate Compliance Program (the Compliance Program) is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance. Generally, the Compliance Program refers to the policies and procedures designed to ensure that the organization is operating in an ethical manner and in compliance with all applicable federal and state laws and regulations.

**1. Written Policies and Procedures** that describe compliance expectations in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to impacted individuals including employees, board members, contractors, volunteers, or interns that are affected by the agency's risk areas on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved. The policies and procedures should be reviewed at least annually and modified, as necessary.

**2. Designation of a Compliance Officer** who is responsible for overseeing the day-to-day activities of the compliance program. The Compliance Officer(s) shall report directly to the entity's chief executive or other senior administrator and shall report directly to the governing body and Internal Corporate Compliance Committee on the activities of the compliance program quarterly. The compliance program is also well integrated into the agency's operations and supported by the highest levels of the agency. The compliance committee coordinates with the compliance officer to ensure that all Affected Individuals complete compliance training and education during orientation and annually. The compliance committee reports directly to the chief executive and governing body and the compliance committee charter includes duties and responsibilities for coordinating with the compliance officer.

**3. Establish an effective compliance training and education program** for all impacted individuals, including the board of directors, employees, contractors, volunteers, or interns that are affected by the agency's risk areas. Compliance training and education must be documented in an annual training plan and should be provided in a manner that is understandable and accessible to all Affected Individuals.

**4. Clear communication lines** to the responsible compliance position that are accessible to all employees, persons associated with the provider, program participants, executives and governing body members, to allow compliance issues to be reported. Such communication lines shall include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

**5. Disciplinary policies** to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate the following expectations: a) expectations for reporting compliance issues; b) expectations for assisting in the investigation and resolution of compliance issues; c) sanctions for failing to report

suspected problems; d) sanctions for participating in non-compliant behavior and; d) sanctions for encouraging, directing, facilitating or permitting non-compliance behaviors.

**6. A system for routine identification of compliance risk areas** specific to the provider type, for self-evaluation of such risk areas, including internal audits and, as appropriate, external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits. Internal and external audits and annual compliance program reviews are to be documented and shared with the internal compliance committee and governing body. In addition, monthly exclusion checks are to be shared with appropriate compliance personnel.

**7. A system for responding to compliance issues as they are raised;** for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations, knowledge of the agency's risk areas, organization experience and audits; correcting such problems promptly and thoroughly, and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to relevant external agencies when necessary; and refunding overpayments.

#### **Leadership Roles**

At Community Access, all elements of our Corporate Compliance Program are supported at all levels of the organization. The agency's Chief Compliance Officer and Compliance Officer are responsible for the development of the Compliance Program, including the creation and distribution of ethics and compliance standards; ensuring the development and delivery of ethics and compliance training; auditing and monitoring compliance with billing laws, regulations, conditions of participation, and policies; and providing a mechanism for reporting potential exceptions. The Chief Compliance Officer reports to the General Counsel of the agency. In addition, the Compliance Officers must report to the Board of Directors and the Compliance Committee on a regular basis, but no less than quarterly.

#### **Corporate Compliance and Providing Services**

Much of our work at CA involves providing supportive services to participants within our programs and accurately documenting the services provided. Employees are responsible for delivering and documenting services that meet the organization's standards. Records of documentation, particularly within our licensed programs, may be used in billing that is submitted to Medicaid and other government funders to support our work through reimbursement. The federal False Claims Act, the federal Deficit Reduction Act (DRA) and other NYS Laws, assert that Medicaid and other funds related to service delivery must be spent only on their intended purpose and that an agency must return any funds that cannot be justified with accurate and precise documentation. If fraud is involved, laws impose severe penalties against the organization and the individual, including civil and criminal charges.

As defined in A.C. Procedures for Reporting Fraudulent or Dishonest Conduct ("Whistleblower Policy"), located in the Complete Policy Manual, fraudulent or dishonest conduct includes a deliberate act or failure to act with the intention of

obtaining an unauthorized benefit. Examples of fraudulent activity include but are not limited to:

- a. Documenting that a service was provided when it was not actually delivered.
- b. Inaccurately documenting the time, place or length of the service delivered.
- c. Signing a document that requires particular credentials that you do not possess.
- d. Signing a document and dating your signature inaccurately.
- e. Knowingly authorizing for billing services that are inaccurately documented.
- f. Receiving payment of bribes or kickbacks.
- g. Fraudulent financial reporting

### **Resources for Guidance and Reporting Violations**

To obtain guidance on compliance issues or to report a suspected violation, staff or other Affected Persons may choose any of the following:

- a. **Discussing the concern with their manager or supervisor.** If an employee, contractor or other affected person reports a concern to his or her supervisor or manager, that supervisor or manager shall report the concern to the Chief Compliance Officer or Compliance Officer as soon as is possible.

- b. **Contacting the Compliance Officers directly.**

Brittany Griffin- Cook, Compliance Officer  
1 State Street, Suite 1015  
New York, NY 10004  
(p) 212. 780.1400 ext.7911  
(e) [bgriffin@communityaccess.org](mailto:bgriffin@communityaccess.org)

Bradley Moore, Director of Quality Improvement, Compliance, and Data Analytics / Chief Compliance Officer  
1 State Street, Suite 1015  
New York, NY 10004  
(p) 212.780.1400. ext. 7785  
(e) [bmoore@communityaccess.org](mailto:bmoore@communityaccess.org)

- c. **Accessing Community Access's Confidential Misconduct Reporting Hotline.** This option is available 24 hours/ day 365 days/year. The Hotline is operated by Lighthouse Services, an impartial third-party vendor, that offers comprehensive, confidential, and anonymous reporting services through a variety of contact methods. When an anonymous report is made to the Misconduct Hotline, Lighthouse notifies the Compliance Officer(s). If a report made to the Compliance Hotline requires it, the Chief Compliance Officer or Compliance Officer will begin an investigation or pass the information along to the appropriate department of Community Access for follow-up. If a reporter chooses to identify themselves when making a report, their identity will be kept confidential to the extent it is possible to do so.

**Lighthouse's Confidential Misconduct Reporting Line:**  
(646)722-9398

**Lighthouse’s Hotline via E-mail:**

[reports@lighthouse-service.com](mailto:reports@lighthouse-service.com) (must include “Community Access” in the report)

**Lighthouse’s Hotline via Fax:**

(215)689-3885 (must include “Community Access” in the report)

- d. **Reporting Directly to a Public Body.** An impacted individual (known as a “Protected Person” in the case of a whistleblower) is not required to notify Community Access of such concern where: (a) there is an imminent and serious danger to the public health or safety; (b) the individual reasonably believes that reporting to Community Access would result in a destruction of evidence or other concealment of the activity, policy or practice; (c) such activity, policy or practice could reasonably be expected to lead to the endangering the welfare of a minor; (d) the individual reasonably believes that reporting to Community Access would result in physical harm to the Protected Person or any other person; or (e) the individual reasonably believes that Community Access is aware of the activity policy or practice and will not correct such activity, policy or practice.

**Personal Obligation to Report**

The standards set forth in the Compliance Program are mandatory and must be upheld by all CA staff, volunteers, contractors, agents, subcontractors, independent contractors, board members and interns that are affected by Community Access’ risk areas, as, ultimately, the responsibility for ethical behavior rests with each of us. You are obliged to report any suspected activity by any other colleague that appears to violate applicable laws, rules, regulations, or the Code of Conduct, as soon as you become aware of the violation.

As a guide in determining whether an action or behavior is meeting the expected standards for ethical behavior, a colleague should ask his or herself:

- a. Is the action/behavior consistent with CA policies, procedures and legal or regulatory standards?
- b. Will the action/behavior cause harm?
- c. Could the action/behavior give the appearance of wrongdoing?
- d. Is the action in the best interest of CA, keeping in mind that ethical behaviors are never to be sacrificed in the pursuit of business objectives?

### **Non-Retaliation/ Non-Intimidation**

There will be no retaliation, intimidation or disciplinary action taken against anyone, including program participants who reports a possible violation of the Code of Conduct and related policies, in good faith – that is, when a report is not made for personal retaliation. Anyone believing that they have suffered some form of retaliation for making a report should contact the Compliance Officer(s) as soon as possible. A proven complaint shall result in a proper remedy for the person harmed and initiation of disciplinary action, up to and including termination, against the retaliating person as described in Community Access Inc’s Whistleblower Policy (see section A.C. Procedures for Reporting Fraudulent or Dishonest Conduct (“Whistleblower Policy”) in the Complete Policy Manual).

However, any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague will be subject to discipline.

### **Internal Investigations**

CA is committed to investigating all reported concerns promptly and confidentially to the extent possible. We will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct.

When CA conducts internal investigations, all employees are expected to cooperate fully with and assist in these investigations if requested to do so. CA colleagues should be aware that such cooperation may include making available upon request any materials that are perceived to aid in the investigation. This may include personal property such as a flash-drive or the contents of a handbag. The Compliance Officer(s) will coordinate any findings from the investigations and immediately recommend corrective action and/or necessary changes when appropriate.

Where an internal investigation substantiates a reported violation, it is the policy of the agency to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future at any CA facility.

Each staff member, Board member, consultant, independent contractor, volunteer or intern deemed relevant to the investigation is expected to cooperate with investigation efforts.

### **Discipline**

All violators of the Code of Conduct will be subject to disciplinary action, up to and including termination. The precise disciplinary action taken will depend on the nature, severity and frequency of the violation and may result in any or all of the following: verbal warning and counseling; written warning; limited final warning\*; final warning, potentially coupled with suspension; or termination. All employees of the agency are expected to comply with the laws, regulations, policies, and standards that govern our work as well as the organization’s

## Code of Conduct.

A Limited final warning is a corrective action issued as a final warning in response to a substantiated or partially substantiated allegation involving an employee's interaction with a program participant that is in violation of a policy, practice or regulatory requirement (e.g. Failure to meet Mandated Reporter responsibilities, uphold Code of Conduct standards, Corporate Compliance violations, Justice Center, etc.); which holds the level of first warning for all other performance or unrelated misconduct concerns. Employees subject to subsequent allegations or job performance issues will be subject to additional corrective action up to and including termination of employment. \*

If an employee engages in certain serious misconduct, CA will terminate the employee's employment immediately without first invoking any interim, progressive disciplinary steps. Egregious conduct includes:

- i) Knowingly participating in non-compliant behavior, such as fraudulent documentation of service
- ii) Encouraging, directing, facilitating or permitting non-compliant behavior; or
- iii) Failing to report suspected problems, such as fraudulent documentation of services.

Absent serious misconduct, Community Access values a "performance management" supervisory process through which supervisors provide both appreciative and constructive feedback in order to assist supervisees in accomplishing their best possible work. Regular supervision provides a forum for mentoring, goal setting and the attainment and continuation of high-performance standards. Formal performance evaluation procedures allow employees and supervisors the opportunity to assess performance goals, objectives and expectations, and discuss agency, program and individual standards. Routine supervision and evaluation can proactively assist managers in identifying areas of the job that may require improvement before becoming more serious. Community Access believes that managers should be held responsible for the actions of their subordinates and disciplinary actions will include determination of potential sanctions for management as well.

## **At Will Employment**

Notwithstanding the foregoing progressive discipline procedures outlined above, unless an employee is a party to a written employment agreement executed by a CA officer having the necessary authority that guarantees continued employment for a period, employment with CA remains "at will". That means either the employee or CA may terminate the employee's employment for any lawful reason or for no reason, with or without prior notice.

Accordingly, CA is not obligated to follow any of the disciplinary steps outlined in this memorandum and may terminate an employee's employment for any reason without first following any or all of the steps outlined above.

## **Acknowledgment Process**

Community Access requires all colleagues to sign an acknowledgment confirming they have received the Code of Conduct, understand it represents mandatory policies of CA and agree to abide by it.

- New colleagues must receive Code of Conduct Training during orientation and will be required to sign this acknowledgment as a condition of employment.
- Each CA colleague is also required to participate in annual Code of Conduct training, and records of such training must be retained in either the Learning Management System or on the agency in.
- Adherence to and support of CA's Code of Conduct and participation in related activities and training will be considered in decisions regarding hiring, promotion, and compensation for all candidates and colleagues.

For Quality Improvement/ Compliance Purposes:

Effective date: 10/6/2023

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