



# Saint Dominic's Family Services

Empowering People, Preserving Families,  
Inspiring Hope Since 1878

## CORPORATE COMPLIANCE MANUAL

---



*Developed: 12/06*

*Implemented: 12/20/07*

*Revised: 6/21/2018, 8/2021,  
4/2023, 11/2023<sup>1</sup>*

## Table of Contents

Introduction.....	1
Key Definitions.....	2
Commitment to a Culture of Compliance.....	4
Purpose of the Compliance Program.....	5
Corporate Compliance Program Reporting Requirements.....	6
Code of Conduct Policy.....	7
Code of Conduct Standards.....	9
Corporate Compliance Program Elements.....	15
False Claims Act Policy.....	20
Whistleblower, Non-Retaliation/Non-Intimidation Policy.....	23
Compliance with the Anti-Kickback Statute.....	27
Structuring Business Arrangements to Comply with Safe Harbors.....	29
Compliance Reviews of Professional Credentials of Staff and Others Providing Direct Care .....	31
Compliance Reviews for Excluded or Ineligible Individuals/Entities Policy.....	34
Conflict of Interest and Related Party Transactions Policy.....	38
Conflict of Interest and Related Party Transactions: Procedures for Disclosure, the Review Process and Corrective Action.....	43
Conflict of Interest Disclosure Statement.....	48
Conflict Of Interest Attestation And Acknowledgment.....	51
Gifts and Gratuities Policy.....	52
Contractor Selection Policy.....	54
Billing, Coding, Documentation and Claim Submission Policy.....	57
Compliance Personnel Policy.....	60
Compliance Committee Charter.....	64
Internal Monitoring and Auditing Policy.....	66
Internal Compliance Investigation Process.....	72
Corrective Action Policy.....	74
Policy on Managing External Investigations/Responding to Government Inquiries.....	78
Procedure for Managing External Investigations.....	80
Corporate Compliance Training and Education Policy and Procedure.....	83
Record Retention Policy.....	87
FINAL REMINDER.....	88
APPENDIX A: Compliance with Applicable Federal and State False Claims Acts: Overview of the Laws Regarding False Claims and Whistleblower Protections.....	891
APPENDIX B: ACKNOWLEDGEMENT.....	97



## **Introduction**

Saint Dominic's Family Services ("Saint Dominic's" or the "Agency") has designed and implemented a comprehensive Compliance Program that sets forth the standards of conduct that all "Personnel" (as defined below), are expected to follow during their work for or course of dealings with Saint Dominic's.

All Personnel must adhere to the Corporate Compliance Program standards as outlined in this Manual, whether it is in dealing with co-workers, supervisors, service recipients, families, representatives, vendors, state and local surveyors, the public, or any other person or entity having a relationship with the Agency. This manual articulates the purpose of the Compliance Program, describes its scope, and describes how the Program operates.

Saint Dominic's expects to conduct its business in a manner that supports integrity in its operations. The Agency is dedicated to maintaining the highest ethical standards as well as compliance with all applicable laws, rules, and regulations, including Federal health care program requirements (*e.g.*, the Medicare and Medicaid programs). It is required that all Personnel cooperate fully with the Compliance Program. In short, we are committed to doing the right thing, and our Compliance Program is designed to assist us in effectively keeping that commitment. Conduct that is contrary to these expectations will be considered a violation of the Compliance Program.

The Executive Vice President of Quality and Compliance is assigned as the Agency's Chief Compliance Officer. A Corporate Compliance Committee has been established to assist in the review and identification of compliance issues and in their resolution.

Integral to the Corporate Compliance Program are the Compliance policies, procedures, and Code of Conduct as outlined herein. The policies establish the expected work-related behaviors of all persons or entities operating under the aegis of Saint Dominic's. The policies are updated periodically to reflect new guidance and expectations of those providing services for Saint Dominic's or to reflect changes in applicable rules and laws. Personnel with specific responsibilities that are addressed by a Compliance Policy and Procedure must ensure that they are familiar with its requirements. Compliance Policies and Procedures can be accessed at all Agency programs, departments, facilities, and offices as well as on shared drives. The Manual is also available upon request from the Chief Compliance Officer at any time.

The success of Saint Dominic's Corporate Compliance Program is based on consistent adherence to the highest ethical standards and applicable laws. Please note, the Code of Conduct is not intended to anticipate all situations that may arise. If you have questions about a particular situation, you must contact your supervisor or the Chief Compliance Officer.



## Key Definitions

Unless otherwise defined in the Code of Conduct, or the Compliance Program Policies and Procedures (collectively referred to as the “Compliance Manual”), the terms listed below have the following meanings:

1. “**Compliance Committee**” means the group established by Saint Dominic’s to assist the Chief Compliance Officer in overseeing and executing various aspects of the Compliance Program.
2. “**Chief Compliance Officer**” means the individual designated by Saint Dominic’s with responsibility for the day-to-day operation of the Compliance Program.
3. “**Federal health care program**” means any plan or program that provides health benefits whether directly, through insurance or otherwise, that is funded directly, in whole or in part, by the United States Government, and includes certain State health care programs. Examples include, but are not limited to: Medicare, Medicaid, Veterans programs and the State Children’s Health Insurance Programs. The Federal Employees Health Benefits Program is not included in this definition.
4. “**Good faith participation in the Compliance Program**” includes, but is not limited to the following:
  - Reporting actual or potential compliance issues to appropriate personnel.
  - Cooperating with or participating in the investigation of compliance issues.
  - Assisting with or participating in self-evaluations and audits.
  - Assisting with or participating in remedial actions/resolution of compliance issues.
  - Reporting instances of intimidation or retaliation; and
  - Reporting potential fraud, waste or abuse to the appropriate State or Federal entities.<sup>2</sup>
5. “**Governing Body**” means the Board of Directors of Saint Dominic’s.
6. “**Organizational Experience**” means:
  - the knowledge, skill, practice and understanding Saint Dominic’s has in operating the Compliance Program.

---

<sup>2</sup> These laws are summarized in the “Whistleblower Law” section of Appendix A to this Manual.

- identification of any issues or risk areas in the course of internal monitoring and auditing activities;
  - experience, knowledge, skill, practice and understanding of the Agency’s participation in Federal health care programs (e.g., the Medicare and Medicaid programs) and the results of any audits, investigations, or reviews; or
  - awareness of any issues Saint Dominic’s should have reasonably become aware of for the categories of service we provide.
7. **“Personnel”** means all persons who are affected by Saint Dominic’s compliance risk areas including employees; the President/Chief Executive Officer; other senior administrators and managers; contractors, agents, subcontractors, and independent contractors (Contractors”),<sup>3</sup> the Board of Directors; corporate officers; and other affected individuals or entities affiliated or associated with Saint Dominic’s (e.g., volunteers, consultants, foster parents, medical and professional staff).
8. **“Risk Areas”** may change from time-to-time based on organizational experience. However, the Compliance Program continually addresses the following risk areas:
- billings and payments.
  - ordered services.
  - medical necessity and quality of care.
  - governance.
  - mandatory reporting.
  - credentialing.
  - Contractor oversight, and
  - other risk areas that are or should reasonably be identified through organizational experience.

---

<sup>3</sup> Contractors are only subject to Saint Dominic’s Compliance Program to the extent it is related to their contracted role and responsibilities within the Agency’s identified risk areas.



### **Commitment to a Culture of Compliance**

With more than 145 years of services provided to thousands of children, adults and families, Saint Dominic's Family Services has demonstrated commitment to a history of ethical and responsible conduct and continues to be dedicated to that commitment.

Saint Dominic's Code of Conduct and Compliance Program Policies and Procedures reflect the Agency's commitment to compliance with applicable laws, regulations and Federal health care program and other payer requirements. The Agency periodically reviews and revises these documents, to meet the requirements of a dynamic legal, regulatory, and changing environment.

Saint Dominic's will enforce conformance with ethical business practices, laws, and regulations, not only in the delivery of services, but in its day-to-day business practices.

It is required that all Personnel honor this commitment in accordance with the Agency's terms outlined in the Code of Conduct, Compliance Manual and Policies and Procedures.



### **Purpose of the Compliance Program**

The purpose of the Agency's compliance program is to provide policies, procedures and processes that ensure ethical behavior, understanding of personal responsibility and details regarding compliance expectations. Personnel are expected to comply with the Agency's policies and procedures as they relate to the Corporate Compliance Program. It is expected that the implementation and maintenance of the Compliance Program will give reasonable assurances that the Agency and its Personnel will continue to:

1. Comply with Federal, state, and local laws and regulations applicable to its operations.
2. Satisfy the conditions of participation in Health Care Programs funded by the state and federal government as well as the terms of its other contractual arrangements.
3. Detect, prevent, and deter violations of law and other forms of misconduct that might expose the Agency to civil or criminal liability.
4. Define the scope of business and professional conduct expected of Personnel.
5. Promote self-auditing, self-policing and encourage voluntary disclosure of violations of laws and regulations.
6. Establish, monitor, and enforce professional and ethical standards.

Saint Dominic's acknowledges that the Compliance Program cannot be and is *not intended* to be all-inclusive. The Agency relies on each individual's sense of honesty, fairness, and integrity to meet the challenges faced in providing quality care and services, as well as reducing fraud waste and abuse.

The Agency also acknowledges that the Compliance Program is *not intended* to set forth all the substantive compliance practices designed to achieve compliance, nor is it intended to replace the Agency's mission, moral commitments, or values.

Saint Dominic's continues to maintain various corporate practices aimed at monitoring the day-to-day business operations and activities, those actions will continue to be apart of its overall compliance efforts.

Saint Dominic's hopes to promote a culture of "good corporate citizenship" with its Corporate Compliance Program.



## **Corporate Compliance Program Reporting Requirements**

The Agency strives to ensure that compliance concerns referred through any of the many communication channels (personal contact, email, anonymous letters, toll-free hotline reports, etc.) are carefully reviewed, thoroughly and thoughtfully investigated, and reasonably, timely and appropriately resolved.

One of the guiding principles of the Agency's Corporate Compliance Program is to provide open access to reporting channels and the Chief Compliance Officer. Any Personnel with a concern about the corporate Compliance Program, policies, or procedures; any Personnel having questions on the application of the Compliance Program or any Personnel who suspects illegal or unethical conduct or violations of the Compliance Program are required to report to the Chief Compliance Officer.

### **The Chief Compliance Officer can be reached by:**

- Telephone at 845-359-3400 x 231 (Monday through Friday 9:00a.m - 5: 00p.m); or
- Email at [swatson@SDFS.org](mailto:swatson@SDFS.org); or
- Writing to the Chief Compliance Officer at Saint Dominic's Family Services, 500 Western Highway, Blauvelt, New York 10913.

### **Or call the Compliance Hotline:**

**Anonymous reports** may be made by calling the Agency's Compliance **Hotline** on **800-610-1033**. The Chief Compliance Officer monitors the Hotline. Callers should be sure to leave as much relevant information about their concern as well as identify the people and programs involved, if known.

Reports may be made **confidentially**. The identity of Personnel reporting will be kept confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the NY State Medicaid Fraud Control Unit (MFCU), the Office of Medicaid Inspector General (OMIG) or law enforcement or if disclosure is a requirement in connection with a legal proceeding.

**Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct is prohibited.**

Acts of retaliation or intimidation must be immediately reported to the Chief Compliance Officer for investigation, and, if substantiated, the individuals responsible will be appropriately disciplined.





## **Code of Conduct Policy**

### **Purpose:**

The purpose of this Code of Conduct is to describe standards of conduct and ethics expected of all Personnel.

The Code of Conduct augments, but does not limit, specific policies and procedures of Saint Dominic's. Personnel must perform their duties in accordance with all applicable policies and procedures. The Code of Conduct is intended to guide and provide standards for decisions and actions of Personnel.

The Code of Conduct is not intended to, nor can it cover every situation in the daily conduct of Personnel. It is also not intended to substitute common sense, individual judgment, or personal integrity. It is the duty of Personnel to adhere to the principles set forth herein and in other applicable policies and procedures.

The Code of Conduct is a dynamic document that will evolve through the contributions of Saint Dominic's employees and stakeholders. All Personnel are encouraged to suggest improvements to the Code of Conduct.

### **Scope:**

This policy applies to all Personnel who must adhere to the letter, intent, and spirit of the Code and of all laws, rules, and regulations applicable to the conduct of the Agency's activities and must exercise high standards of integrity and sound ethical judgment.

### **Statement of Policy:**

- The Code of Conduct is integral to the culture in which Saint Dominic's operates and the activities of all Personnel.
- It is the duty of each person to uphold the standards set forth in the Code of Conduct and to report violations by following the reporting procedures established by the Code of Conduct.
- One's ability to conduct him/herself in an ethical manner and adhere to the standards as discussed in this Corporate Compliance Program Manual, will be a factor considered when reviewing and evaluating job performances and contracts.
- Vice Presidents, managers, and supervisors of Saint Dominic's have a duty to adhere to the principles in the Code of Conduct, to support other persons in their adherence to the Code of

- Conduct, to recognize and detect violations of the Code of Conduct, and to enforce the standards in the Code of Conduct.
- It is a violation of the Code of Conduct to take any action in reprisal (including intimidation or retaliation) against anyone who in good faith, reports suspected violations of the Code of Conduct, Saint Dominic's policies and procedures or for other good faith participation in the Compliance Program.
- Alleged violations of the Code of Conduct or other policies and procedures of Saint Dominic's will be investigated by persons designated by, and pursuant to, procedures established by the Agency.
- Disciplinary action for violations of the Code of Conduct and other Saint Dominic's policies and procedures shall be enforced through the established disciplinary policies and procedures. Disciplinary actions will be determined on a case-by-case basis and may include dismissal from employment or affiliation with the Agency.
- Saint Dominic's will cooperate with law enforcement authorities in connection with the investigation and prosecution of any Personnel who violates a law governing the activities of the Agency.
- Saint Dominic's shall implement programs necessary to further such awareness and to monitor and promote compliance with the policies and procedures.



## **Code of Conduct Standards**

### ***1. All Personnel shall comply with applicable laws.***

It is the duty of all Personnel to be aware of the legal requirements and restrictions applicable to their respective professions, positions, programs, and duties. As such, Saint Dominic's expects each person to refrain from engaging in activity which may jeopardize the tax-exempt status of the Agency or compromise the integrity of the Agency. Failure to comply with legal requirements not only is a violation but is also inconsistent with Saint Dominic's commitment to be a responsible citizen in the communities that it serves. Over and above the strictly legal aspects, however, all Personnel are expected to observe the additional standards of business and personal ethics specified in the Code and to conduct themselves in a manner that would not be an embarrassment to the Agency. Because violation of laws can result in civil damage, criminal penalties and fines for the Agency, Personnel should contact the Chief Compliance Officer if any issues arise regarding the Code or applicable laws, rules, or regulations.

### ***2. Standards Related to Billing of Services and Payments***

Saint Dominic's shall maintain a relationship of integrity with its payers. The Agency shall ensure that all requests for payment of healthcare services are reasonable, necessary, and appropriate; provided by properly qualified persons, and the claims for such services are accurate and supported by appropriate documentation.

All Personnel must prepare accurate financial reports, accounting records, expense accounts, time sheets and other documents that completely and accurately represent the relevant facts and true nature of business transactions. It is the Agency's policy to comply with all relevant billing and claim reimbursement requirements. Saint Dominic's has an obligation to service recipients, Federal health care programs and other payors to exercise diligence and integrity when submitting claims for payment. All billing must be accurate and truthful and be based on adequate documentation of the medical justification for the services provided.

All Personnel involved in coding, billing and claims submissions must maintain high ethical standards and must know and adhere to all requirements, including all applicable rules and regulations pertaining to Federal health care programs. Personnel may also be expected to attend training and education sessions to ensure proper compliance with applicable rules and regulations relating to billing and documentation.

Under no circumstances may any Personnel knowingly misrepresent any information on any service recipient assessment forms, or in any other document, in an attempt to ensure reimbursement or obtain a higher reimbursement rate. False statements, intentional omissions or deliberate and reckless misstatements to government agencies or other payors

will expose the Personnel involved to disciplinary action. Personnel will not knowingly engage in any form of up-coding of any service in violation of any law, rule, or regulation. Personnel involved in such activities are subject to termination of employment or contract, and potential criminal and civil liability.

Personnel must comply with all Federal and New York State laws, including false claims laws and regulations that apply to the Agency's operations. A discussion of these laws is contained in a separate policy, entitled "Compliance with Federal and State False Claims Acts: Overview of the Laws Regarding False Claims and Whistleblower Protections." All Personnel will receive a copy of this policy, which is found in Appendix A.

Saint Dominic's has systems in place to ensure that all identified overpayments are timely reported, explained and returned in accordance with applicable law and contractual requirements.

**3. *Maintenance of complete and accurate records.***

It is the policy of Saint Dominic's to maintain and submit to our payers, including Federal health care programs (e.g., Medicaid, and Medicare) and other funding sources, accurate and honest records relating to billing or reporting on services provided.

All service providers must honestly and accurately document and describe the services that they rendered and maintain records in order to support rendered services.

Furthermore, all Personnel who prepare, maintain, or have custody of Agency records and reports should exert their best effort to see that these documents are: (i) accurate and complete and clearly reflect the assets and transactions of the Agency; (ii) safeguarded from loss or destruction; (iii) retained for specified periods of time in accordance with the Agency's document retention policy; and (iv) maintained in confidence.

**4. *Personnel shall maintain appropriate confidentiality of information and documents.***

Personnel have access to a variety of sensitive information, the confidentiality of which must be protected. All Personnel must adhere to the appropriate laws, regulations, policies, and procedures (including Saint Dominic's HIPAA security and confidentiality policies and procedures) to ensure that confidential information is properly maintained, and that inappropriate or unauthorized release is prevented.

All information developed or shared as the result of the Agency's activities is proprietary to the Agency and an important asset in the operation of the Agency's services. The unauthorized use or disclosure of this information is prohibited.

Personnel must maintain the confidentiality of information belonging to other persons or entities doing business with the Agency.

- i. It is understood that Personnel are to perform and exercise all services in accordance with the highest traditions of professional ethics. It is vital to the successful functioning of its services that all details of client services and/or consultations be held in complete confidence. Every effort must be made to prevent the disclosure of such confidences without the client's express consent.

- ii. Confidential information about the Agency shall be disclosed within the Agency only on a need-to-know basis.
- iii. Confidential information about Saint Dominic's shall be disclosed outside of the Agency only when required by law or when necessary to further the Agency's business interests and then only in accordance with applicable disclosure guidelines.

**5. *Policy on business courtesies, gifts, and referrals.***

Saint Dominic's prohibits the giving of any remuneration (including, but not limited to money, personal gifts, or free services) to any person or entity providing referrals for services to the Agency. Further no Personnel shall accept any remuneration, from any client, their family, customer, vendor, or anyone doing business with, or desiring to do business with, Saint Dominic's offers of gifts of nominal value (not to exceed \$25.00) and perishable treats or food that can be shared, given as a sign of appreciation, may be accepted. This policy statement is not intended to apply to gifts and/or similar entertainment of nominal value (not to exceed \$25.00) that clearly are in keeping with good business ethics and do not obligate the recipient. Saint Dominic's employees may not solicit money or gifts in any manner inconsistent with this policy.

All Personnel must adhere to proper business practices and federal and state referral prohibitions in dealing with vendors and referral sources; they must conduct business transactions free from offers or solicitation of gifts, favors or other improper inducements. The decision to refer service recipients is a separate and independent clinical decision made by physicians or other appropriate licensed practitioners. Saint Dominic's does not pay, solicit, offer, or accept anything of value to or from physicians, or anyone else, either directly or indirectly, for referrals.

**6. *Quality of Care, Medical Necessity and Rights of Service Recipients.***

All Personnel must support the mission to provide services of the highest quality that respond to the needs of service recipients, their families, and the community as a whole. Personnel providing care to service recipients shall be adequately trained and appropriately qualified and credentialed to provide services. In addition to the general credentialing process, Saint Dominic's will screen all Personnel to ensure they are not excluded from participation in Federal health care programs. Moreover, the services provided shall be reasonable and necessary for the care of each service recipient and appropriate to the situation. All such care shall be documented as required by law, regulation, certifying bodies, payer requirements, and professional standards.

*Personnel must* strive to provide a high quality of care to service recipients and families to improve the quality of life of each individual served.

In consultation with quality improvement personnel, the Chief Compliance Officer will ensure that quality assurance reviews are conducted, issues are addressed, and corrective actions are implemented, as necessary.

Saint Dominic's believes that all service recipients deserve to be treated with dignity and respect and have the right to participate in his/her own care; and to determine their service needs to the fullest extent possible.

All Personnel must be informed and knowledgeable about service recipients' rights and advocate on behalf of the recipients so as to ensure that their rights are protected.

The Agency has adopted a Statement of Client Rights which is posted throughout the Agency's facilities. The Statement is provided to each service recipient upon admission to the mental health program. The Statement includes the address and telephone number of the Justice Center for the Protection of People with Special Needs Vulnerable Persons' Central Register line, the nearest regional office of the Protection and Advocacy for Mentally Ill Individuals Program, the nearest chapter of the Alliance on Mental Illness of New York State and the Office of Mental Health.

Saint Dominic's has also implemented an incident management program to ensure a comprehensive strategy for the reporting, investigation, review, correction, and monitoring of certain events or situations, in order to protect individuals receiving services (to the extent possible) from harm; ensure that individuals are free from abuse and neglect; and to enhance the quality of their services and care.

Please note that in addition to the Agency's Code of Conduct, Personnel must at the time of initial employment or association with the Saint Dominic's, and at least annually thereafter, acknowledge that they have read and understand the Code of Conduct for Custodians of People with Special Needs adopted by the Justice Center for the Protection of People with Special Needs, as amended from time to time.

**7. *Personnel shall conduct themselves in an ethical manner.***

Personnel shall conduct all activities in accordance with the highest ethical standards and in accordance with their respective professional standards. All Personnel shall conduct themselves in a manner which upholds Saint Dominic's reputation and standing in the community.

*All Personnel must* refrain from knowingly making false or misleading statements to any service recipients, their families, stakeholders, or to any person or entity doing business with Saint Dominic's.

Furthermore, no Personnel shall take unfair advantage of any service recipient, their families or any other person doing business with the Agency through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair practice.

**8. *Standards Relating to Governance.***

The Board of Directors maintains oversight of Saint Dominic's compliance with Federal health care program requirements and the Compliance Program. In that regard, the Board of Directors regularly receive reports from the Chief Compliance Officer and the Compliance Committee regarding the effectiveness of the Program.

The Board of Directors also oversees the Agency's procedures for evaluating potential or actual conflicts of interest.

**Personnel shall avoid conflicts of interest.**

Saint Dominic's is a non-profit organization dedicated to the provision of care, education, and health-related services to service recipients and their families. All persons must faithfully conduct their duties in their assigned roles, responsibilities, and tasks for the purpose, benefit, and interest of those whom they serve. Therefore, Personnel have a duty to avoid conflicts with the interests of Saint Dominic's and may not use their positions and affiliations with Saint Dominic's for personal benefit. Employees of Saint Dominic's must consider and avoid not only actual conflicts but also the appearance of conflicts of interest.

All Personnel must maintain and protect the property and assets of Saint Dominic's, including proprietary information, controlled substances and medication, equipment, supplies, and funds of Saint Dominic's and shall not convert the Agency's property and assets for personal use.

A conflict of interest occurs when an individual's private interests interfere, or appear to interfere, with the interests of the Agency. A conflict can arise when a person takes actions or has interests that make it difficult to perform the Agency's work objectively and effectively. Conflicts of interest also arise when Personnel or their relative(s) receive improper personal benefits as a result of their position with the Agency. Personnel shall not have any financial or other relationship with suppliers, service recipients or competitors that could impair the independence of any decision they may need to make on behalf of the Agency.

Directors, Officers, and key persons of Saint Dominic's are required to disclose to the Agency's President/CEO or to the Chief Compliance Officer, financial or other relationships they may have with suppliers, consultants, service recipients, or competitors, that they may have, and provide the reasons they believe such relationship would not violate the Agency's Conflict of Interests Policy. After such a disclosure is made, the disclosure will be reviewed and a decision will be made as to whether the disclosed item constitutes a conflict of interest that requires a waiver, termination of the activity or disciplinary action.

## **9. *Mandatory Reporting***

As part of its commitment to providing high quality of care and services, Saint Dominic's complies with all applicable Federal and State mandatory reporting laws, rules and regulations. To this end, the Agency will ensure that all incidents and events that are required to be reported are done so in timely manner and will monitor compliance with such requirements.

Saint Dominic's also will ensure that all identified overpayments are timely reported, returned, and explained in accordance with applicable laws, rules, regulations, and contractual requirements. For example, it is the Agency's policy to exercise reasonable diligence in identifying overpayments and quantifying overpayment amounts, not retain any identified funds which are received from as a result of overpayments and to report, return and explain any overpayments from Federal health care programs (*e.g.*, Medicare and Medicaid) within 60 days from the date the overpayment was identified (or within such time as is otherwise required by law or contract). Any such monies that have been improperly collected shall be promptly refunded, in accordance with applicable laws, rules, regulations and requirements, to the appropriate party (*e.g.*, the Secretary of the United States Department of Health and Human Services, the State, a carrier or contractor) at the correct address.

Moreover, in certain circumstances (*e.g.*, should an internal investigation uncover possible fraud, waste, abuse or inappropriate claims), and with the advice and assistance of legal counsel, Saint Dominic's will avail itself of the appropriate self-disclosure process and report, as necessary and appropriate, to the New York State Department of Health, Office of the Medicaid Inspector General, the U.S. Department of Health and Human Services, Office of Inspector General, the Centers for Medicare and Medicaid Services, or other appropriate governmental agency.

The President/CEO, the CFO and the Governing Body will ensure compliance with mandatory reporting obligations under New York's Social Services Law, the Deficit Reduction Act of 2005, and other reporting obligations, as necessary and appropriate.

**10. *Standards Related to Contractor Oversight***

The Chief Compliance Officer will ensure that arrangements with Contractors specify in writing that such individuals/entities are subject to Saint Dominic's Compliance Program, to the extent that such individuals/entities are affected by the Agency's compliance risk areas. Saint Dominic's will confirm the identity and determine the exclusion status of Contractors affected by the Agency's compliance risk areas. All such contracts must include termination provisions for failure to adhere to the Compliance Program requirements.

**11. *Standards Related to Ordered Services***

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

**The Code of Conduct Policy and Standards were:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

***References:***

***10 N.Y.C.R.R. 521-1.4***





## **Corporate Compliance Program Elements**

The Saint Dominic's Family Services Board of Directors supports the development and implementation of the Corporate Compliance Program. The Program establishes a framework for legal and ethical compliance for all Personnel. The Program is a living document, and all Personnel are required to comply with the policies and procedures therein. The program is not intended to set forth all of the substantive codes, policies, practices, or professional expectations of Saint Dominic's, but rather it is designed to outline broad expectations in relation to the Agency's compliance philosophy.

**Saint Dominic's Corporate Compliance Program includes the following elements:**

### ***1. Formal Policies.***

The Code of Conduct and specific Compliance Policies and Procedures have all been formalized in writing and approved by the Board of Directors. These documents demonstrate commitment to complying with applicable legal, regulatory, and other requirements, appropriate guidance, and contractual commitments. The Chief Compliance Officer and Compliance Committee will, no less than annually, review all Compliance Program documents to determine if they (i) have been implemented; (ii) are being followed by Personnel; (iii) are effective and (iv) require any updates.

Saint Dominic's written Compliance Policies and Procedures and the Code of Conduct is designed to:

- articulate the Agency's commitment and obligation to comply with all applicable federal and state standards.
- describe compliance expectations for our Personnel.
- document the implementation and operation of the Compliance Program.
- provide guidance to Personnel on dealing with potential compliance issues.
- identify how to communicate compliance issues to appropriate compliance personnel.
- describe how potential compliance issues will be investigated and resolved.
- include a policy of non-intimidation and non-retaliation for good faith participation in the compliance program; and

- include all requirements listed under Section 6032 of the Deficit Reduction Act of 2005 as to maintaining and disseminating policies regarding false claims laws and whistleblower protections.

## **2. *The Appointment of a Chief Compliance Officer and a Compliance Committee.***

**Duties of the Chief Compliance Officer**—The Chief Compliance Officer maintains day-to-day responsibility for the Compliance Program. The Chief Compliance Officer is responsible for ensuring that all elements described herein are in effect and are fully operational. The Chief Compliance Officer reports directly and is accountable to the President/CEO and must have access to the Board President.

**Duties of the Compliance Committee**—A Compliance Committee monitors the operation of the Compliance Program and assists the Chief Compliance Officer in overseeing and executing various aspects of the Compliance Program. The Compliance Committee is responsible for coordinating with the Chief Compliance Officer to ensure that the Agency is conducting business in an ethical and responsible manner, consistent with the Compliance Program.

**For more information see:** The Compliance Personnel Policy.

- ## **3. *Mandatory Compliance Education and Training.***
- Saint Dominic’s compliance training and education program is designed to train and educate Personnel, including the Chief Compliance Officer, Governing Body, President/CEO, senior administration, managers, and employees. Training and education covers, compliance issues/risk areas, expectations, disciplinary standards and the operation of the Compliance Program. Additional training and education based on the specific issues Personnel may face in their work with the Agency may also be included.

At a minimum, such training will take place annually and will be made part of the orientation for all new employees upon hire, upon appointment of a new Chief Executive, manager, or Governing Body member.

**For more information see:** The Corporate Compliance Training and Education Policy.

## **4. *Effective Lines of Communication.***

**Communication System.** Saint Dominic’s has established and implemented effective lines of communication, ensuring confidentiality, to the Chief Compliance Officer, members of the Compliance Committee and the Agency’s employees, managers, and Governing Body. The lines of communication are accessible to all Personnel, and all clients receiving services from the Agency.

Saint Dominic’s has an “open door” policy for receiving reports and for answering questions concerning adherence to the law and the Compliance Program.

**Reporting and Confidentiality.** Personnel must abide by the Compliance Program and report suspected misconduct, potential violations of Federal or State law or regulations, violations of the Compliance Program and other compliance-related concerns. Personnel may report issues to the Chief Compliance Officer, to the Compliance Hotline, to their supervisor, to their Program Administrator or to management. If a report is made to a supervisor or management or anyone other than the Chief Compliance Officer, that person

must in turn immediately inform the Chief Compliance Officer so that the issue may be addressed.

Personnel may report anonymously by calling the Hotline. For all reports, the reporting person's identity will remain confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the NY State Medicaid Fraud Control Unit (MFCU), the Office of Medicaid Inspector General (OMIG) or law enforcement or if disclosure is a requirement in connection with a legal proceeding.

**Public Promotion of the Compliance Program.** The Agency's website contains information regarding the Compliance Program, including the Code of Conduct.

**5. *Disciplinary Standards to Encourage Good Faith Participation in the Compliance Program.***

Saint Dominic's has established disciplinary standards to encourage good faith participation in the Compliance Program by all affected individuals.

All Personnel will be subject to disciplinary action if they fail to comply with any applicable laws, rules, regulations, or any aspect of the Compliance Program. This includes disciplinary actions for the following behaviors:

- violation of the Agency's Corporate Compliance Program
- failure to report suspected violations, problems, or misconduct.
- encouraging, directing, facilitating, or permitting non-compliant behavior.
- engaging in non-compliant behavior.
- refusal to cooperate in investigation of a potential violation.
- refusal to assist in the resolution of compliance issues; or
- retaliation against, or intimidation of, an individual for good faith participation in the Compliance Program.

Such disciplinary actions shall be fairly and firmly enforced. The types of discipline imposed will be commensurate with the severity of the violation, ranging from verbal or written warnings to termination of employment or contract, as appropriate.

**For more information see:** The Corrective Action Policy.

**6. *The System for Routine Monitoring and Identification of Compliance Risk Areas***

Saint Dominic's has established a system for the routine identification and assessment of compliance risk areas relevant to its operations. This process includes internal, and/or external reviews, audits, and other practices to evaluate the Agency's compliance with Federal health care program requirements (*e.g.*, the Medicare and Medicaid Programs) and the overall effectiveness of the Compliance Program.

- **Monitoring and Auditing.** The Chief Compliance Officer (or a designee) will ensure that internal and external audits, as appropriate, are conducted by auditors with expertise in Federal health care program requirements and applicable laws, rules and regulations, or have expertise in the audit subject areas. The Chief Compliance Officer and Compliance Committee will also audit and monitor the operation of the Compliance Program to determine its effectiveness.
- **Specific Risk Areas.** The Chief Compliance Officer also routinely monitors areas where there is a potential for fraud, waste, or abuse. This includes, but is not limited to, reviews of the Agency's business practices; coding, billing, documentation and payment practices; issues relating to quality of care and medical necessity of services; ordered services, the credentialing process; compliance with mandatory reporting requirements; governance; contractor oversight and other potential compliance risk areas that may arise from complaints, risk assessments, or that are identified by specific compliance protocols or through other means.
- **Tracking New Developments.** The Chief Compliance Officer ensures that relevant publications issued by government or third-party payers regarding compliance rules or protocols relevant to the Agency are reviewed, and appropriately implemented. In addition, the Chief Compliance Officer will monitor the Compliance Hotline as well as any other reports of compliance issues or violations. As appropriate, the Chief Compliance Officer will raise issues with the President/CEO, Compliance Committee and/or the Governing Body.
- **Annual Work Plan.** The Chief Compliance Officer and Compliance Committee will formulate an annual Compliance Work Plan based on developments arising from internal reviews, risk assessments and identified areas of concern. The Work Plan shall describe the Compliance Program's intended reviews and goals for the coming year. The President/CEO shall approve the Work Plan.

**For more information see:** The Internal Monitoring and Auditing Policy

7. ***The System for Promptly Responding to Compliance Issues.*** Saint Dominic's has established and implemented procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensure ongoing compliance with the Federal health care program requirements (*e.g.*, the Medicare and Medicaid Programs).
- **Investigations.** All compliance issues, however raised (*i.e.*, whether reported or discovered through audits/self-evaluations or other means) must be brought to the attention of the Chief Compliance Officer. The Chief Compliance Officer shall oversee or conduct an inquiry into compliance issues, using outside counsel or consultants, as necessary. All Personnel are required to cooperate in such investigations.
  - **Corrective Action and Responses to Suspected Violations.** All Personnel are required to assist in the resolution of compliance issues. Corrective action may include conducting training and re-education; revising or creating appropriate forms; modifying or creating new policies and procedures; conducting internal reviews, audits, or follow-up audits; imposing discipline (up to and including

termination of employment or contract), as appropriate; and making voluntary disclosures and/or refunds to appropriate payers (e.g., the New York State Office of the Medicaid Inspector General, the United States Department of Health and Human Services, Office of Inspector General or the Centers for Medicare and Medicaid Services) or other appropriate parties. Corrective Action Plans and other corrective actions will be monitored after they are implemented to ensure that they are effective.

**For more information see:** The Internal Compliance Investigation Policy

8. ***Policy of Non-Intimidation and Non-Retaliation for Good Faith Participation in the Compliance Program.*** All Personnel are expected to participate in and comply with this Compliance Program, including the reporting of any violation or compliance issue. Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct or for other good faith participation in the Compliance Program is prohibited and is itself a serious violation of the Code of Conduct. Acts of retaliation or intimidation should be immediately reported to the Chief Compliance Officer or the Sr. Vice President of Human Resources and, if substantiated, will be disciplined appropriately.

**For more information see:** The Whistleblower, Non-Retaliation, Non-Intimidation Policy

**The Corporate Compliance Program Elements were:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

***References:***

***10 N.Y.C.R.R. 521-1.4***



## **False Claims Act Policy**

### **Purpose:**

The purpose of this policy is to provide information to all Personnel about the Agency's responsibility to prevent fraud, waste, and abuse as it relates to the submission of accurate claims for payment to payers, including Federal health care programs. This policy also describes the Agency's commitment to detecting and preventing fraud, waste, and abuse.

The policy is further designed to attempt to ensure that Personnel do not engage in conduct that violates the Federal False Claims Act as well as state laws prohibiting the making of false claims and statements.

The Agency has established policies to prevent fraud, waste and abuse of the Medicaid and Medicare programs. These policies were established to ensure appropriate claims are made to payers, including government programs and include the following actions:

- Developing policies on appropriately submitting and processing claims for services.
- Providing information and education on the Agency's Compliance Program.
- Monitoring and auditing systems to prevent and detect errors in coding or billing.
- Investigating reported concerns and correcting issues that are discovered.
- Encouraging Personnel to report suspected abuses.
- Protecting Personnel from adverse action when concerns are reported in good faith.

### **Applicable Law**

The False Claims Act is violated if a person knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the federal government. See 31 U.S.C. § 3729. The potential penalties for violating the False Claims Act include treble damages (damages equal to three times the amount of the false claims), civil penalties of up to \$11,000 per claim (subject to increases) and potential exclusion from Federal health care programs. In addition, the federal government may impose administrative sanctions of up to \$5,500 (subject to increases) plus twice the amount of the false claim under the Federal Program Civil Remedies Act of 1986. See 31 U.S.C. § 3801.

Several New York State laws also prohibit the making of false claims and statements. Criminal penalties may be imposed for knowingly making a false entry in a business record or filing a false

instrument with a government agency (Article 175 of the Penal Law), committing a fraudulent insurance act (Article 176 of the Penal Law), or engaging in health care fraud (Article 177 of the Penal Law).

**An overview of the laws regarding false claims and the whistleblower protections associated with those laws can be found in Appendix A.**

### **Definitions**

- ***Abuse*** describes practices that may directly or indirectly result in unnecessary costs to the Federal health care programs. Abuse includes any practice that does not provide patients with medically necessary services or meet professionally recognized standards of care.
- ***Claim*** means any request or demand for payment submitted to another party if the federal government directly or indirectly covers the cost of any portion of the claim.
- ***Fraud*** means any type of intentional deception or misrepresentation made by a person with the knowledge that the deception or misrepresentation could result in some unauthorized benefit to himself/herself or another person.
- ***Knowing and knowingly*** mean that a person, with respect to information (i) has actual knowledge of the information, (ii) acts in deliberate ignorance of the truth or falsity of the information or (iii) acts in reckless disregard of the truth or falsity of the information. No proof of a specific intent to defraud is required for a person to act knowingly.

### **Scope:**

This policy applies to all Personnel.

### **Statement of Policy:**

Saint Dominic's may be subject to liability under the *False Claims Act* for knowingly engaging in the following types of conduct:

- Submitting claims to the Medicaid program for services not actually rendered or for which Saint Dominic's may not otherwise be entitled to reimbursement.
- Submitting cost reports to Medicaid that are inaccurate or incomplete.
- Assisting another health care provider in improperly billing Medicaid for health care services for which Saint Dominic's is obligated to pay.
- Failing to bill Medicare or a private insurer as the primary payer prior to submitting a claim to the Medicaid program.
- Conspiring with another to get a false claim paid or allowed.
- Knowingly making or using a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property owed to the federal or state government.

The above list is intended to be illustrative and not exhaustive. *False Claims Act* liability exists for any *knowing* submission of false claims or-statements that result in payment by a Federal health care program to which the Agency is not entitled.

Personnel are prohibited from engaging in any conduct that violates the *False Claims Act*. Personnel must take all steps specified in this policy to protect Saint Dominic's from *False Claims Act* liability.

### **Reporting False Claims Violations**

- All Personnel are expected to report to the Chief Compliance Officer or the CFO, the preparation or submission to Medicaid or any other Federal health care program of any claim or report which is false or fraudulent, or any other conduct that violates the false claims laws.
- Personnel may make such reports through any of the mechanisms described in Saint Dominic's Corporate Compliance Program Manual.
- All reports received shall be reviewed and investigated by the Chief Compliance Officer or designee, as appropriate.
- Personnel are required to contact their supervisor or the Chief Compliance Officer if they have questions as to whether certain practices violate the Federal False Claims Act.

### **Enforcement of Policy**

Personnel who do not comply with this policy will be subject to disciplinary action up to and including termination. Depending upon the facts and circumstances of each case and in compliance with any applicable collective bargaining agreements, Saint Dominic's may reprimand, suspend, or dismiss any employee who fails to comply with this policy or terminate affiliations or contractual agreements.

**The False Claims Act Policy was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

**References:**

*See Appendix A*





## **Whistleblower, Non-Retaliation/Non-Intimidation Policy**

### **Purpose:**

In furtherance of the Compliance Program and the requirements of Section 715-b of the New York Not-for-Profit Corporation Law, the purpose of this Policy is to ensure that all Personnel understand the Agency's commitment to prohibiting intimidation, retaliation, harassment, discrimination, or other retaliation for "good faith participation in the Compliance Program" (defined below). Intimidation and retaliatory action in any form by any individual associated with Saint Dominic's is strictly prohibited and is itself a serious violation of the Code of Conduct and this Policy. Prohibited retaliation includes, but shall not be limited to, any adverse employment action and any other negative treatment, including intimidation that results from good-faith participation in the Compliance Program.

### **Policy:**

No director, officer, employee, consultant, contractor or volunteer of Saint Dominic's who in good faith reports any action or suspected action taken by or within the Agency that is illegal, fraudulent, or in violation of any adopted policy of the Agency shall suffer intimidation, harassment, discrimination, or other retaliation, or in the case of employees, adverse employment consequences.

Saint Dominic's will not take disciplinary or retaliatory action against any Personnel who in good faith raises a compliance concern or for other good faith participation in the Compliance Program. Intimidation or retaliation in any form by any individual associated with the Agency is strictly prohibited and is itself a serious violation of the Code of Conduct.

If any Personnel feels that they are being intimidated or retaliated against for their good faith participation in the Compliance Program, that individual should contact the Chief Compliance Officer immediately. Any Personnel who commit or condones any form of retaliation or intimidation will be subject to discipline up to, and including termination of employment, contract or affiliation.

### **Oversight of this Policy:**

The adoption, implementation, and compliance with this Policy shall be overseen by the Board of Directors. The Board of Directors has authorized the President/CEO and the Chief Compliance Officer to administer this Policy, assisted by the Chief Administration Officer of Human Resources. The President/CEO and the Chief Compliance Officer will report to the Board of Directors on issues related to this Policy.

**Definition-Good Faith Participation in the Compliance Program includes, but is not limited to:**

- a. Reporting actual or potential issues or concerns including any action or suspected action taken by or within Saint Dominic's that is illegal, fraudulent or in violation of any adopted Agency policy.
- b. Cooperating with or participating in the investigation of such matters.
- c. Assisting with or participating in self-evaluations, audits, and/or implementation of remedial actions.
- d. Reporting cases of intimidation or retaliation; or
- e. Reporting potential fraud, waste or abuse to the appropriate State or Federal entities<sup>4</sup>

**Reporting Requirements:**

Saint Dominic's requires all Personnel to report actions that violate applicable laws, rules, and regulations, including those related to accounting and auditing practices, behaviors that may constitute fraudulent practices or behaviors that violate the Agency's policies and procedures including:

- Unethical conduct *e.g.*, forged documentation, theft etc.
- Billing, coding and documentation issues
- Client abuse, neglect, or mistreatment
- Quality of care issues
- Business practices, including inappropriate relationships with vendors, inappropriate gifts and conflicts of interest
- Fraud, waste, and abuse

**Investigation of Intimidation / Retaliation Complaints**

1. All allegations of intimidation or retaliation resulting from good faith participation in the Compliance Program will be fully and completely investigated. The Chief Compliance Officer will oversee any investigations and take all necessary and appropriate actions in connection with any investigation. The Chief Compliance Officer will be assisted by internal staff and/or may solicit the support of external resources, as needed.
2. All individuals who may have relevant information will be promptly interviewed. At the outset of the interview process, the interviewee will be reminded that retaliation and intimidation is a violation of the Code of Conduct and this Policy and may be unlawful as well. The interviewee will be reminded of the Agency's disciplinary policy for failure to cooperate in a compliance-related investigation.
3. All documentation related to the investigation will be kept confidential, consistent with the need to investigate the issue(s) raised. Investigative files will be kept secured in a central location under the control of the Chief Compliance Officer or designated staff. Such

---

<sup>4</sup> For a summary of Federal and New York State whistleblower protection laws, please see the "Whistleblower Law" section of Appendix A to this Manual.

investigative files will be kept separate from Personnel files and will be maintained for not less than ten years from the date of the conclusion of the investigation, or the imposition of disciplinary sanctions or corrective actions resulting therefrom, or for such longer period of time as may be required by applicable law.

4. If the Chief Compliance Officer, in conjunction with the Chief Administration Officer of Human Resources and the President/CEO, determine that an employee was improperly terminated or otherwise disciplined in retaliation for good faith participation in the Compliance Program, the Sr. Vice President of Human Resource will promptly seek to re-employ that individual or otherwise remedy the situation. The Board of Directors will retain oversight of all such corrective actions.
5. If the Chief Compliance Officer determines that an employee was retaliated against for good faith participation in the Compliance Program, appropriate disciplinary action will be taken against the offending person, subject to the oversight of the Board of Directors the Agency may terminate contracts and affiliations based on retaliation or intimidation for good faith participation in the Compliance Program, subject to the oversight of the Board of Directors
6. In order to prevent retaliation or intimidation against employees who in good faith participate in the Compliance Program, the Chief Compliance Officer must approve terminations of employment prior to being effectuated, the Sr. Vice President of Human Resource and the Chief Compliance Officer shall be advised of the employee's participation in the Compliance Program prior to the termination decision or other adverse employment action being taken.
7. A person that is the subject of a whistleblower complaint may not be present at or participate in deliberations or vote on the matter relating to such complaint. The Board of Directors, in its discretion, may request that a person who is subject of a whistleblower complaint present information as background or answer questions prior to the commencement of deliberations or related voting.

### **Reporting to the Governing Body**

The President/CEO or Chief Compliance Officer will advise the Program and Compliance Committee of the Board regarding the frequency and types of alleged acts of retaliation or intimidation and of changes in frequency of such allegations over time.

### **Distribution of Policy**

This Policy will be distributed to all Personnel, key persons<sup>5</sup> and to volunteers who provide substantial services to the Agency.

### **Employee and Contractor Education**

Saint Dominic's provides compliance training and information to all employees under its Employee Training Policy. Training includes a component addressing the Whistleblower Protections. Saint Dominic's Family Services Employee Handbook also contains information about the Whistleblower Protections and other relevant laws and regulations.

---

<sup>5</sup> The term "key person" is defined in the Conflict of Interest and Related Party Transactions Policy.

The Sr. Vice President of Human Resources shall ensure that, in connection with the execution of each contract by Saint Dominic's, the Contractor receives a copy of this policy and other necessary information regarding the Compliance Program.

**The Whistleblower, Non-Retaliation/Non-Intimidation Policy was:**

**Implemented:** *12/20/07*

**Reviewed:** *11/2023*

**Revised:** *6/21/2018, 8/2021,  
4/2023, 11/2023*

***References:***

***10 N.Y.C.R.R. 521-1.4***



## **Compliance with the Anti-Kickback Statute**

### **Purpose of Policy**

The purpose of this policy is to provide information to all Personnel regarding the Agency's compliance with the Federal Anti-kickback Statute.

### **Applicable Law -Summary of the Federal Anti-Kickback Statute**

The federal Anti-Kickback statute makes it a criminal offense to knowingly offer, pay, solicit, or receive any remuneration (which includes anything of value, including, without limitation: money, goods, and services) to induce or reward referrals of items or services payable by a federal health care program (including, but not limited to, Medicare and Medicaid). New York State also has its own Anti-Kickback statute, which mirrors the federal law but applies only to New York State Medicaid providers. Together, the federal and New York State Anti-Kickback statutes are referred to herein as the "Anti-Kickback Laws." The Anti-Kickback Laws were designed to ensure that referrals for health care services are based on medical necessity and the best interests of the patient, rather than the financial motives of the referring provider.

The federal Anti-Kickback statute contains certain statutory exceptions that protect certain arrangements and payment practices. In addition, regulations describing additional exceptions for various other arrangements and payment practices - known as "safe harbors" - have also been promulgated. Each exception/safe harbor contains specific requirements that must be satisfied to protect the arrangement or practice from criminal, civil or administrative action. Failure to satisfy a safe harbor or exception, however, does not necessarily render an arrangement illegal, or otherwise actionable. Instead, in such cases the arrangement will be analyzed considering the governing law and regulations and, in particular, the intent of the parties, among other relevant facts and circumstances.

### **Statement of Policy**

In compliance with the Anti-Kickback Statute, Saint Dominic's Family Health Services does not offer, solicit, or provide remuneration (i.e., anything of value) to any person based upon the volume of patients referred or the value of services or items provided, nor does the Agency, pay physicians or anyone else, either directly or indirectly, for referrals. The decision to refer clients is a separate and independent clinical decision made by the health care provider. Moreover, the Agency does not accept any form of remuneration in return for referring its clients to other health care providers. Saint Dominic's discharges, transfers, or refers clients to other providers based on clients documented medical needs for the referred services and the ability of that provider to meet those needs. The Agency always respects and honors a client's freedom to choose a health care provider.

It is imperative to ensure that the Agency's arrangements comply with the Anti-Kickback Laws before any referrals are made, and *before* any arrangement is finalized.

In compliance with the Anti-Kickback Laws, all contracts, leases, and other financial arrangements and relationships with other providers who have a referral relationship with the Agency will be based on the fair market value of the services or items being provided or exchanged, and not on the basis of the volume or value of referrals or other business generated between the parties.

Saint Dominic's will not engage in, or permit, any practice that violates the Anti-Kickback Laws or tends to create an appearance of illegality or impropriety, including, but not limited to:

- *Free Services.* The Agency will not provide free services or items to, or accept free services or items from, another provider with whom a referral relationship exists.
- *Fair Market Value.* The Agency will not pay, or charge amounts above fair market value for providing equipment, space, or personnel services to or from another provider. The Agency also will not pay, or charge amounts below fair market value for providing equipment, space, or personnel services to or from another provider.
- *Joint Ventures.* The Agency will not enter into joint ventures with other providers when applicable safe harbors or exceptions do not apply, or pursuant to which benefits are conferred on one party in a manner that could be interpreted as an inducement or reward to refer.
- *Discounts.* Any discount that the Agency receives for items or services purchased will be in accordance with the discount safe harbor under the Anti-Kickback Laws. Discounts will be in the form of a price reduction based on a fair market value transaction and will be properly disclosed.

*Examples of conduct that violates this policy include, but are not limited to, the following:*

- An employee accepts free meals or tickets to a cultural event from a hospital to which Saint Dominic's refers clients for medical and or psychiatric care.
- Saint Dominic's leases space to a clinic that receives service recipients' referral from the Agency at a rent greater than fair market value.
- Saint Dominic's receives free equipment or services from a clinical laboratory from which the Agency orders laboratory tests.

Employees shall refer service recipients for medical care to other providers based on the medical needs of the service recipient and in accordance with Saint Dominic's clinical policies.



## **Structuring Business Arrangements to Comply with Safe Harbors**

Certain common business arrangements between parties exchanging referrals may be structured to fit within “safe harbors” to the anti-kickback statute. Complying fully with a safe harbor ensures that no portion of the compensation flowing under the arrangement may be characterized as an improper inducement for referrals.

Although compliance with a safe harbor is not legally required, Saint Dominic’s seeks to fit business arrangements with client referral sources and recipients into a safe harbor whenever feasible. Saint Dominic’s requires that any lease with a source or recipient of client referrals satisfy the “space rental safe harbor.” This safe harbor requires that the aggregate rent paid by or to the other party is fixed in advance for a period of at least one year and is consistent with fair market value. Leases to which Saint Dominic’s is a party are reviewed by General Counsel to ensure compliance with this requirement.

The Agency takes a similar approach to any ancillary service agreements with sources and recipients of referrals, such as equipment leasing, technology licensing and administrative services arrangements. These agreements are required to fit within the anti-kickback “equipment leasing” or “personal services and management contracts and outcomes-based payment arrangements” safe harbor.

Oral agreements with sources or recipients of referrals for space or services, including oral supplements to or amendments of existing written agreements are prohibited.

Whenever feasible, Saint Dominic’s will seek to verify the fair market value of space, equipment or services through a third-party expert or data source. This process may include a review of comparable real estate listings in the community, the purchase of proprietary databases or the retention of an independent valuation expert.

When negotiating arrangements with vendors, any concessions from the vendor must be reflected as a price discount or rebate. Other payments made by vendors to Saint Dominic’s are prohibited.

The anti-kickback statute is complex, and Saint Dominic’s expects that employees may have questions as to whether a particular activity or arrangement is consistent with this policy. Employees are encouraged to ask their supervisors for guidance in this area. In addition, employees may directly contact the Chief Compliance Officer for assistance in interpreting this policy.

### **Enforcement**

Employees who do not comply with this policy will be subject to disciplinary action by Saint Dominic’s. Depending on the facts and circumstances of each case and in accordance with any

applicable collective bargaining agreements, The Agency may reprimand, suspend, or dismiss any employee who fails to comply with this policy.

**The Compliance with Anti-Kickback Statute Policy, including the Structuring Business Arrangements to Comply with Safe Harbors were:**

**Implemented:** 12/20/07

**Reviewed:** 11/2023

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

***References:***

***42 U.S.C. 1320a-7b(b)***

***42 C.F.R. 1001.952***





## **Compliance Reviews of Professional Credentials of Staff and Others Providing Direct Care**

### **Policy**

Saint Dominic's is committed to ensuring that all individuals employed by, or who contract with, the Agency have the proper credentials, experience and expertise required to discharge their responsibilities. To this end, the Agency is committed to using good faith efforts to not employ or contract with physicians or other health care practitioners who are not currently licensed and registered with the State to practice their profession.

### **Procedures**

To ensure compliance with the above Policy Statement, Saint Dominic's will, at minimum, take the following actions:

#### **New Employees/Contractors/Volunteers**

All candidates for employment or other affiliation with the Agency who provide direct care (*e.g.*, in a residential setting, have regular and substantial unsupervised, unrestricted physical contact with consumers) are required to disclose on the employment application whether he or she has been convicted of any criminal offense and whether there are any pending criminal charges against the applicant. For all such prospective employees, contractors and volunteers, the Agency will request the Justice Center to check its register of substantiated category one cases of abuse or neglect (also known as the staff exclusion list). If the check of the staff exclusion list does not preclude St. Dominic's from hiring or utilizing the individual, the Agency will conduct criminal history record checks ("CHRC") unless such person is exempt from the criminal history record check requirement (*e.g.*, professionals licensed pursuant New York State Education Law Title 8).

Also prior to hiring or retaining any individual, the Agency will appropriately query available websites, including, but not limited to (as applicable):

- <http://www.health.state.ny.us/professionals/doctors/conduct/> (links to the NYS Office of Professional Conduct and Physician Discipline web page).
- <http://www.op.nysed.gov/opd/> (links to the NY State Education Department's web page for disciplinary action against professional licensees); and
- <http://www.op.nysed.gov/opsearches.htm/> (links to the NY State Education Department's web page for license verification).

## **Annual Reviews**

Appropriate website searches (and/or searches/diligence of other appropriate information or resources) will be performed no less than annually on all individuals and entities then employed by, or contracted with, the Agency. In addition, the Agency will require each current employee to certify on his or her annual performance evaluation: (a) that he or she has not been convicted of a crime; (b) that no such proceedings or investigations are pending; and (c) (as appropriate) that their New York State license and registration to practice their profession are current.

## **Corrective Action**

Should the Agency determine that: (a) any individual is or has been convicted of a crime; (b) that any such proceeding or investigation is pending against any individual; or (c) that an individual's New York state license and/or registration is not current, then the following action will be taken:

- First, the Chief Compliance Officer will be immediately notified.
- Second, if the determination relates to an individual that has an existing relationship with the Agency, the individual will be immediately suspended from providing any services to, or on behalf of, the Agency (including, but not limited to, patient care services) pending the outcome of an investigation. In addition, any billing by, or related directly or indirectly to, that individual will be immediately suspended.
- Third, an investigation of the matter will be immediately undertaken (with the assistance of compliance counsel, as necessary), and appropriate corrective and disciplinary action will be promptly implemented in accordance with our Compliance Program (including, but not necessarily limited to, the return of monies improperly received).
- Fourth, in determining whether:
  - a. continued employment of an individual facing criminal charges is advisable; or
  - b. employment of an individual that does not have an existing relationship with the Agency, and who has a prior criminal conviction or pending criminal case is advisable,

Saint Dominic's will consider (i) whether there is a direct relationship between the criminal offense and the position held or sought by the individual; and (ii) if there is an unreasonable risk to property or the safety or welfare of the Agency's clients and personnel or the public. Saint Dominic's does not discriminate against individuals based on their having a criminal record.

- Fifth, if the determination relates to an individual that is not properly licensed or registered with the state, that person will not be hired or retained, or otherwise become or remain affiliated with the Agency.

## **Documentation Retention**

Records of the above reviews and any investigations, corrective action and/or disciplinary action taken will be maintained by the Sr. Vice President of Human Resources in the Human Resources Department.

**The Compliance Reviews of Professional Credentials of Staff and Others Providing Direct Care Policy was:**

**Implemented:** *12/20/07*

**Reviewed:**

**Revised:** *6/21/2018, 8/2021,  
4/2023, 11/2023*

***References:***

*10 N.Y.C.R.R. §521-1.4*

*NY Mental Hygiene Law §16.33*

*NY Social Services Law §495*

*14 N.Y.C.R.R. Part 550*

*14 N.Y.C.R.R. §633.22*



## **Compliance Reviews for Excluded or Ineligible Individuals/Entities Policy**

Saint Dominic's is committed to using good faith, reasonable efforts to not knowingly employ, contract with, or otherwise do business with, individuals or entities that are excluded, debarred, or suspended from, or otherwise ineligible to participate in, Federal health care.

This Policy and Procedure applies to our relationships and prospective relationships with: (1) all professional and non-professional members, and candidates to become members, of the Agency's staff, whether employed by, contracted with, or volunteers to, the Agency (collectively referred to as "Staff"); and (2) all physicians, practitioners and other providers who refer clients to, or order, prescribe or medically direct the provision of, items or services from, the Agency (collectively referred to as "Referring Providers").<sup>6</sup>

### **Definitions**

The following definitions apply for purposes of this Policy and Procedure:

- 1. Federal Health Care Program.** A "Federal health care program" 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 (other than the Federal Employees Health Benefits Program), or any State health care program. For example, some of the better-known Federal Health Care Programs include Medicare, Medicaid, TRICARE, and veterans' programs.
- 2. Ineligible Person.** An "Ineligible Person" means an individual or entity who/which has been excluded, debarred, suspended, terminated from, or is otherwise ineligible to participate in, any Federal Health Care Program or any Federal procurement or non-procurement program, and has not been reinstated after the period of exclusion, debarment, suspension, termination, or ineligibility.
- 3. Exclusion Lists.** The "Exclusion Lists" include the following three internet sources that must be checked in accordance with the requirements of this Policy and Procedure:
  - <https://exclusions.oig.hhs.gov/> (the United States Department of Health and Human Services, Office of Inspector General's ["OIG"] List of Excluded Individuals/ Entities).
  - <https://www.sam.gov/SAM/pages/public/searchRecords/advancedPIRSearch.jsf> (The General Service Administration's System for Award Management); and

---

<sup>6</sup> See the Vendor Selection Process Policy for information regarding how Saint Dominic's screens potential vendors.

- <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions> (the New York State Medicaid Exclusions List, available on the New York State Office of the Medicaid Inspector General’s [“OMIG”] website).

Other sources and lists may also be checked as the Agency deems necessary and appropriate. For example, if a potential Staff member’s resume or application indicates that he or she worked in a state(s) other than New York, the equivalent state-specific lists, if available, should also be checked. Should any questions arise about the need for or advisability to consult any sources of information in addition to the Exclusion Lists, they should be promptly directed to the Chief Compliance Officer.

## **Procedures**

To ensure compliance with this Policy, Saint Dominic’s will, at minimum, follow the procedures set out below.

- 1. Responsibility for Screening Process.** The Chief Compliance Officer or designee(s) will conduct Screening of Staff and Referring Providers. If a designee is used, the person/entity performing the required screenings on behalf of the Agency will report the results of all such screenings to, and will be supervised by, the Chief Compliance Officer.
- 2. Procedures for Screening.**

### Screening of Potential Staff Members and New Referring Providers.

- a. **Potential Staff Members.** Every candidate to work as a Staff member at or on behalf of Saint Dominic’s is required to disclose on his or her application form whether he or she is an Ineligible Person. In addition, at a minimum, the Agency will also check the names of each potential Staff member against the Exclusion Lists prior to contracting with, employing the candidate, or allowing them to volunteer at the Agency. If the candidate discloses that he or she is an Ineligible Person, fails to answer the question, appears on any of the Exclusion Lists, or if there is any question as to whether he or she is an Ineligible Person, the procedures set out in section 4, below, will be followed.
- b. **New Referring Providers.** Prior to accepting referrals or furnishing items or services at the medical direction of, a Referring Provider who is new to the Agency, the Agency will, at minimum, check the name of each such individual or entity against each of the Exclusion Lists. If the new Referring Provider appears on any of the Exclusion Lists, or if there is any question as to whether the individual or entity is an Ineligible Person, the procedures set out in section 4, below, will be followed.

### **3. Regular Checks of Current Staff and Current Referring Providers.**

- a. **Checks At Least Every Month.** The Chief Compliance Officer or a designee will check the names of all current Staff and current Referring Providers against each of the Exclusion Lists at least every month. If an individual’s or entity’s name appears on any of the Exclusion Lists, the procedures set out in section 4, below, will be followed.
- b. **Annual Certification by Current Staff.** The Agency will also require that Staff certify in their annual performance evaluations that they are not currently and has not been at any time, since the date of the last such certification, an Ineligible Person. If the Staff member discloses that he or she is/was an Ineligible Person or fails to answer the question, or if

there is any question as to whether he or she is an Ineligible Person, the procedures set out below will be followed.

#### **4. Response to an “Ineligible Person” Finding**

Should the disclosure or review processes set forth above result in the determination that, or any question as to whether, any individual/entity may be, is, or has been, an Ineligible Person, then the following procedures will be followed:

- a. Notification of Chief Compliance Officer/Investigation/Preliminary Actions. The Chief Compliance Officer will be immediately notified. An investigation into the matter will be promptly conducted, in conjunction with outside counsel as necessary and appropriate. The investigation will include a review of all relevant facts and circumstances. During the pendency of any such investigation: (a) any Federal health care program claims that are related (whether directly or indirectly) to the items or services provided by, at the medical direction of, or that result from an order, prescription or referral from, the individual/entity who is suspected to be an Ineligible Person, will be immediately suspended, and (b) a suspected Ineligible Person will be immediately removed from any and all responsibility for, and any and all involvement with, Federal health care programs (including administrative and management services). The Agency may also take such other preliminary actions consistent with its Compliance Program and its compliance policies and procedures that it deems necessary and appropriate.
- b. Finding of Ineligibility. If, after the investigation is concluded, a potential Staff member or a new Referring Provider is found to be an Ineligible Person, the Agency will not hire or contract with the individual, and will not accept referrals, orders, prescriptions, or direction from, any such Referring Provider. If, after the investigation is concluded, a current Staff member or current Referring Provider is found to be an Ineligible Person, the Agency will take all appropriate corrective action.

*This may include, but is not limited to, one or more of the following:*

- suspension or termination of an individual’s employment or contract with, or work for, the Agency.
- permanent suspension of claims that are related (directly or indirectly) to the Ineligible Person.
- the timely return of monies improperly received, in accordance with applicable law, regulation, guidance and/or contract; and/or
- self-disclosure or reporting to the appropriate government agency(i.e.), or other payors, in accordance with applicable law, regulation, guidance and/or

An *Ineligible Person* must be removed from any and all responsibility for, and any and all involvement with, Federal Health Care Programs (including administrative and management services), and the Agency will cease submitting claims to, or seeking or causing payments to be made from, Federal Health Care Programs that relate in any way, whether directly or indirectly, to items or services provided by, at the medical direction of, or that result from an order, prescription, or referral from the Ineligible Person, in accordance with applicable law, regulation and guidance.

Other appropriate corrective action, if necessary, may also be taken in accordance with the Agency’s Compliance Program and its compliance policies and procedures.

The Agency will consider reinstating an *Ineligible Person* only following confirmation that the individual/entity has been reinstated into the applicable Federal Health Care Program(s) and that the individual/entity is no longer an Ineligible Person. Any decision regarding reinstatement will be made at the Agency's sole discretion.

## **5. Maintenance of Documentation**

The search results page of the checks of the Exclusion Lists or other proof that the required checks of the Exclusion Lists have been performed will be maintained by the Chief Compliance Officer or a designee. In addition, records of any investigations, corrective action, disciplinary action or other action taken in accordance with this Policy and Procedure will also be maintained by the Chief Compliance Officer or a designee for no less than ten (10) years from the later of: (a) the last date on which the Exclusion Lists were searched, (b) the conclusion of the investigation, (c) the imposition or ending date (as the case may be) of any corrective, disciplinary or other action, or (d) for such longer period of time as may be required by applicable law, regulation or contractual requirement.

**The Compliance Reviews for Excluded or Ineligible Individuals/Entities Policy was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

### ***References:***

***42 U.S.C. §1320a-7***

***10 N.Y.C.R.R. §521-1.4***



## **Conflict of Interest and Related Party Transactions Policy**

### **Purpose**

The purpose of this Conflict of Interest and Related Party Transactions Policy (the “Conflicts Policy”) is to (1) protect the interests of Saint Dominic’s Family Services (“Saint Dominic’s” or the “Agency”), a tax-exempt organization, when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a Director, Officer or Key Person (as those terms are defined below) or might result in a possible excess benefit transaction; and (2) provide a procedure for dealing with conflict of interest and related party transaction situations. The Conflicts Policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to not-for-profit, educational, and charitable organizations in New York State. The Conflicts Policy applies to all Directors, Officers, and Key Persons of the Agency.

### **Oversight of This Policy**

The Board of Directors shall oversee the adoption, implementation of and compliance with the Conflicts Policy.

The Board of Directors has authorized the Agency’s Chief Compliance Officer to provide it with assistance in the implementation of, and compliance with, this Policy. Such assistance may include having the Chief Compliance Officer: (1) gather the Conflict-of-Interest Disclosure Statements; (2) track the successful completion of the Statements; (3) transmit the Statements to the Secretary of the Audit Committee; and (4) assist the Secretary of the Audit Committee in organizing the Statements for the Audit Committee’s review. The Board, however, will retain overall responsibility for all aspects of the oversight of this Policy.

### **Basic Requirements**

As is set forth in more detail below, all potential or actual conflicts of interest must be reported and must be appropriately addressed as required by this Conflicts Policy. Where there is uncertainty whether a particular transaction or matter presents a disclosable conflict of interest, it should be disclosed pursuant to the Conflicts Policy.

Failure to adhere to the Conflicts Policy will be considered a breach of the individual’s obligation to the Agency and may result in disciplinary action. Directors, Officers, and Key Persons are thus expected to read and understand the Conflicts Policy and to review it at least annually to be alert to situations that could pose an actual or potential conflict of interest.

Underlying the requirements of the Conflicts Policy is the expectation that Directors, Officers and Key Persons will always do the following:



- (1) act fairly, reasonably and in the Agency’s best interests.
- (2) act in compliance with all applicable legal requirements, including but not limited to, the requirements concerning Related Party Transactions described below.
- (3) refrain from personal considerations of any kind that conflict with, or that appear to conflict with, the best interests of the Agency, the community it serves or its clients; and
- (4) immediately disclose any potential conflicts of interest in accordance with the procedures set forth in this Policy.

At the time of disclosure, it is the responsibility of the Agency, through review by the Board of Directors, to determine whether and to what extent such conflict of interest should limit the individual’s participation in his or her position or the particular transaction or matter under consideration. In general, Directors, Officers, and Key Persons with conflicts of interest must refrain from participating in the consideration or determination of any transaction or matter as to which they have an actual or potential conflict.

In adopting the Conflicts Policy, the Board of Directors recognizes that:

- (1) Many conflicts that are properly disclosed can be adequately managed without detriment to the reputation, integrity or position of the Agency and the individual.
- (2) In most cases, problems associated with actual or perceived conflicts of interest do not arise from the conflicts, but rather are the result of failure to openly acknowledge and actively manage them.
- (3) It is important to outline the process for identifying, assessing, and managing actual and potential conflicts to assure that both the integrity of the Agency and the core activities are protected.

### **What is a “Disclosable Conflict of Interest”?**

“Disclosable Conflict of Interest” means any circumstance that gives rise to, or appears to give rise to, an actual or potential conflict of interest between a Director’s, Officer’s, Key Person’s personal interest (or the personal interests of a Relative of a Director, Officer, or Key Person) and the best interests of the Agency, the community it serves or its patients. In addition, every Related Party Transaction is a Disclosable Conflict of Interest. Some representative examples of conflicts of interest that must be disclosed include, but are not limited to, those situations when Directors, Officers or Key Persons, or their Relatives:

- (1) **Related Party Transaction**. Have a financial interest in any transaction, agreement, or arrangement in which the Agency is or intends to be a participant.
- (2) **Relationships with Vendors and Competitors**. Have any financial interest in a vendor, competitor, or entity with which the Agency does business or intends to do business or which competes with the Agency; is a member, owner, sole proprietor, partner, shareholder, director, trustee or officer of such vendor, competitor, or entity; or has a contractual or employment relationship with such vendor, competitor, or entity.
- (3) **Personal Interest**. Represents the Agency in any matter in which the person has a personal interest (financial or otherwise).

- (4) **Personal Gain.** Uses, or could use, knowledge about the Agency for personal gain, profit, or advantage.
- (5) **Business Relationships with Board Members, Officers, or Key Persons.** Is a Directors, Officer or Key Person and has a family or business relationship with another Board Member, Officer, or Key Person.
- (6) **Gifts and Other Benefits.** Accepts gifts, entertainment or other favors from a vendor, competitor, or entity with which the Agency does business or intends to do business under circumstances from which it might be inferred that the gift or gratuity was being given to influence the Personnel’s actions or decisions on behalf of the Agency.
- (7) **Other Organizations.** Is an officer or director of or has a direct or indirect substantial financial interest in, another corporation, firm, or other entity – including another health care organization – with which the Agency does business or intends to do business.
- (8) **Other Conduct.** Engages in any other conduct that interferes with, or appears to interfere with, the best interests of the Agency or with the Agency Personnel’s responsibilities to the Agency.

Other examples may arise, particularly in certain contexts within which the Agency conducts its day-to-day operations. It is not possible to provide an exhaustive listing of every situation in which a conflict of interest, or the appearance of a conflict of interest, may arise. Note, however, that De Minimis Transactions and Ordinary Course of Business Transactions, as defined below, are not covered by the Conflicts Policy. Even in such cases, however, the affected party may not intervene or seek to influence the person tasked with making the decision or reviewing the transaction. Further, the person tasked with making the decision or reviewing the transaction should not consider or be influenced by the affected party’s involvement in decisions or matters that may affect the decision-maker/reviewer.

## **Other Definitions**

Below are definitions of key words and phrases that are used throughout this Policy and Procedure:

- **“Affiliate.”** An “Affiliate” of the Agency means any entity controlled by, in control of, the Agency.
- **“Board.”** “Board” means the Board of Directors or any other body constituting a Governing Board as defined below.
- **“De Minimis Transaction.”** A “De Minimis Transaction” for purposes of this Policy is one that is immaterial or insignificant to the Agency, taking into account all relevant factors, including but not limited to: (i) the Agency’s overall business or financial operations; (ii) any impact the transaction might have on the quality of care, treatment or services provided to the Agency’s children/consumers/clients, and/or (iii) the size and scope of the particular transaction.
- **“Director” or “Board Member.”** “Director” or “Board Member” means any member of the Governing Board of the Agency, whether designated as director, trustee, manager, governor, or by any other title.

- **“Governing Board.”** “Governing Board” means the body responsible for the management of the Agency.
- **“Key Person.”** “Key Person” means any person, other than a Director or Officer, whether or not an employee of the Agency, who (i) has responsibilities, or exercises powers or influence over the Agency as a whole similar to the responsibilities, powers, or influence of directors and officers; (ii) manages the Agency, or a segment of the Agency that represents a substantial portion of the activities, assets, income or expenses of the Agency; or (iii) alone or with others controls or determines a substantial portion of the Agency’s capital expenditures or operating budget.
- **“Officer.”** “Officer” means those individuals designated as officers in the by-laws of the Agency and those who are otherwise appointed as officers of the Agency in accordance with the Agency’s by-laws.
- **“Ordinary Course of Business Transaction.”** An “Ordinary Course of Business Transaction” is one that is consistent either with the Agency’s consistently applied past practices in similar transactions or with common practices in the industry in which the Agency operates. Examples of Ordinary Course of Business Transactions include, but are not limited to: (I) a nonprofit entity that uses the local electric utility for its electrical service and supply, and a 35% shareholder of the local electric utility is a board member; and (ii) where the general counsel of a nonprofit entity has a written, established, and enforced policy for the selection, retention, evaluation and payment of outside counsel, and a board member is a partner of, and has a greater than 5% share in, one the firms retained by the general counsel.
- **“Agency.”** “Agency” means Saint Dominic’s Family Services.
- **“Agency Personnel”** “Agency Personnel” means Board Members, Officers, and Key Persons.
- **“Related Party.”** “Related Party” means (a) any Director, Officer or Key Person of the Agency or any affiliate of the Agency; (ii) any Relative of a Director, Officer, or Key Person of the Agency or any affiliate of the Agency; or (iii) any entity in which a Director, Officer or Key Person of the Agency or any affiliate of the Agency or a Relative of a Director, Officer or Key Person of the Agency or any affiliate of the Agency has a thirty-five percent or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of five percent.
- **“Related Party Transaction.”** “Related Party Transaction” means any transaction, agreement or any other arrangement in which a related party has a financial interest and in which the Agency or any affiliate of the Agency is a participant, except that a transaction shall not be a related party transaction if: (i) the transaction or the related party’s financial interest in the transaction is de minimis, (ii) the transaction would not customarily be reviewed by the board or boards of similar organizations in the ordinary course of business and is available to others on the same or similar terms, or (iii) the transaction constitutes a benefit provided to a Related Party solely as a member of a class of the beneficiaries that the Agency intends to benefit as part of the accomplishment of its mission which benefit is available to all similarly situated members of the same class on the same terms.

- **“Relative.”** “Relative” of an individual means (i) his or her spouse or domestic partner as defined under New York Public Health Law § 2994-a; (ii) his or her ancestors, brothers, and sisters (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren; or (iii) the spouse or domestic partner of his or her brothers, sisters, children, grandchildren, and great-grandchildren.
- **“Vendor/Third Party.”** “Vendor/Third Party” includes all vendors, third parties, suppliers, consultants, other health care providers, educational institutions, manufacturers, payers and other third parties seeking to do, or currently engaged in, business, or in competition, with the Agency.



## **Conflict of Interest and Related Party Transactions: Procedures for Disclosure, the Review Process and Corrective Action**

### **How and When to Disclose**

Board Members, Officers and Key Persons must disclose any potential conflicts of interest annually and when a potential conflict arises.

1. ***Annual Written Conflict of Interest Disclosure Statement.*** Board Members, Officers and Key Persons will, at least annually, file a written Conflict of Interest Disclosure Statement with the Agency's Chief Compliance Officer (on behalf of the Secretary), who will provide copies of all completed Statements to the Chair of the Audit Committee.

For Board Members, the Conflict-of-Interest Disclosure Statement will specifically include, among other Disclosable Conflicts of Interest, a statement identifying, to the best of the Board Member's knowledge, any entity of which he or she is an officer, director, trustee, member, owner (either as a sole proprietor or a partner), or employee and with which the Agency has a relationship.

2. ***Continuing Obligation to Disclose and Update.*** Board Members, Officers and Key Persons have an affirmative and continuing obligation to disclose any conflicts of interest as they arise and to update his or her annual written Conflict of Interest Disclosure Statement. All such updated Disclosure Statements will be filed with the Agency's Compliance Officer (on behalf of the Secretary), who will provide copies of all updated or new disclosures to the Chair of the Audit Committee for the Audit Committee's review and consideration.

If, during a Board or Board-level committee meeting, discussion, or deliberation, any actual or potential conflict of interest becomes apparent to a member, that Board Member must disclose such actual or potential conflict to the Board or committee. If another Board Member becomes aware of any actual or potential conflict of interest, he or she shall disclose such conflict if the conflicted Board Member is absent. In both cases, such disclosure shall be a matter of record.

3. ***Prior to the Initial Election of a Board Member.*** Prior to the initial election of any Board Member, the individual proposed for a Board Member position shall complete, sign and submit a written Conflict of Interest Disclosure Statement identifying, to the best of the proposed Board Member's knowledge, any entity of which he or she is an officer, director, trustee, member, owner (either as a sole proprietor or a partner), or employee and with which the Agency has a relationship, and any transaction in which the Agency is a participant and in which the proposed Board Member might have a Disclosable Conflict of Interest.

All such Statements will be filed with the Chief Compliance Officer (on behalf of the Secretary), who will provide copies of each completed Statement to the Chair of the Audit Committee, for the Audit Committee's review.

4. ***Potential Members Appointed to Committee with Board-Delegated Powers.*** All potential members of any committee with governing Board-delegated powers must complete a Disclosure Statement and disclose any actual, potential, or perceived conflict of interest to the Chief Compliance Officer prior to assignment to such committee.

## **The Review Process**

1. ***Review Process.*** The Agency's Chief Compliance Officer will conduct a preliminary review of completed Conflict of Interest Disclosure Statements and provide all completed Statements to the Chair of the Program and Compliance Committee of the . For matters that raise an actual or potential conflict of interest, or that create the appearance of an actual or potential conflict of interest, the Audit Committee will:
  - (a) consider all relevant facts and circumstances involved in the matter, and what is fair, reasonable and in the best interests of the Agency and the community we serve.
  - (b) exclude the affected individual(s) from being present at or participating in the deliberations or voting on the potential conflict of interest.
  - (c) prohibit the affected individual(s) from any attempt to improperly influence the deliberations or voting on the matter; and
  - (d) permit the affected individual(s), upon request of the Audit Committee, to present information concerning the matter at a meeting prior to commencement of deliberations or voting on the matter.
2. ***Report to the Board of Directors.*** The Audit Committee will make an initial determination as to whether a conflict of interest exists or may exist and recommend what course the Agency should take in connection with the matter. The Chief Compliance Officer and outside counsel, as needed, may assist in reporting its recommendations and findings to the Board. The Board shall review the recommendations and findings and make its own findings, which shall be final and binding.

The Board will contemporaneously document in writing in appropriate minutes of any meeting at which the matter is deliberated or voted upon all deliberations and determinations relating thereto, including, at a minimum, a summary of the matter, a summary of the deliberations, consideration of any alternatives, who is present at the meeting(s), the vote and the basis for the determination, including, but not necessarily limited to, whether the matter is as fair and reasonable to the Agency as would otherwise then be obtainable by the Agency.

3. ***Corrective Actions.*** If, after review and consideration, the Board concludes that a potential or actual conflict of interest does exist, then the Agency will implement the following corrective actions to protect the Agency's best interests:
  - (a) ***Generally.*** Board Members for whom an actual or potential conflict of interest is found to exist will take no part in consideration, deliberation, or

decision-making as to the underlying matter that is the subject of the potential conflict.

- (b) Recusal. The conflicted Board Member must recuse him or herself from discussion (including informal discussions) of matters affected by the conflict of interest, including physical absence from discussions, deliberations, voting, or decision making either during consideration by management or during Board or Board Committee meetings.
- (c) Personal Influence. The conflicted Board Member will not use his or her personal influence - in any way or at any time - with respect to the matter that is the subject of the potential conflict.
- (d) Significant Conflicts. If the conflict is so significant as to be incompatible with the mission, strategic priorities, or best interests of the Agency, the Board will decide whether it is appropriate for the individual to continue serving on the Board or as a member of a Board committee.

**4. *Additional Special Rules for Related Party Transactions***. Generally, in addition to the considerations outlined above, all Related Party Transactions (as defined herein) are subject to the following additional special rules:

- (a) Fair and Reasonable. The Agency may not enter into a Related Party Transaction unless the transaction is determined to be fair, reasonable and in the Agency's best interest at the time of the determination.
- (b) Disclosure of Material Facts. In considering the Related Party Transaction, the Audit Committee or the Board shall ensure that any Board Member who has an interest in the Related Party Transaction has disclosed in good faith all material facts concerning such interest; and
- (c) No Participation. No Related Party may participate in the deliberations or voting relating to any Related Party Transaction. However, the Audit Committee or the Board may request that a Related Party present information concerning a Related Party Transaction at a meeting prior to the commencement of deliberations or voting relating thereto.
- (d) Documentation. Contemporaneous documentation of the Audit Committee's and the Board's review of a Related Party Transaction will include, at a minimum, a summary of the matter, a summary of the deliberations, consideration of any alternatives, the vote, and the basis for the determination, including, but not necessarily limited to, whether the matter is as fair and reasonable to the Agency as would otherwise then be obtainable by the Agency.

**5. *Additional Related Party Rules When a "Substantial" Financial Interest Exists***. With respect to any Related Party Transaction involving the Agency and in which a Related Party has a "substantial" financial interest in the transaction, agreement or arrangement, the following shall also apply:

- (a) Prior to entering into the transaction, the Board shall consider alternative transactions to the extent available.

- (b) The transaction must be approved by not less than a majority vote of the members presents at the meeting; and
  - (c) The Board must contemporaneously document in written minutes the basis for its approval or disapproval, including its consideration of any alternative transactions.
- 6. **Compensation Decisions.** All compensation must be in a reasonable amount for services rendered and must be in compliance with all other legal requirements. No person who may benefit from such compensation may be present at or otherwise participate in any deliberation or vote concerning his or her compensation. However, such a person may be asked to present information as background or answer questions at a meeting prior to the commencement of deliberations or voting relating thereto. Unless otherwise provided in the certificate of incorporation or the bylaws, the Board shall have the authority to fix the compensation of Directors for services in any capacity. The fixing of salaries of Officers, if not done pursuant to the by-laws, requires the affirmative vote of a majority of the entire Board unless a higher proportion is set by the certificate of incorporation or by-laws.
- 7. **Training.** Board Members, Officers and Key Persons will receive a copy of this Policy annually and will receive specific training regarding conflicts of interest in accordance with their governance responsibilities. Ongoing education will also be provided as new issues are identified.
- 8. **Violations of this Policy.** The Chief Compliance Officer will ensure that all Directors, Officers, and Key Persons file annual disclosure statements. If Directors, Officers, and Key Persons fail to comply with the Policy's disclosure requirements, the Chief Compliance Officer will report such failure to the Board of Directors, which shall recommend appropriate corrective action. Moreover, if the Audit Committee of the Board has reasonable cause to believe any Board Member, Officer or Key Person has failed to disclose actual or potential conflicts of interest, it shall inform such individual of the basis for such belief and afford him or her an opportunity to explain the alleged failure to disclose. If, after hearing the individual's response and making further investigation as warranted by the circumstances, the Audit Committee determines that such individual has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.
- 9. **Records of Proceedings.** The minutes of the Board and all committees with board delegated powers shall contain:
  - (a) The names of the persons who disclosed or otherwise were found to have a Financial Interest or other personal interest in connection with an actual or possible Conflict of Interest, the nature of the Financial Interest or personal interest, any action taken to determine whether a Conflict of Interest was present, and the Board's or committee's decision as to whether a Conflict of Interest in fact existed.
  - (b) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.
- 10. **Periodic Reviews.** To ensure Saint Dominic's operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt



status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- (a) Whether compensation arrangements and benefits are reasonable, based upon competent survey information and the result of arm's length bargaining.
- (b) Whether partnerships, joint ventures, and arrangements with management organizations conform to the Agency's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

**11. *Use of Outside Experts.*** When conducting the periodic reviews as provided for above, the Agency may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

**The Conflict of Interest and Related Party Transaction Policy and Procedures for Disclosure, the Review Process and Corrective Action was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

***References:***

***NY Not-for-Profit Corporation  
Law §715-a.***



## Conflict of Interest Disclosure Statement

\*\*\*\*\*

All Directors, Officers, and Key Persons of Saint Dominic’s Family Services (“Saint Dominic’s” or the “Agency”) must complete this Conflict-of-Interest Disclosure Statement (the “Disclosure Statement”) at least annually. In addition, every Director, Officer, and Key Person has an affirmative obligation to update his or her annual Disclosure Statement whenever there are new or changed facts or circumstances that create a Disclosable Conflict of Interest, as defined in the Agency’s Conflicts of Interest and Related Party Transactions Policy (the “Conflicts Policy”).

Prior to completing this Disclosure Statement, Directors, Officers, and Key Persons are required to review the current version of the Conflicts Policy. The Conflicts Policy contains definitions of key words and phrases used throughout both the Conflicts Policy and this Disclosure Statement.

If you are not certain a disclosure is required, you should disclose.

All completed Disclosure Statements are to be filed with the Chief Compliance Officer.

\* \* \*

Please answer the following questions. Question numbers 1 through 5 are to be completed by all Directors. Officers and Key Persons only need to complete questions 2 through 5.

If your answer to any question is **YES**, please provide an explanation in the space provided below. If you need additional space, you may carry over your response to a separate sheet of paper. Please clearly label each additional page with your name, title, the date, and the question number to which you are responding. Please staple any additional pages to this Disclosure Statement.

### Questions

**1. [For Directors Only]** Please identify, to the best of your knowledge, any entity of which you are an officer, director, trustee, member, owner (either as a sole proprietor or a partner), or employee and with which Saint Dominic’s has a relationship, and any transaction in which Saint Dominic’s is a participant and in which you might have a Disclosable Conflict of Interest.

**YES, I HAVE A DISCLOSURE**       **NO, I DO NOT HAVE A DISCLOSURE**

If the answer is **YES**, please provide below (1) the name of each such entity, (2) your position with each such entity, (3) all material facts and other relevant information relating to Saint Dominic’s relationship with each such entity, and (4) all material facts and other relevant information relating

to any transaction in which Saint Dominic's is a participant and in which you might have a Disclosable Conflict of Interest.

---

---

2. Are you or any Related Party currently engaged in, or planning to engage in, a Related Party Transaction?

\_\_\_\_\_ **YES** \_\_\_\_\_ **No**

3. Are you or any Relative of yours currently involved in, or are you or any Relative of yours currently planning to be involved in, any circumstance, matter or transaction that gives rise to, or appears to give rise to, an actual or potential conflict of interest between your or your Relative's personal interest and the best interests of Saint Dominic's or its consumers?

\_\_\_\_\_ **YES** \_\_\_\_\_ **No**

4. After having reviewed the current Conflicts Policy, including the examples of Disclosable Conflicts of Interest contained therein, are there any other transactions, arrangements, circumstances, relationships or matters: (a) that in any way involve the Agency [or any Affiliate of Saint Dominic's], (b) in which you or any Relative of yours are involved in any way, and (c) that gives rise to, or appears to give rise to, an actual or potential conflict of interest between your or your Relative's personal interest and the best interests of the Agency or any of its consumers?

\_\_\_\_\_ **YES** \_\_\_\_\_ **No**

5. After having reviewed the current Conflicts Policy, including the examples of Disclosable Conflicts of Interest contained therein, are there any other transactions, arrangements, circumstances, relationships or matters that constitute a Disclosable Conflict of Interest?

\_\_\_\_\_ **YES** \_\_\_\_\_ **No**

If the answer to any of the above questions is YES, please provide additional information below. For instance, as applicable, please (1) identify all of the parties involved in each such circumstance, matter or transaction (including yourself, your Relative(s), if any (and their relationship to you) and all other parties), (2) describe your and, if applicable, your Relative's financial interests in each such circumstance, matter or transaction (including, by way of example, ownership interests, beneficial interests, compensation interests or other financial interests), (3) disclose all material facts relating to each such circumstance, matter or transaction, and (4) disclose all other relevant information relating to each such circumstance, matter or transaction.

---

---

---

---

**CHIEF COMPLIANCE OFFICER'S NOTES:**

---

---

---



**CONFLICT OF INTEREST ATTESTATION AND ACKNOWLEDGMENT**

I attest to and acknowledge that:

- I have read and understand the Agency’s current Conflicts Policy.
- My answers to the above questions are made in good faith and are true, accurate and complete to the best of my knowledge as of the date I completed this Disclosure Statement (as indicated below); and
- I understand that I have a continuing obligation to update this Disclosure Statement whenever there are new or changed facts or circumstances that create a Disclosable Conflict of Interest. I will promptly provide an updated Disclosure Statement to the Chief Compliance Officer whenever there are any such new or changed facts or circumstances that require me to do so, in accordance with the Conflicts Policy.
- I understand the Agency is a charitable entity, and, in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Title



## **Gifts and Gratuities Policy**

### **Purpose:**

To provide employees with an understanding of acceptable behavior regarding gifts offered by vendors and potential vendors.

### **Scope:**

This policy applies to all Personnel.

### **Statement of Policy:**

The acceptance of gifts from current or prospective vendors of Saint Dominic's Family Services may constitute an improper kickback under state and federal law. Accordingly, employees may not solicit, receive, or offer any such gifts.

Gifts include but may not be limited to the provision of any item or service at less than fair market value. The only exception to this prohibition is that an Agency Executive, Vice President, or Administrator may accept unsolicited gifts" 'e.g., candy during the holiday season of nominal value, (less than \$25.00) on behalf of their program as a token of business hospitality. The gift must be shared among staff.

Employees may not permit vendors, potential vendors, or business officials to pay for their meals, entertainment, or travel. Employees are prohibited from offering gifts of any kind to a government official.

### **Gifts to Immediate Family Members**

Gifts or benefits to spouses or immediate family members of Personnel are not permitted. "Immediate family members" for purposes of this Policy includes any of the following: your spouse; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

### **Fundraising**

The Agency receives donations through Friends of Saint Dominic's from individuals and entities making such donations for charitable purposes and out of a desire to help the Agency conduct its mission. Saint Dominic's will not accept any donation which even appears to be an inducement for referrals or a kickback for utilizing the individual or entity's service or product. The Agency does not engage in fundraising activities and is solely intended to provide benefits to its service recipients and the community. Any vendor's participation in a fundraising activity is incidental to the Agency's solicitation of and participation by non-vendors and community members.

Furthermore, Saint Dominic's never considers a vendor's participation in or sponsorship of a fundraising activity when it awards or renews a contract or purchases items or services.

\* \* \*

Employees must contact the Chief Compliance Officer if they have any questions about whether a gift violates this policy.

**The Gifts and Gratuities Policy was:**

**Implemented:** *12/20/07*

**Reviewed:**

**Revised:** *6/21/2018, 8/2021,  
4/2023, 11/2023*

***References:***

*42 U.S.C 1320a-7b(b).*

*NY Social Services Law § 366-d*



## **Contractor Selection Policy**

### **Purpose:**

The purpose of this policy is to ensure that Saint Dominic's Family Services does business only with reputable, law-abiding contractors and subcontractors, and obtains the highest quality product or service at the most reasonable price for the Agency.

### **Scope:**

This policy is applicable to all Saint Dominic's employees, contractors, and subcontractors.

### **Statement of Policy - Contractor Reference Checks**

Saint Dominic's will not enter into a contract unless the contractor has been subject to screening in accordance with this policy.

Upon completion of all contract negotiations and prior to execution of the contract, Saint Dominic's will use its best efforts to conduct a reference check to determine whether the contractor is reputable and trustworthy. The Agency will seek to confirm that the contractor has not engaged in any fraudulent, abusive, or improper conduct in connection with other contracts. Any evidence of such conduct will preclude the Agency from entering into a contract.

The Human Resource Department will screen applicant contractors against the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities ("LEIE"), the U.S. General Services Administration's System for Award Management ("SAM") and the Office of the Medicaid Inspector General's Medicaid Exclusion List. Other screening sources may be used, if necessary.

Saint Dominic's will not contract with any individual or entity that is excluded at the time the contract is being proposed.

A contractor may enter a subcontract only with the prior approval of the Sr. Vice President of Human Resources Department. No subcontract will be approved unless screened against the LEIE, SAM, and OMIG Exclusion Lists, and it is determined that the subcontractor is not an excluded person.

### **Required Contract Provisions**

Every contract entered into by Saint Dominic's must contain certain standard provisions designed to ensure that the Agency does not do business with contractors that have engaged in fraud, abuse, or other improper activity. These standard provisions include the following:



- The contractor and its employees providing direct services to Saint Dominic's are not included on the LEIE, SAM or OMIG Medicaid Exclusion List, and have not been convicted of a crime relating to the provision of or billing for health care services.
- The contractor will promptly notify Saint Dominic's if any of the above representations cease to be true during the term of the contract and Saint Dominic's will have the right to immediately terminate the contract at its sole discretion.
- The contractor is subject to and will adhere to the applicable provisions of Saint Dominic's Compliance Program, to the extent the contractor is affected by Saint Dominic's compliance risk areas. The Code of Conduct and/or applicable policies will be provided to the contractor, who must attend applicable compliance training sessions or attest to receiving appropriate training materials.
- The contractor will subcontract only with Saint Dominic's prior approval, will not subcontract with any persons or entities included on the LEIE, SAM or OMIG Medicaid Exclusion Lists, and will terminate any subcontractors that engage in fraudulent or other illegal activity.
- The contractor will promptly report to Saint Dominic's any fraud, abuse, or other improper activity of which it becomes aware that relates to the operation of Saint Dominic's or the services provided to Saint Dominic's by the contractor or any subcontractors.
- The contractor will promptly notify Saint Dominic's of any government audit, inquiry, or investigation of which it becomes aware that relates to Saint Dominic's or the services provided to Saint Dominic's by the contractor or any subcontractors.
- The contractor and its subcontractors will make their employees available for interviews or other proceedings at the request of government investigative agencies.
- Saint Dominic's may terminate the contract in the event the contractor becomes excluded from Federal health care programs, engages in any fraud or other illegal or unethical activity, or fails to adhere to the Agency's Compliance Program.
- The Chief Compliance Officer or General Counsel may expand the above list. None of the above provisions may be excluded from a contract or modified without the prior approval of the General Counsel.

## **Legal Review**

All contracts will be subject to review by the General Counsel who will be responsible for ensuring that all provisions required by this policy have been included and that the contract otherwise complies with applicable law.

## **Termination of Contractors**

Employees will promptly notify the Chief Compliance Officer if they become aware of any suspected fraudulent, abusive, or other illegal conduct by a contractor. The Chief Compliance Officer, in coordination with Human Resource Department will investigate the matter and determine whether the contractor has engaged in improper conduct. Saint Dominic's will promptly terminate the contract of any contractor that has been found to have engaged in fraudulent, abusive, or other illegal activity in compliance with applicable contractual requirements.

## **Enforcement**

Employees who do not comply with this policy shall be subject to disciplinary action by Saint Dominic's. Depending on the facts and circumstances of each case and in compliance with any applicable collective bargaining agreements, Saint Dominic's may reprimand, suspend, or dismiss any employee who fails to comply with this policy.

**The Contractor Selection Policy was:**

**Implemented:** *12/20/07*

**Reviewed:**

**Revised:** *6/21/2018, 8/2021,  
4/2023, 11/2023*

*References:*

*18 N.Y.C.R.R. 521-1.4*



## **Billing, Coding, Documentation and Claim Submission Policy**

### **Purpose:**

To ensure that service providers and Personnel engaged in the billing process appropriately provide and accurately document, code and submit claims for payment in compliance with federal and state requirements.

### **Scope:**

This policy applies to all persons engaged in the provision and supervision of services, documentation and coding of services, and the submission of claims for services.

### **Statement of Policy:**

The Agency may only bill for services that are medically necessary and appropriately documented. Thus, all Personnel involved in delivering such services must work to ensure that clients are only admitted to an Agency program if they meet the eligibility criteria for that program. Personnel must appropriately and timely document the services they provide and conduct utilization reviews to determine if continued services are medically necessary in accordance with program requirements.

Each program shall maintain complete documentation of all services provided for each client that is dated and signed by the appropriate clinical staff member who provided the service. Such documentation will include a complete case record, including, as appropriate, treatment plans, progress notes, and periodic assessments of the need for services.

Saint Dominic's will ensure that all billing, coding, and claims submitted for payment to Federal health care programs (*e.g.*, Medicare and Medicaid) and other payers are accurate, represent the services provided, and describe the conditions under which the consumer received the services. As such, and consistent with this policy, the following billing, coding, and submission principles must be followed:

- Charges will be billed only for the services actually provided to the consumer and documented in the consumer's case record, medical record, or other supporting documentation.
- Charges will only be billed for services that accurately represent the level of service provided to the consumer.
- The diagnosis(es), procedure(s), and Diagnosis Related information listed on the billing claim form will accurately reflect the consumer's condition and will be supported by documentation in the case record, medical record, or billing files.

- Payment for services will be pursued from Federal health care programs and other payers for only those services that are medically necessary and are properly documented in the consumer's medical record or other supporting documentation.
- Each billing claim will be accurate and will follow the regulations established by Federal health care programs and other payers.
- Under no circumstance will the selection of charges or codes be influenced by the possibility of improperly increasing the level of payment that may be received by Saint Dominic's.

### **Compliance with Federal and State Laws Regarding the Submission of Claims**

Personnel must comply with all applicable Federal and New York State laws and regulations governing the submission of billing claims and related statements. A detailed description of (i) the Federal False Claims Act; (ii) the Federal Program Fraud Civil Remedies Act; (iii) New York State civil and criminal laws pertaining to false claims; and (iv) the whistleblower protections afforded under such laws is provided to all personnel, who will receive training on these laws as part of Saint Dominic's Compliance Program. Personnel should consult with the Chief Compliance Officer (who may confer with legal counsel, as necessary and appropriate) if they have questions about the application of these laws to their job.

An overview of the laws regarding false claims and the whistleblower protections associated with those laws can be found in Appendix A.

### **It is against the policies of Saint Dominic's to:**

- Submit claims for services not actually rendered or for which Saint Dominic's is not otherwise entitled to reimbursement.
- Submit cost reports that are inaccurate or incomplete.
- Assist another health care provider in improperly billing Federal health care programs or other payers for health care services for which Saint Dominic's is obligated to pay.
- Fail to bill Medicare or a private insurer as the primary payer prior to submitting a claim to the Medicaid program.
- Conspire with another to get a false claim paid or allowed.
- Knowingly make or use a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to a Federal health care program.
- Bill for services or supplies that were not provided.
- Bill for non-covered services as covered services.
- Misrepresent the diagnosis to justify the services provided.
- Misrepresent the need for services to justify the services provided.
- Engage in billing, certifying, prescribing, or ordering services that are not medically necessary or if medically necessary not to the extent rendered.
- Alter, enhance, or "explode" charges on claims forms to obtain higher payment.
- Engage in duplicate billing to obtain reimbursement to which Saint Dominic's is not entitled.
- Intentionally submit incorrect, misleading, or fraudulent information to any payer.
- Offer, pay, solicit, or receive a kickback, bribe, or rebate for services provided or accepted.
- Complete Certificates of Medical Necessity or prescribe medical services for consumers not personally and professionally known to you.

- Misrepresent the services rendered, amounts charged for services rendered, identity of the individual who rendered service, or the identity of the person receiving the services, dates of services, frequency, duration, or description of services rendered, etc.
- Utilize split-billing or unbundling schemes.
- Routinely waive co-payments or deductibles or fail to comply with limiting charge requirements on billing Federal health care programs.
- Request or obtain additional payments for covered services from consumers other than co-payments or deductibles.
- Bill or submit claims that involve over-utilization of services without proper regard for results, the consumer's ailments, condition, medical needs, or the provider's orders.
- Intentionally or unintentionally falsify, destroy, alter, omit, or withhold records relating to the billing and claims submission function.

Saint Dominic's does not retain any payments to which it is not entitled and will promptly report, return, and explain any overpayments identified in accordance with applicable law and contractual requirements. It is our policy to not retain any funds which are received because of overpayments and to report, return and explain any overpayments from Federal health care programs within 60 days from the date the overpayment was identified (or within such other time as is otherwise required by law or contract). Any monies improperly collected from Medicare or Medicaid beneficiaries will be promptly refunded to the Department of Health, the Office of the Medicaid Inspector General, the Medicare administrative contractor or other payer.

**The Billing, Coding, Documentation and Claim Submission Policy was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11//2023

***References:***

***18 N.Y.C.R.R. §521-1.3***

***18 N.Y.C.R.R. Subpart 521-3***

***42 C.F.R. 1003.210***



## **Compliance Personnel Policy**

### **Purpose:**

To designate an employee vested with responsibility for the day-to-day operation of the Compliance Program and to maintain a committee that monitors the Compliance Program and assists the Chief Compliance Officer in fulfilling those responsibilities.

### **Policy:**

- The Chief Compliance Officer shall have direct access to the President/CEO and to the Board of Directors.
- The Chief Compliance Officer shall have access to all documents and information relevant to compliance activities including but not limited to consumer/patient records, billing records, marketing records and contracts and written arrangements or agreements with others.
- The Chief Compliance Officer may seek advice of legal counsel and with the consent of the President/CEO, may retain necessary consultants or experts.
- The Chief Compliance Officer must be informed of, and have access to, all information concerning any overpayments made to the Agency and all pertinent audits, reviews, or investigations by any federal or state agency.
-



### **Role of the Chief Compliance Officer:**

Saint Dominic's has designated the Executive Vice President of Quality and Compliance as the Chief Compliance Officer. The Executive Vice President of Quality and Compliance supervises the Assistant Vice President of CQI/RM, six (6) Quality Assurance Specialists and three (3) Incident Management staff who assist in administering and monitoring all aspects of the Corporate Compliance Program, including compliance training, conducting compliance audits, managing compliance reports, investigating compliance reports, and conducting monthly checks of Personnel against Exclusion Lists.

The Chief Compliance Officer reports directly and is accountable to the President/CEO. The Chief Compliance Officer presents compliance updates to Agency Administrators and the Program Performance and Quality Compliance Committee of the Board of Directors.

### ***The Chief Compliance Officer performs the following duties:***

- Oversees, and monitors the adoption, implementation and maintenance of the Compliance Program and evaluates its effectiveness
- Drafts, implements, and updates a Compliance Work Plan in conjunction with Program Administrators, no less frequently than annually or, as otherwise necessary, to conform to changes to federal and state laws, rules, regulations, policies and standards. The Compliance Work Plan outlines the proposed strategy for meeting the regulatory requirements for the coming year, with a specific emphasis on ensuring that the Agency has:
  - Implemented all required policies, procedures and standards of conduct and made them available and accessible to all affected individuals.
  - Established and implemented an effective compliance training and education program.
  - Established and implemented an effective system for the routine monitoring and identification of compliance risks; and
  - Established and implemented procedures and systems for promptly responding to compliance issues as they are raised.
- Reviews and revises the Compliance Program and the written policies and procedures and standards of conduct, to incorporate changes based on Saint Dominick's organizational experience. The Chief Compliance Officer ensures that changes to federal and state laws, rules, regulations, policies and standards are promptly incorporated into the Compliance Program.

- Reports directly, on a regular basis, but no less frequently than quarterly, to the President/CEO, governing body and the Compliance Committee, on the progress of adopting, implementing, and maintaining the Compliance Program.
- Assists Saint Dominic's in establishing methods to improve efficiency and quality of services, and reducing any vulnerability to fraud, waste and abuse, including providing reports and recommendations to the Board, the President/CEO, and Administrators to reduce the Agency's vulnerability to fraud, waste, and abuse.
- Identifies and reports on areas of compliance which require review, corrective action, and ongoing monitoring.
- Reports to the CQI committee of the Board of Directors on areas that include general status of the Compliance Program, compliance reports and investigation, record review findings, training issues, exclusion list checks and status of other pertinent billing audits.
- Assists in the review, formulation, revision and completion of departmental compliance policies and procedures that guide the documentation supporting billing activities with respect to services provided by Saint Dominic's. ("Billing activities" include supporting documentation in the service recipient's case record or medical record; service recipient's demographic and insurance data information; insurance verification; diagnosis and procedure coding; claim generation; and payment etc.).
- Assists and ensures that appropriate Agency-wide and department-specific compliance educational and training materials and workshops are developed and presented to staff on a regular and timely basis. The Chief Compliance Officer develops, coordinates, and participates in a multifaceted educational and training program that focuses on the elements of the Compliance Program and ensures that all appropriate employees and management have knowledge of, and comply with, pertinent federal and state standards.
- Responds to inquiries regarding interpretation of new regulations or other compliance related matters not satisfactorily resolved within the operational department(s), seeking outside assistance when appropriate.
- The Chief Compliance Officer works closely with Vice Presidents to create a culture of compliance and ensure appropriate and accurate billing.
- Reviews any inquiries or reports of non-compliance with the Code of Conduct, billing regulations, or applicable rules by Saint Dominic's Personnel. If a suspected incident of non-compliance occurs, the Chief Compliance Officer develops an appropriate response in conjunction with the Executive team and General Counsel, and Board of Directors, as appropriate.
- Ensures that Contractors who furnish services to Saint Dominic's are aware of the applicable requirements of the Agency's Compliance Program with respect to coding, billing, ethics and other applicable standards or guidelines.
- Coordinates personnel issues with Human Resources to ensure that relevant Medicaid Exclusion list data have been checked with respect to all Personnel.
- Coordinates internal compliance audits and compliance monitoring activities, including annual or periodic reviews of all departments.



- Assists with the development, implementation, and communication of a confidential reporting system for affected individuals and Medicaid recipients to report suspected violations of law or prohibited conduct.
- Monitors the Anonymous Hotline to ensure that persons can report suspected improprieties without fear of retribution and implements processes to investigate, resolve, and document all issues reported via the Anonymous Hotline.
- Independently investigates and acts on matters related to compliance, including the design and coordination of internal investigations that respond to reports of problems or suspected violations and any resulting corrective action with affected departments, providers, Contractors and, if appropriate, applicable government agencies (e.g., the State DOH or OMIG).

### **Role of the Compliance Committee**

The Compliance Committee is an administrative committee of Saint Dominic’s assisting with the implementation of the Compliance Program. The Committee provides guidance and support to the Chief Compliance Officer. The Committee is comprised of representatives from appropriate clinical, operations and administrative areas in the Agency. The Compliance Committee members have backgrounds, experience, and expertise in operations, monitoring quality, and service delivery.

The Compliance Committee shall meet 4 times per year or on a quarterly basis and is responsible for coordinating with the Chief Compliance Officer to ensure that Saint Dominic’s is conducting its business in an ethical and responsible manner, consistent with its Program. Members of the Compliance Committee reports directly and is accountable to the President/CEO. The Compliance Committee members are responsible for implementation and oversight of the Agency’s risk assessment and internal review process.

The Compliance Committee has adopted a Charter which outlines its duties and responsibilities. No less frequently than annually, the Compliance Committee reviews and updates the Compliance Committee Charter.

**The Compliance Personnel Policy was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11//2023

***References:***

*NY Social Services Law 363-d*

*18 N.Y.C.R.R. § 521-1.4*



## **Compliance Committee Charter**

### **Objective:**

The Compliance Committee's purpose is to coordinate with the Chief Compliance Officer to ensure that Saint Dominic's is conducting business in an ethical and responsible manner, consistent with the Compliance Program. The Compliance Committee works to demonstrate that the Compliance Program is well-integrated into the Agency's operations and is supported by the highest levels of the Agency. The Committee ensures that active membership includes senior personnel who can identify areas subject to compliance risk.

### **Members:**

1. Chief Compliance Officer
2. Chief Administrative Officer of Human Resources and OLED Department
3. Fiscal Comptroller
4. Sr. Vice President of Admissions and Programs
5. Sr. Vice President of DD Department
6. Assistant Vice President of CQI Risk Management
7. Compliance Counsel (ex officio)

Other senior managers may be invited to join the Committee on either a permanent or an ad hoc basis based on an analysis of Saint Dominic's compliance risk areas or other relevant factors.

### **Reporting and Accountability:**

The Compliance Committee reports directly and is accountable to Saint Dominic's President/CEO and to the Board of Directors.

### **Meetings:**

The Compliance Committee meets at least 4 times per calendar year and may meet more frequently, as is necessary. Minutes of each meeting are recorded and include a list of attendees, the date of each meeting and a summary of the issues discussed.

## **Duties and Processes:**

The Compliance Committee is responsible for the following general Compliance Program activities:

- Coordinating with the Chief Compliance Officer to ensure that the written policies and procedures, and standards of conduct are current, accurate and complete.
- Coordinating with the Chief Compliance Officer to ensure that all affected individuals complete required compliance training and education during orientation and annually.
- Reviewing Saint Dominic's compliance training plan at least annually and ensuring that it is updated as necessary.
- Coordinating with the Chief Compliance Officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other required Compliance Program function or activity.
- Advocating for allocation of sufficient funding, resources and staff to enable the Chief Compliance Officer to fully perform assigned responsibilities.
- Implementation and oversight of Saint Dominic's risk assessment and internal review process; ensuring 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.
- Performing and documenting an annual Compliance Program Review, including date completed.
- Advocating for implementation of required modifications to the Compliance Program; and
- Reviewing and assessing the adequacy of this Charter at least annually.

The Committee Chair will document quarterly reports from the Committee to the President/CEO and Board of Directors.

This Charter has been approved and adopted by the Compliance Committee.

Date: \_\_\_\_\_

**The Compliance Committee Charter was:**

**Implemented:** 11//2023

**Reviewed:**

**Revised:**

***References:***



## **Internal Monitoring and Auditing Policy**

### **Purpose:**

To maintain an effective system for routine monitoring, auditing, and performing compliance risk assessments to identify problems, to assess compliance, and to reduce identified problem areas. Saint Dominic's Family Services understands that monitoring and auditing business processes requires more than simply verifying a thorough and efficient operation; it provides the agency with the capacity to detect and prevent deviations that can potentially create compliance violations or concerns.

### **Policy:**

It is the policy of Saint Dominic's to conduct on-going risk assessments by having processes in place to continually monitor compliance with the Agency's Code of Conduct, its Compliance Program Policies and Procedures, Federal health care program requirements, and all applicable federal and state laws, rules, and regulations. The monitoring system must also evaluate the overall effectiveness of the Agency's Compliance Program. As such, one of the principal responsibilities of the Chief Compliance Officer is to oversee the monitoring and audit process. A Compliance Work Plan will be developed in conjunction with Program Administrators and shall include identification of risk areas which require monitoring, timetables, and personnel assignments. The plan will have progress reports on the ongoing monitoring activities, including identification of suspected non-compliance and proposed corrective action to facilitate compliance. Internal, and as appropriate, external audits of the Agency's coding, billing and business practices will be conducted. The Chief Compliance Officer will ensure that specific compliance assurance reviews are conducted in accordance with the following procedures and protocols.

### **Program Monitoring Procedures:**

The Chief Compliance Officer shall ensure that the periodic compliance audits conducted by or on behalf of Saint Dominic's under its internal auditing process cover the submission of accurate claims and cost reports to the Medicaid program, as well as any other activities deemed by the Chief Compliance Officer and Executives to address potential risks. The audits may be performed by internal or external auditors who: (i) possess the necessary qualifications and expertise to adequately identify potential compliance issues in Federal health care programs or the subject area of the audit; (ii) are objective and independent of management; (iii) have access to relevant Personnel, records, and areas of operation; and (iv) present a written evaluation or report of results to the Chief Compliance Officer.

Such audits, reviews and other monitoring may include, but are not limited to, the following:

### **Risk Assessment**

- An annual assessment of compliance risk areas.
- Risk assessments will focus on areas that have been subject to prior audits/reviews by government agencies.
- Risk assessments will also focus on those areas that have potential exposure to government enforcement actions such as the Special Fraud Alerts issued by the Office of Inspector General, the Office of Inspector General's Annual Work Plan, the Office of the Medicaid Inspector General's ("OMIG's") Work Plan, OMIG's audit protocols,<sup>7</sup> Medicare administrative contractor reviews, and law enforcement initiatives.

### **Billing, Coding, and Documentation**

- Developing and maintaining appropriate ongoing quality assurance to ensure compliance with billing policies and procedures, and with federal, state, and local regulations.
- Regular ongoing reviews to ensure that service documentation is completed and filed in an appropriate time frame.
- Requisite authorizations for services are tracked, requested, obtained, and maintained in accordance with Medicaid standards.
- Required individual/person-centered Treatment Plans are conducted, reviewed, and approved in a timely manner.
- Documentation reviewed at least monthly to ensure that notes are legible and that services, codes, dates, duration of services, signatures, etc., meet Medicaid billing requirements.
- Conduct peer record reviews on a quarterly basis to ensure compliance with billing requirements.
- Periodic reviews of consumer case files and Medical/Mental Health records.
- Periodic review of documentation to other providers to support and clarify billing issues and minimize billing errors.
- Reviews of billing denials and consumer complaints to determine whether any patterns of improper billing exist that need correction.
- A sample of service recipient records and corresponding bills for each Program will be periodically reviewed for compliance with the Agency's billing policies and procedures and with applicable regulations

### **Quality of Care/Medical Necessity Reviews**

- Individual/person-centered Treatment Plans are reviewed periodically to assess and ensure that services are relevant, medically necessary, and provided in accordance with the Plan.
- Periodic interviews/surveys of consumers/families to ascertain that services are provided as documented and, in a manner, consistent with the Agency's high standards.
- Ensure that all relevant case records and billing documentation are obtained and accurate upon employee resignation.

---

<sup>7</sup> OMIG has established audit protocols for providers of various services under the Office of Mental Health and the Office for People with Developmental Disabilities, available at: <https://omig.ny.gov/audit/audit-protocols>.

- Periodic spot checks to ensure the delivery of high-quality services.
- The Chief Compliance Officer will also conduct periodic reviews to ensure that necessary quality assurance systems are in place and effectively functioning, and to ensure that open lines of communication exist between the Quality Committee and the Chief Compliance Officer and/or Compliance Committee.
- The Chief Compliance Officer will receive reports regarding the following quality-related issues: access to care; meeting recognized standards of care; preventing and addressing deficiencies in client care; honoring clients' rights; ensuring staff are qualified to provide care; and ensuring that pharmaceuticals and services ordered for clients are done so free from any conflicts of interest.

### **Response to Third Party Audits**

Following resolution of audits by third-party payors, the results of the audit will be reviewed to determine if those results reflect any systemic deficiency or problem in the Agency's compliance with state or federal rules, regulations, or laws. If such a problem is identified, appropriate corrective action will be taken.

### **Business Reviews**

Periodically, reviews will be conducted to spot check Saint Dominic's business practices to ensure compliance with applicable laws, rules and regulations. Such checks might include, but are not limited to, a review of marketing practices, the nature and scope of any free or discounted items or services being provided, and reviews of relationships with physicians, providers and other relevant parties for compliance with Federal and State Anti-kickback laws and regulations.

### **Governance**

The Chief Compliance Officer will ensure that the governing body, officers and key personnel are educated regarding the Agency's Conflict of Interest Policy and that annual disclosure statements are completed and reviewed in accordance with the policy. Moreover, the Chief Compliance Officer will regularly report directly to the President/CEO and the governing body regarding compliance issues that may arise.

### **Contractor Oversight**

The Chief Administrative Officer will conduct reviews to ensure that all contracts with Contractors that are affected by Saint Dominic's compliance risk areas specify that they are subject to the Agency's Compliance Program and that all contracts include termination provisions for failure to adhere to the Compliance Program requirements. The Chief Administrative Officer will ensure that the Agency's Contractors are not excluded from participating in Federal health care programs.

### **Mandatory Reporting**

The Chief Compliance Officer will conduct reviews to ensure that all regulatory reporting obligations are met. Moreover, the governing body will ensure that applicable New York and Federal annual compliance certifications are timely completed.

### **Credentialing**

The Chief Administrative Officer shall ensure that all newly hired clinical personnel are appropriately credentialed (i.e., properly licensed/certified and registered) and that no member of personnel is listed on any federal or state exclusion list.

### **Other Risk Areas**

The monitoring and auditing process will incorporate other risk areas that may arise, whether through reports from Personnel, monitoring activities, tracking new developments or identified through organizational experience.

### **Annual Compliance Work Plan**

The Chief Compliance Officer, in conjunction with Program Administrators, will create and implement the annual Compliance Work Plan, which includes the specific compliance issues, audits and risk areas that will be addressed in the coming year. The Compliance Work Plan may be based on developments arising from internal reviews and issues, as well as external areas of compliance concern (e.g., the results of audits conducted by the State or Federal government). This may include, for instance, matters for which corrective action plans have been implemented that may require auditing or monitoring to confirm compliance. The Compliance Work Plan will address the following risk areas: billing and payments; medical necessity and quality of care issues; governance of the Agency; mandatory reporting requirements; credentialing; contractor oversight and other risk areas identified by the Chief Compliance Officer. The Annual Compliance Work Plan will be presented to the President/CEO and the Compliance Committee of the Board for approval.

### **Annual Compliance Program Review**

1. The Chief Compliance Officer and the Compliance Committee will review and evaluate the effectiveness of the operation of the Compliance Program and determine whether it meets regulatory requirements or whether any revision or corrective action is required. Staff undertaking this review must have the necessary knowledge and expertise to evaluate the effectiveness of the components of the Compliance Program they are reviewing and be independent from the functions being reviewed. Based on such reviews, the Chief Compliance Officer will recommend appropriate modification(s) to the Compliance Program, the Manual or the policies and procedures. The reviews may include on-site visits; interviews with Personnel; review of records, surveys; or any other comparable method the Agency deems appropriate, provided that such method does not compromise the independence or integrity of the review.

2. If the Chief Compliance Officer has other duties, Saint Dominic's must demonstrate that it has assessed whether the other duties hinder the Chief Compliance Officer in carrying out assigned primary responsibilities, and whether the Chief Compliance Officer is able to satisfactorily perform these responsibilities. In addition to completing this assessment during the annual compliance program effectiveness review, it should be completed whenever the Chief Compliance Officer's duties change.

3. Saint Dominic's must demonstrate that it has assessed whether the Chief Compliance Officer is allocated sufficient staff and resources to satisfactorily perform assigned responsibilities for the day-to-day operation of the Compliance Program.

4. Other reviews related to Compliance Processes:

- Periodic reviews to assess the extent to which persons are trained and educated on the Compliance Program, how the information is disseminated to all levels of staff, and the process used to communicate standards, policies, procedures, and the Code of Conduct.
- Periodic assessment of the use and types of calls to the *Hotline Telephone service*.
- Periodic on-site interviews and short surveys to assess and identify the compliance culture and the needs of the Program. Assessments will be completed by staff responsible for supervising services and documentation; direct care staff responsible for service provision, documentation, and coding; and fiscal staff responsible for submission of bills.
- Periodic establishment and revisions of compliance policies, procedures and internal controls that are capable of reducing the prospect of criminal conduct or civil liability.

## **Tracking New Developments**

### **New Developments**

On a continuing basis, the Chief Compliance Officer and the Compliance Committee will ensure that all new regulatory, legal or other requirements issued by Federal or State government agencies and commercial payers with which Saint Dominic's conduct business are reviewed by appropriate personnel. Such reviews may include, but are not limited to, the following:

- reviewing all new and revised rules governing the documentation, coding and billing of services provided by the Agency.
- receiving and reviewing all relevant Medicare bulletins, Medicaid updates, annual updates to the Current Procedural Terminology (CPT), or other relevant announcements.
- receiving and reviewing all relevant guidance documents published by the NY State Office of Mental Health (<https://omh.ny.gov/omhweb/guidance/>) and Administrative Directive Memoranda (ADMs), informational letters and other guidance published by the NY State Office for People with Developmental Disabilities (<https://opwdd.ny.gov/regulations-guidance>).
- communicating with the appropriate professional society as to recent initiatives or developments that might affect the Agency, or new practices that might assist the Agency in complying with rules and regulations that specifically apply to its areas of practice.
- reviewing (a) relevant Special Fraud Alerts and relevant Advisory Opinions or other guidance issued by the U.S. Department of Health and Human Services, Office of the Inspector General ("OIG"); (b) compliance alerts, and other guidance issued by the New York State Office of the Medicaid Inspector General ("OMIG"); and (c) guidance and policies issued by other payers with which Saint Dominic's conducts business; and
- reviewing all Work Plans issued by the OIG and OMIG.

Based on any relevant new developments, the Chief Compliance Officer, in conjunction with the Compliance Committee, will review existing policies and procedures to ensure that the Agency is



in compliance with the requirements of federal and state law and regulations. If necessary, the Compliance Committee will then work to ensure that appropriate corrective action is taken.

### ***Medicare and Medicaid Program Manuals***

These manuals are available electronically and provide access to much of the source material upon which Medicare and Medicaid contractors rely in determining reimbursement issues. They include: (i) Medicare’s Benefit Policy Manual; (ii) Medicare’s Claims Processing Manual; (iii) Medicaid’s Case Management Services Manual; (iv) Medicaid’s Home and Community Based Services Manual; and (v) Medicaid’s OMH Rehabilitation Manual. Access to and utilization of these resources will assist the Agency in assessing areas of vulnerability, resolving billing, coding and professional questions related to the Medicare and Medicaid Programs, and substantially manage program risk.

Medicare Program manuals are located at:

**<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>**

Medicaid Program manuals are located at:

**<https://www.emedny.org/ProviderManuals/index.aspx>**

### **Corrective Action**

Whenever a compliance issue is identified, the Program Administrator shall with oversight from the Chief Compliance Officer develop and implement a Corrective Action Plan in accordance with the “Corrective Action Policy.”

**The Internal Auditing and Monitoring Policy was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

### ***References:***

***18 N.Y.C.R.R. § 521-1.4***



### **Internal Compliance Investigation Process**

To be effective and to combat fraud, waste, and abuse during operations, a compliance program must institute procedures for investigating compliance issues and implementing appropriate corrective action. Therefore, Saint Dominic's has established and implemented procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified during self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensure ongoing compliance with Federal health care program requirements (e.g., Medicare and Medicaid). Below are the procedures that Saint Dominic's has adopted for conducting investigations. Corrective actions are addressed in the policy that follows.

The Chief Compliance Officer will adopt procedures to maintain the anonymity of individuals who report compliance issues and is obligated to investigate reported and potential compliance issues, direct others to do so, and report the results of the investigation to the President/CEO and the Board of Directors. In addition, the following guidelines apply:

- All Personnel are expected to cooperate in any investigation.
- Inquiries and complaints will be logged and maintained.
- The Chief Compliance Officer will either personally conduct the investigation or refer the complaint to other personnel within Saint Dominic's for investigation.
- The investigator may request legal counsel to provide advice in any such matter as appropriate.
- Depending on the nature of the potential compliance issue, an investigation may include interviews with Personnel, documentation reviews and a root cause analysis.
- Persons suspected of involvement in the issue under investigation may be temporarily removed from their work site and relieved of their responsibilities if it is felt that their ongoing presence may compromise the satisfactory completion of the investigation.
- A report of each investigation will be prepared and will include documentation of the issue(s) and, as appropriate, a description of the investigative process, interview notes, witness interviews, documents reviewed, the results of the investigation, any disciplinary action, and the corrective action implemented to prevent recurrence and any other documents essential for demonstrating a thorough investigation of the issue was completed.

- Reports of each investigation and the status of the corrective action will be presented to the President/CEO promptly, generally within three weeks of the initial complaint or allegation.
- Investigative reports and findings will be presented to the Continuous Quality Improvement Committee of the Board of Directors on a quarterly basis, or more often, as necessary.
- Upon completion of the investigation, the person initially reporting the incident and the supervisor involved will be notified that the investigation has been satisfactorily completed and the issue resolved. Details of the outcome will remain confidential and will be revealed only at the discretion of the Chief Compliance Officer with the approval of the President/CEO and on a need-to-know basis.

**The Internal Compliance Investigation Process was:**

**Implemented:** *12/20/07*

**Reviewed:**

**Revised:** *6/21/2018, 8/2021,  
4/2023, 11//2023*

***References:***

***18 N.Y.C.R.R. § 521-1.4***



## **Corrective Action Policy**

### **Purpose:**

The Corrective Action policy was established to maintain a system for responding to compliance issues.

### **Policy:**

Whenever a compliance issue has been identified through monitoring, reports, investigations, or any other method, the Chief Compliance Officer will ensure that prompt, thorough, appropriate, and effective corrective action is implemented. The Chief Compliance Officer is directed to see that a Corrective Action Plan is developed to address any identified issues. In developing a Corrective Action Plan (which will include prompt identification of overpayments and restitution to affected parties, where necessary), the Chief Compliance Officer shall obtain advice and guidance from the President/CEO, and/or legal counsel or other consultants. All Personnel are expected to assist in the resolution of compliance issues.

The development of a Corrective Action Plan will include participation of the Program Administrator, supervisory and direct care personnel responsible and/or involved in correcting the underlying issue. The Program Administrator will initiate enforcement of Corrective Action with oversight from the Chief Compliance Officer and Sr. Vice President of Human Resources in accordance with the standard disciplinary policies and procedures of Saint Dominic's. The Corrective Action Plan will, among other things, specify the tasks to be completed, completion dates and responsible parties.

Any corrective action and response implemented must be designed to ensure that the violation or problem does not recur (or to reduce the likelihood that it will recur) and must be based on an analysis of the root cause of the issue. In addition, the corrective action plan should include, whenever applicable, a review of the effectiveness of the corrective action following its implementation. If such a review establishes that the corrective action plan has not been effective, then additional or new corrective actions must be implemented. The Corrective Action Plan must ensure, to the extent possible, that the specific issue is addressed and that similar problems will be minimized or eliminated in other areas, sites, programs, or departments.

### ***The Corrective Action Plan may require that:***

- compliance issues be managed in a designated way.
- relevant training and education take place.
- restrictions are imposed on employees.

- the matter be self-disclosed externally, to an appropriate governmental agency or other payer, to the extent required or otherwise appropriate (including, but not limited to the federal DHHS, OIG and the New York State DOH and OMIG).
- disciplinary action be taken (as discussed below).
- billing of the services provided by a specific physician/practitioner, in whole or in part, be suspended.
- any past payments that resulted from improper bills to the extent required or otherwise appropriate are refunded (see General Guidelines for Refunding Overpayments, below).
- appropriate licensing bodies are notified, on a timely basis as applicable.
- the Agency's business practices be modified or improved; and/or
- the Compliance Program be modified or improved to better ensure continuing compliance with applicable Federal and State laws, rules, regulations and/or contractual requirements.

These resolutions are not meant as exhaustive and the Agency may seek to implement any reasonable measures designed to effectively resolve the underlying issue and its likelihood of reoccurring.

As outlined in Agency policy, if certain individuals have exhibited a propensity to engage in practices that raise compliance or competency concerns based on their specific job duties, the Corrective Action Plan must identify actions that will be taken to prevent such individuals from exercising substantial discretion in that area.

The Chief Compliance Officer has the obligation to report directly to the President/CEO and the Board on all compliance issues for which corrective actions are required. Such reports will also include information as to corrective actions that have not been implemented, have not been adequate or timely, or were not implemented in accordance with the approved plan in terms of substance or timing.

## **Discipline**

Appropriate discipline of individuals responsible for an offense may be a necessary component of the Corporate Compliance Program. This may include informal reprimands, formal reprimands, demotion, financial penalties, suspension, termination, or any other disciplinary measure. In determining the appropriate discipline for any violation of the Compliance Program, Saint Dominic's shall not take into consideration the individual's economic benefit to the Agency.

Disciplinary action will be fairly and firmly enforced regardless of the offending Personnel's level or position, as appropriate. However, the Agency will escalate disciplinary actions as warranted based on the severity of the conduct, with intentional or reckless behavior subject to more significant sanctions. Disciplinary action will be taken for actions that may include, but are not limited to, the following:

- Failure of responsible staff to complete accurate and appropriate case records to support billing.
- Failure of supervisors to detect a visible offense.

- Authorizing or participating in non-compliant behavior.
- Failing to report a violation, or suspected violation to appropriate personnel,
- Encouraging, directing, facilitating, or permitting non-compliant behavior.
- Failing to attend mandatory training.
- Refusing to cooperate in the investigation of a potential violation.
- Failure to assist in the resolution of compliance issues and/or
- Intimidating or retaliating against an individual for good faith reporting of a compliance violation, or for other good faith participation in the Compliance Program.

Such actions could lead to progressive discipline, mandatory training, probation, termination of employment or contract, or any other appropriate disciplinary measure. The type of disciplinary action imposed will be determined by Saint Dominic's, in its discretion, and will depend on a variety of factors. Such factors may include, but are not necessarily limited to: (1) the nature of the violation; (2) the time period affected; (3) the amount involved; (4) whether the violation was committed intentionally, recklessly, negligently, or mistakenly; (5) whether the individual has committed any other violations in the past; (6) whether the individual self-reported his or her misconduct; and/or (7) whether (and the extent to which) the individual cooperated with the investigation of the misconduct.

Saint Dominic's will also impose sanctions against its Contractors when the Chief Compliance Officer concludes, after an appropriate investigation, that a Contractor has violated the Agency's Compliance Program, consistent with the above factors and the Agency's contractual obligations.

Members of the Board of Directors will be subject to sanctions in accordance with the Board's by-laws.

### **Guidelines for Refunding Overpayments**

It is Saint Dominic's policy:

- to not retain any payments to which it is not entitled. Reports or other information indicating that an overpayment may have been received must be immediately brought to the Chief Compliance Officer's attention.
- to exercise reasonable diligence in timely investigating and quantifying any and all potential overpayments; and
- to promptly report, return and explain in writing to the appropriate government agency, contractor, or payer (including but not limited to, the New York State Department of Health or the New York State OMIG), any identified overpayments in accordance with applicable legal, regulatory, contractual and/or other requirements or guidance. Note that governmental and private insurance payers may have different rules concerning when and how identified overpayments must be handled.<sup>8</sup> Any questions regarding when and how

---

<sup>8</sup> For example, under the Federal Affordable Care Act (the "ACA"), Medicare and Medicaid overpayments must be reported, returned, and explained in writing within 60 days of the date the overpayment is "identified." For Medicare Part A and SMRH:4859-0421-5692.2

potential overpayments are to be addressed by the Agency must be immediately brought to the attention of the Chief Compliance Officer, who may consult with outside counsel, as necessary and appropriate.

## **Recordkeeping**

The Chief Compliance Officer will maintain a record of all investigations, corrective actions and disciplinary actions imposed pursuant to this Policy. Such records shall be maintained for at least ten (10) years from the later of the conclusion of the investigation or the imposition of the corrective action or disciplinary action(s), or for such longer period as may be required by applicable law, regulation, or contract.

### **The Corrective Action Policy was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

### ***References:***

***18 N.Y.C.R.R. § 521-1.4***

***18 N.Y.C.R.R. Subpart 521-3***

***42 C.F.R. 1003.210***

---

Part B purposes, an overpayment is considered to have been “identified” when a person has or should have, through the exercise of “reasonable diligence,” determined that an overpayment has been received and has quantified the amount of the overpayment. “Reasonable diligence” includes both initiative-taking compliance activities conducted in good faith to monitor the receipt of overpayments, as well as investigations conducted in good faith and in a “timely manner” in response to obtaining “credible information” about a potential overpayment. Medicare considers a “timely manner” to be at most six (6) months from receipt of credible information, except in extraordinary circumstances. Once an overpayment has been “identified,” the person must report, return, and explain the overpayment in writing within 60 days.

Regarding Medicaid, St. Dominic's will exercise reasonable diligence to determine whether it has received any overpayments and, if so, to quantify the amount of the overpayment. The Agency will, as appropriate, report, return and explain in writing any identified Medicaid overpayments within 60 days of identifying the overpayment, to the New York State Office of the Medicaid Inspector General (“OMIG”), although its self-disclosure program.

The requirements of OMIG's self-disclosure program and related information may be found at:  
<https://omig.ny.gov/provider-resources/self-disclosure>.



## **Policy on Managing External Investigations/Responding to Government Inquiries**

### **Scope:**

This policy applies to all Personnel.

### **Statement of Policy:**

It is Saint Dominic's Family Services' policy to comply with the law and cooperate with legitimate governmental investigations or inquiries.

Personnel may never destroy, alter, or change in any way any of the Agency's records in response to a request from the government for such records. Even additions to records intended, in good faith, to add appropriate entries to "complete" the records are absolutely prohibited once a subpoena or government request for a document has been received. Any such action will subject the Personnel involved to immediate discharge from employment or affiliation with the Agency and possible criminal prosecution.

### **Key Definitions**

- 1. Civil Investigative Demand.** A "civil investigative demand" (CID) is a tool used to obtain documents and information relevant to a False Claims Act investigation. A CID may be issued by the U.S. Department of Justice (DOJ), *e.g.*, U.S. Attorneys.
- 2. Failure to Grant Immediate Access.** "Failure to grant immediate access" means—
  - a. The failure to produce or make available for inspection and copying the requested material upon "reasonable request" (as defined below), or to provide a compelling reason why they cannot be produced, within 24 hours of such request to the U.S. Department of Health and Human Services' (DHHS) Office of Inspector General (OIG) or a State Medicaid Fraud Control Unit (MFCU).
  - b. When the OIG or MFCU has reason to believe that the requested material is about to be altered or destroyed, the failure to provide access to the requested material at the time the request is made.
- 3. Law Enforcement Officer.** For purposes of this policy and procedures, "law enforcement officer" refers to any officer or investigator from the U.S. DOJ, or a designee (*e.g.*, a U.S. Attorney), the OIG, MFCU, Office of Medicaid Inspector General (OMIG) or State and local police.
- 4. Reasonable Notice.** Under New York law, "reasonable notice" means a written request made by a properly identified agent of the NY State Department of Health (DOH), OMIG or the MFCU made either during hours that the Agency is open for business or mailed to Saint



Dominic's at the address on file with the agency. The request must include a statement of the authority for the request, the definition of "reasonable notice," and advise Saint Dominic's of the penalties for failure to comply.

**5. Reasonable Request.** Under federal regulations, "reasonable request" means a written request made by a properly identified agent of the U.S. DHHS (including the OIG), of a state survey agency or of the MFCU during hours that the facility, agency, or institution is open for business. The request must include a statement of the authority for the request, the rights of the entity in responding to the request, the definition of reasonable request and immediate access, and the penalties for failure to comply.

**6. Regulators.** For purposes of this policy and procedure, "regulators" refers to agents of the NY State DOH, Office of Mental Health (OMH) and the Office for People with Developmental Disabilities (OPWDD).

**7. Section 504.3 Request.** Section 504.3 of Title 18 of the N.Y. Codes, Rules and Regulations requires Medicaid providers to prepare and maintain contemporaneous records demonstrating their right to receive payment under the Medicaid program and to furnish such records upon request. A "Section 504.3 request" for records may be issued by: (i) the NY State Department of Social Services; (ii) the U.S. DHHS Secretary; (iii) the NY State MFCU; and (iv) the NY State DOH, including the OMIG.

**8. Subpoena.** "Subpoenas" require the production of documents or testimony. A subpoena may be issued by: (i) the U.S. Department of Justice (*e.g.*, the U.S. Attorney's Office; FBI, DEA); (ii) the OIG; (iii) the MFCU; and (iv) the OMIG. Subpoenas from other law enforcement agencies may or may not require a judge's order.



### **Procedure for Managing External Investigations**

- 1. On-site Regulators.** Regulators from DOH, OMH or OPWDD, may visit the Agency's various programs to conduct onsite surveys or reviews of services, service sites, and Agency competence. Typically, these reviews are unannounced. All regulators entering Saint Dominic's facilities must be directed to the on-site Program supervisor and/or Program Vice President or in his or her absence, the Chief Compliance Officer shall request the name, title, business identification and badge # (if applicable) of each regulator. Regulators must be accommodated in a common/living area of the program or in a conference room in the building. **Personnel must inform and seek approval from the Chief Compliance Officer Prior to turning over any Agency records.**
  
- 2. Law Enforcement Officers.** Upon receipt of a "reasonable request" (As defined above), law enforcement officers from the OIG, or upon "reasonable notice" (as defined above), law enforcement officers from the New York MFCU, DOH, or OMIG are to be granted timely access to the Agency's facilities and its records for the purpose of conducting audits, investigations, reviews, or other statutory functions. All law enforcement officers entering Saint Dominic's facilities must be directed to the onsite Program supervisor and/or Program Vice President or in his or her absence, the Chief Compliance Officer shall request the name, title, business identification and badge # (if applicable) of each regulator. Law enforcement officers must be accommodated in a common/living area of the program or in a conference room in the building.

**Personnel should not turn over any Agency records without prior approval from the Chief Compliance Officer.**

- 3. Requests for Interviews.** Saint Dominic's encourages Personnel to fully cooperate with law enforcement officers.
  - a. **Personnel Interviews.** Personnel may speak voluntarily with law enforcement officers, and Saint Dominic's will not attempt to obstruct any government inquiry or prevent any Personnel from speaking with such officers. However, Personnel are permitted to refuse to speak with any law enforcement officer and have the right to request that a representative of the Agency or legal counsel be present before they speak with a law enforcement officer. If a law enforcement officer goes to any Personnel's home, the individual has the right to refuse to speak with the law enforcement officer and to have an Agency representative or counsel present. Personnel may also request that the interview take place at Saint Dominic's.
    - Before speaking with law enforcement officers, Personnel should ask for the officer's name and telephone number and identification, and then contact the Personnel's supervisor, and/or Program Vice President and the Chief Compliance Officer, who should then contact legal counsel.

- Personnel are also reminded that, while they may speak with law enforcement officers in their personal capacity, they may not present themselves as an official representative of Saint Dominic's without first obtaining authorization from the Agency.

**4. Law Enforcement Officers with a Subpoena, Civil Investigative Demand (CID) or Section 504.3 Notice.** If a law enforcement officer appears at the Agency's facilities with a subpoena, a CID or a Section 504.3 request for specific records, the following should occur:

- Immediately Contact the Chief Compliance Officer. Once the individual being served with the subpoena, CID or a Section 504.3 request has obtained proper identification from the law enforcement officer, he or she must contact the Chief Compliance Officer immediately. No records or information should be given to any law enforcement officer without prior approval of the Chief Compliance Officer, who may first consult with outside counsel, as necessary and appropriate. A subpoena, CID or a Section 504.3 request must give the Agency adequate time to reply; thus, a law enforcement officer should not arrive at the Agency expecting an immediate response to such documents.
- Program Vice Presidents must immediately contact the Chief Compliance Officer and or the President/CEO before responding to any request for documentation or client-related information.
- The Chief Compliance Officer must contact legal counsel upon receiving a subpoena, CID, or a Section 504.3 request. The Agency will fully cooperate with all lawful investigations, though some of the requested material may be privileged and should be reviewed by legal counsel prior to disclosure.
- The appropriate Vice President or designee and the Chief Compliance Officer will ensure that all records (both on and off-site) are available for legal counsel's review and that normal archiving or storage of old records is stopped until the investigation is completed.
- Accurate Response. Any response to a subpoena, CID or a Section 504.3 request must be accurate and complete.

**5. Law Enforcement Officers with a Search Warrant.** A valid search warrant enables law enforcement officers to enter a premise, search for evidence of criminal activity, and seize that evidence for use in a criminal prosecution. Law enforcement officers with a search warrant, however, do not have unlimited authority. The Agency aims to minimize disruption should law enforcement officers execute a search warrant. If a law enforcement officer presents a search warrant at Saint Dominic's, Personnel should do the following:

- **Advise the President/CEO and Chief Compliance Officer, of the Search.** The individual should immediately tell the Chief Compliance Officer and the CEO about the search warrant and the presence of the investigators.
- **Contact Legal Counsel Immediately.** Any Personnel served with a warrant should request the opportunity to call legal counsel. If this request is refused, the individual, in a respectful manner, must indicate that the refusal violates the Agency's rights and should document the refusal in detail.

- **Request a Copy of the Search Warrant and Accompanying Affidavit.** A search warrant contains limits as to what areas may be searched for and what property may be seized. Personnel must be aware of these limits and ensure that the officers confine their search to its proper boundaries.
- **Do Not Consent to the Search.** Although it is important to be cooperative with the investigators, it is equally important to tell them that the Agency objects to the search and is complying under the compulsion of law.
- **Protect Personnel.** Investigators will normally use the execution of a search warrant as an opportunity to question Personnel. The search warrant, however, does not give the investigators authority to require Personnel to answer questions. Personnel should be cooperative and respectful but may refuse to answer questions without an attorney present. Personnel may be sent home or to another section of the office during the execution of a search warrant. Some people will be selected to remain with counsel and monitor the search.
- **Keep Records Regarding the Search.** The search should be carefully monitored and recorded. Records should include the names and backgrounds of the investigators, times, dates and scope of the search, areas searched, and a detailed list of items seized. Personnel should request permission to video the search; if such a request is refused, the refusal should be documented. Investigators should never be left alone in any area of the Agency during a search.
- **Be Cooperative.** Personnel should be cooperative and not do anything that will impede, obstruct, or antagonize the investigators during their search. Such impediments could be considered obstruction of justice and lead to a person's arrest.

**The Policy and Procedure on Managing External Investigations/Responding to Government Inquiries were:**

**Implemented: 12/20/07**

**Reviewed:**

**Revised: 6/21/2018, 8/2021,  
4/2023, 11/2023**



## **Corporate Compliance Training and Education Policy and Procedure**

### **Purpose:**

Saint Dominic's Family Services acknowledges the importance of a work force that is informed and knowledgeable. As such, the Agency's Corporate Compliance Training and Education Program was developed to inform and enhance employees' knowledge base as well as to reinforce the need for strict compliance with the law. The Training and Education Program is intended to advise employees that any failure to comply with Saint Dominic's policies, procedures and Code of Conduct will be documented on performance evaluations and may result in disciplinary action.

### **Scope:**

This policy applies to all Personnel.

### **Statement of Policy:**

It is Saint Dominic's policy that Personnel including the Chief Compliance Officer, employees, the President/Chief Executive, senior administrators, managers, and Governing Body members participate in compliance training and education activities annually.

Such compliance training will occur no less than annually and will include applicable laws and regulations. Within 30 days of the date of hire, new employees will be introduced to the Code of Conduct, receive training as to the Compliance Program, and be informed of the ways in which they may access the Chief Compliance Officer and the Anonymous Hotline service. Training will also be provided upon new appointment of a President/CEO, manager, or Governing Body member.

The Agency acknowledges that it is not essential that every individual be educated concerning every aspect of compliance policies and procedures. Accordingly, everyone shall receive training and materials appropriate for his or her position.

Focused in-service training will be provided annually and as needed, to employees involved in the assignment of diagnosis and procedure codes for billing government and private payer programs.

The Chief Compliance Officer will ensure that the OLED Training Department coordinates compliance training for Saint Dominic's. The Chief Compliance Officer will consult with the Chief Financial Officer as to the selection of outside billing consultants to ensure that compliance-related matters are given appropriate attention.

Attendance at all training programs will be monitored and documented. The Chief Compliance Officer will ensure that a process is in place to follow up with any Personnel that miss scheduled training sessions. Failure to comply with required training may be grounds for disciplinary action.

Training materials and a system to document that the training has occurred will be developed jointly by the Chief Compliance Officer, Training Department, and Vice Presidents.

### **Education and Training Procedure:**

Saint Dominic's has developed the following Training Plan:

**A. Training Topics.** The Agency's Compliance Program training and education includes, but is not limited to, the following topics:

1. Compliance Risk Areas. Risk areas include, but are not limited to: billings; payments; ordered services; medical necessity; quality of care; governance; mandatory reporting; credentialing; contractor oversight; and other risk areas that are or should reasonably be identified by the Agency through organizational experience.<sup>9</sup>

2. Applicable Fraud and Abuse Laws. This includes an overview of the False Claims Act, the Anti-kickback Statute, and the requirements for reporting, returning and explaining overpayments.

3. The Agency's Compliance Policies and Procedures. Training materials include a listing of all compliance-related policies and procedures and information regarding how to access these documents.

4. Compliance Program Operations. Training materials discuss how the Compliance Program works, including:

- the roles of the Chief Compliance Officer and the Compliance Committee.
- how Personnel can ask questions and report potential compliance-related issues to the Chief Compliance Officer, senior management, and the Compliance Hotline, including the obligation of Personnel to report suspected illegal or improper conduct and the procedures for submitting such reports, and the protection from intimidation and retaliation for good faith participation in the Compliance Program.
- disciplinary standards, with an emphasis on those standards related to the Agency's Compliance Program and prevention of fraud, waste and abuse.
- how Saint Dominic's responds to compliance issues and implements corrective action plans.
- requirements specific to Federal health care programs (e.g., Medicare and Medicaid) and the services Saint Dominic's provides; and
- the claim development and submission process/coding and billing requirements and best practices, as applicable.

---

<sup>9</sup> "Organizational experience" means Saint Dominic's: (i) knowledge, skill, practice and understanding in operating its Compliance Program; (ii) identification of any issues or risk areas in the course of its internal monitoring and auditing activities; (iii) experience, knowledge, skill, practice and understanding of its participation in Federal health care programs (e.g., Medicare and Medicaid) and the results of any audits, investigations, or reviews to which the Agency has been subject; or iv) awareness of any issues the Agency should have reasonably become aware of for the services it provides.

Training materials related to compliance issues will be submitted to the Chief Compliance Officer for review and approval before being used. The Chief Compliance Officer shall ensure that education and training on billing policies and procedures are effectively communicated and understood by applicable staff. To accomplish this objective, the Chief Compliance Officer will work with Program Vice Presidents, the Chief Financial Officer, Chief Program Officer, and any billing consultants that Saint Dominic's chooses to engage.

**B. Frequency and Format of the Training.** Personnel must participate in appropriate education and training programs appropriate to their role at the Agency no less frequently than annually. New employees will be trained as part of their job orientation within 30 days of start date. Training will also be provided within 30 days of start date upon new appointment of an Administrator, manager or governing body member.

1. Training Schedule. In addition to orientation training within 30 days of hire or appointment (as applicable), training is provided annually for managers, supervisors, and line staff. Corporate officers and the Board of Trustees also receive annual training. Orientation and annual training sessions typically run for at least 45 minutes to an hour. Annually, the Chief Administrative Officer provides information regarding the Compliance Program and training materials to Contractors and requests a signed acknowledgement. Additional training is provided on an ad hoc basis; frequency and length of specialized training will vary, depending on the topic.

2. Format of the Training. Training is presented in various formats, which include PowerPoint presentations, live training, electronic training, written handouts, and memos.

3. Accessibility. Training and education are provided in a form and format accessible and understandable to all Personnel, consistent with federal and state language and other access laws, rules or policies.

**C. Mandatory Participation.** Attendance and participation in training and educational programs are mandatory and is an important part of Saint Dominic's business and professional environment. All Personnel must participate in mandatory training and education.

1. Sanctions for Failing to Attend/Participate. Adherence to the Agency's requirements regarding compliance, education and training will be considered in the overall evaluation of the performance for each individual associated with the Agency. Failure to comply with education and training requirements may result in disciplinary action consistent with Saint Dominic's Compliance Program Disciplinary Standards and may range from verbal warnings to termination of employment or contract. Disciplinary actions are subject to the due process, legal and contractual rights, if any, applicable to such individual.

2. Tracking Attendance. The Chief Administrative Officer has a process in place to track attendance and to follow up with any Personnel that miss scheduled training sessions.

The Chief Compliance Officer may require that any healthcare professional whose services are reflected on service recipient's bills, or any employee engaged in billing, registration, coding, or collection activities attend training related to compliance or any other employee the Chief Compliance Officer determines will benefit from such mandatory training.

All billing, coding and collection personnel and medical practitioners employed by Saint Dominic's shall attend training sessions on particular issues, as necessary.

**D. Code of Conduct/Policies and Procedures.** The Chief Compliance Officer is responsible for ensuring that information regarding the Compliance Program, including the Compliance Program Manual which contains the Reporting Requirements, Code of Conduct, and the Compliance Program Elements, are distributed to all Personnel and for maintaining a file containing each person's signed acknowledgment form. All newly hired Personnel must also receive a copy of the Compliance Manual during orientation and sign and return the acknowledgment form to the Chief Compliance Officer. The Chief Compliance Officer also must ensure that specific Compliance Program policies and procedures are distributed to appropriate Personnel, as relevant to their job responsibilities at the Agency and that all Compliance Program policies and procedures are accessible to any Personnel upon request or by posting on shared drives and by providing hard copies of these documents at specified locations.

**E. Evaluation of Training and Education.** The Compliance Committee monitors, evaluates and annually assesses the effectiveness of Saint Dominic's education and training programs and revises such programs as necessary. The Compliance Committee reviews the Training Plan (as outlined in this Policy) at least annually and updates the Plan as necessary.

**F. Recordkeeping.** The Chief Compliance Officer is responsible for maintaining records of the type of training and education program offered, the dates offered, and proof of those who attended the program. Educational and training files, including copies of all written materials, are retained for a period of no fewer than ten (10) years from the date the materials were last used.

**The Corporate Compliance Training and Education Policy and Procedure was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

*References*

*18 N.Y.C.R.R. 521-1.4*





## **Record Retention Policy**

### **Purpose:**

Saint Dominic's Family Services recognizes the need to maintain adequate documentation to support its services and billing for services. To this end, Saint Dominic's complies with Federal, state, and local documentation and records retention mandates.

### **Scope:**

This policy applies to all Personnel.

### **Statement of Policy:**

Saint Dominic's complies with the record and documentation requirements under federal or state law and with the maintenance and retention of records and documentation necessary to confirm the effectiveness of the Agency's Compliance Program and satisfaction of all regulatory requirements related thereto. Such documentation includes client records, telephone hotline logs, minutes of Compliance Committee meetings, training and educational presentations and attendance logs, handouts, investigations and documentation of ongoing internal auditing, monitoring, and corrective action efforts.

The Chief Compliance Officer will ensure that all records relating to the implementation of this policy, including documents evidencing the screening, supervision, and termination of Contractors, are maintained for ten years or longer if deemed necessary.

### **The Record Retention Policy was:**

**Implemented:** 12/20/07

**Reviewed:**

**Revised:** 6/21/2018, 8/2021,  
4/2023, 11/2023

### ***References***

***18 N.Y.C.R.R. 521-1.3***



## **FINAL REMINDER**

Saint Dominic's Family Services' commitment to integrity and compliance means more than just doing the best job possible. It is our commitment to being good corporate citizens. Our success and future depend on each person's full participation in the Compliance Program.

**APPENDIX A:**  
**Compliance with Applicable Federal and State False Claims Acts: Overview of the Laws  
Regarding False Claims and Whistleblower Protections**

---

**BACKGROUND/PURPOSE**

Saint Dominic’s Family Services (“Saint Dominic’s” or the “Agency”) is committed to complying with the requirements of Section 6032 of the Federal Deficit Reduction Act of 2005, and preventing and detecting any fraud, waste, or abuse. To this end, Saint Dominic’s maintains a Compliance Program and strives to educate its work force on fraud and abuse laws, including the importance of submitting accurate claims and reports to the Federal and State governments. The Agency has instituted various procedures, which are set forth in our Compliance Manual and various Compliance Program policies, to ensure compliance with these laws and to assist us in preventing fraud, waste, and abuse in Federal health care programs. In furtherance of this policy and to comply with the Deficit Reduction Act, Saint Dominic’s disseminates this policy to all Personnel (including management, contractors, and other agents) to ensure that such persons are aware of certain relevant Federal and State laws, and that submission of a false claim can result in significant administrative and civil penalties under the Federal False Claims Act and other New York State laws.

**POLICY**

To assist Saint Dominic’s in meeting its legal and ethical obligations, any Personnel who reasonably suspects or is aware of the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a Federally or State funded health care program is required to report such information to the Chief Compliance Officer or his/her supervisor (who must then report to the Chief Compliance Officer). Any Personnel who report such information will have the right and opportunity to do so anonymously and will be protected against retaliation and intimidation for coming forward with such information both under our internal compliance policies and procedures and Federal and State law. However, Saint Dominic’s retains the right to take appropriate action against any Personnel who has participated in a violation of Federal or State law or Saint Dominic’s policy or who intentionally and maliciously reports false information.

The Agency is committed to investigating any suspicions of fraud, waste, or abuse swiftly and thoroughly and requires all Personnel to assist in such investigations. If any Personnel believes that Saint Dominic’s is not responding to his or her report within a reasonable period of time, he or she should bring these concerns about the perceived inaction to the Chief Compliance Officer. Failure to report and disclose or assist in an investigation of fraud and abuse is a breach of the Personnel’s obligations to Saint Dominic’s and may result in disciplinary action, including termination of employment or contract.

**RELEVANT LAWS:**

**1. FEDERAL LAWS**

- a. The Federal False Claims Act (31 USC-§§3729-3733)** The False Claims Act (“FCA”) provides, in pertinent part, that:

1) any person who (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; (C) conspires to commit (the above violations); ... or (G) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government,

\*\*\*

is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000,<sup>10</sup> plus 3 times the amount of damages which the Government sustains because of the act of that person.

For purposes of this section,

(1) the terms “knowing” and “knowingly” (A) mean that a person, with respect to information-- (i) has actual knowledge of the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information; and (B) require no proof of specific intent to defraud; and

(2) the term “claim” (A) means any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that-- (i) is presented to an officer, employee, or agent of the United States; or (ii) is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government’s behalf or to advance a Government program or interest, and if the United States Government (I) provides or has provided any portion of the money or property requested or demanded; or (II) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded; and

(3) The term “obligation” means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment; and

(4) the term “material” means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

*31 USC§ 3729.*

While the False Claims Act imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b).

---

<sup>10</sup> Although the statutory provisions of the Federal False Claims Act authorize a range of penalties of from between \$5,000 and \$10,000, those amounts have been adjusted for inflation and increased by regulation to not less than \$13,508 and not more than \$27,018 for penalties assessed after January 30, 2023, whose associated violations occurred after November 2, 2015. *See 28 C.F.R. §85.5.*

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records to retain the money. An example of this so-called “reverse false claim” may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. *31 USC 3730 (b)*. These private parties, known as “qui tam relators,” may share in a percentage of the proceeds from an FCA action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

#### **b. Administrative Remedies for False Claims (31 USC Chapter 38, §§ 3801- 3812)**

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to \$5,000 for each claim.<sup>11</sup> The agency may also recover twice the amount of the claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also, unlike the False Claims Act, the determination of whether a claim is false, and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

## **2. NEW YORK STATE LAWS**

New York’s false claims laws fall into two categories: civil and administrative; and criminal laws. Some apply to recipient false claims, and some apply to provider false claims, and while most are specific to healthcare or Medicaid, some of the “common law” crimes apply to areas of interaction with the government.

#### **a. Civil and Administrative Laws**

##### **NY False Claims Act (State Finance Law, §§187-194)**

The NY False Claims Act closely tracks the federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or

---

<sup>11</sup> Although the statutory provisions of the Program Fraud Civil Remedies Act authorize a penalty up to \$5,000, that amount has been adjusted for inflation and increased by regulation to not more than \$13,508 for penalties assessed after January 30, 2023, whose associated violations occurred after November 2, 2015. *See 28 C.F.R. §85.5.*

local government, including health care programs such as Medicaid. The penalty for filing a false claim is equal to the amount that may be imposed under the federal FCA (as may be adjusted for inflation) and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit of 15-25% if the government did participate in the suit.

### **Social Services Law §145-b -- False Statements**

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$10,000 per violation. If repeat violations occur within 5 years, a penalty up to \$30,000 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

### **Social Services Law §145-c -- Sanctions**

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the needs of the individual or that of his family shall not be taken into account for the purpose of determining his or her needs or that of his family for six months if a first offense, for twelve months if a second offense (or if benefits wrongfully received are at least \$1,000 but not more than \$3,900, for eighteen months if a third offense (or if benefits wrongfully received are in excess of \$3,900), and five years for any subsequent occasion of any such offense.

## **b. Criminal Laws**

### **Social Services Law §145 -- Penalties**

Any person who submits false statements or deliberately conceals material information to receive public assistance, including Medicaid, is guilty of a misdemeanor.

### **Social Services Law § 366-b -- Penalties for Fraudulent Practices**

- Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.
- Any person who, with intent to defraud, presents for payment and false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits false information to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

### **Penal Law Article 155, Larceny**

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes, or withholds the property by means of trick, embezzlement, false pretense, false

promise, including a scheme to defraud, or other similar behavior. It has been applied to Medicaid fraud cases.

- Fourth degree grand larceny involves property valued over \$1,000. It is a Class E felony.
- Third degree grand larceny involves property valued over \$3,000. It is a Class D felony.
- Second degree grand larceny involves property valued over \$50,000. It is a Class C felony.
- First degree grand larceny involves property valued over \$1 million. It is a Class B felony.

### **Penal Law Article 175, False Written Statements**

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

- §175.05, Falsifying business records involves entering false information, omitting material information, or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.
- § 175.10, Falsifying business records in the first degree includes the elements of the
- §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.
- §175.30, Offering a false instrument for filing in the second degree involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.
- §175.35, Offering a false instrument for filing in the first degree includes the elements of the second-degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.

### **Penal Law Article 176 -- Insurance Fraud**

Applies to claims for insurance payment, including Medicaid or other health insurance and contains six crimes.

- Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.
- Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a Class E felony.
- Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a Class D felony.
- Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a Class C felony.
- Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a Class B felony.

- Aggravated insurance fraud is committing insurance fraud more than once. It is a Class D felony.

### **Penal Law Article 177 -- Health Care Fraud**

Applies to claims for health insurance payment, including Medicaid, and contains five crimes:

- Health care fraud in the 5th degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
- Health care fraud in the 4th degree is filing false claims and annually receiving over \$3,000 in aggregate. It is a Class E felony.
- Health care fraud in the 3rd degree is filing false claims and annually receiving over \$10,000 in the aggregate. It is a Class D felony.
- Health care fraud in the 2nd degree is filing false claims and annually receiving over \$50,000 in the aggregate. It is a Class C felony.
- Health care fraud in the 1st degree is filing false claims and annually receiving over \$1 million in the aggregate. It is a Class B felony.

### **3. WHISTLEBLOWER PROTECTIONS**

#### **Federal False Claims Act (31 U.S.C. §3730[h])**

The FCA provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment because of their furtherance of an action under the FCA. *31 U.S.C. 3730(h)*. Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained because of the discrimination, including litigation costs and reasonable attorneys' fees.

#### **NY False Claim Act (State Finance Law §191)**

The New York False Claim Act also provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

#### **New York Labor Law §740**

Section 740 prohibits employers from taking "retaliatory" action against an employee (including former employees and natural persons working as independent contractors), whether or not the employee is acting within the scope of his or her job duties, because the employee does any of the following:

- a. discloses or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that the employee reasonably believes is in violation of law, rule or



regulation or that the employee reasonably believes poses a substantial and specific danger to the public health or safety;

b. provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practice by such employer; or

c. objects to, or refuses to participate in, any such activity, policy or practice.

The employee's disclosure will only be protected if the employee first made a good faith effort to notify his or her employer by bringing up the matter with a supervisor and giving the employer a reasonable opportunity to correct the alleged violation. However, such employer notification is not required where:

- there is an imminent and serious danger to the public health or safety;
- the employee reasonably believes that reporting to the supervisor would result in a destruction of evidence or other concealment of the activity, policy or practice;
- such activity, policy or practice could reasonably be expected to lead to endangering the welfare of a minor;
- the employee reasonably believes that reporting to the supervisor would result in physical harm to the employee or any other person; or
- the employee reasonably believes that the supervisor is already aware of the activity, policy or practice and will not correct it.

Under Section 740, "retaliatory action" is defined to mean an adverse action taken by an employer or his or her agent to discharge, threaten, penalize, or in any other manner discriminate against any employee or former employee exercising his or her rights under Section 740. This includes: (i) adverse employment actions or threats to take such adverse employment actions against an employee in the terms of conditions of employment (including but not limited to discharge, suspension, or demotion); (ii) actions or threats to take such actions that would adversely impact a former employee's current or future employment; or (iii) threatening to contact or contacting United States immigration authorities or otherwise reporting or threatening to report an employee's suspected citizenship or immigration status or the suspected citizenship or immigration status of an employee's family or household member.

If an employer takes a retaliatory action against the employee, the employee may bring a civil action within two years after the alleged retaliatory action was taken. The parties to such an action are entitled to a jury trial. A court may order: an injunction to restrain continued violation of the law; the reinstatement of the employee to the same position held before the retaliatory action, or to an equivalent position, or "front pay;" the reinstatement of full fringe benefits and seniority rights; the compensation for lost wages, benefits and other remuneration; the payment by the employer of reasonable costs, disbursements and attorneys' fees; a civil penalty not to exceed \$10,000; and/or the payment by the employer of punitive damages, if the violation was willful, malicious or wanton.

### **New York Labor Law §741**

Section 741 prohibits certain defined health care employers from taking "retaliatory action" against an employee because the employee does any of the following:

- a. discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or
- b. objects to, or refuses to participate in, any activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

Section 741 defines “retaliatory action” to mean the discharge, suspension, demotion, penalization or discrimination against an employee, or other adverse employment action taken against an employee in the terms and conditions of employment.

Similar to Section 740, an employee will not be protected under Section 741 unless the employee has brought the improper quality of patient care or improper quality of workplace safety to the attention of a supervisor and has given the employer a reasonable opportunity to correct the activity, policy or practice. Also similar to Section 740, notice to the employer is not required where it presents an imminent threat to public health or safety or to the health of a specific patient or specific health care employee and the employee reasonably believes in good faith that reporting to a supervisor would not result in corrective action.

The same relief and enforcement provided for under Labor Law Section 740 (described above) are applicable to retaliatory actions under Section 741.

## APPENDIX B: ACKNOWLEDGEMENT

---

---

**My signature below acknowledges that:**

1. I have received training on Saint Dominic's Family Services' Corporate Compliance Program.
2. It is my responsibility to carefully review and understand the contents of the Corporate Compliance Program Manual which I have received.
3. I am expected to comply with the Compliance Program and to refuse to participate in unethical or illegal conduct.
4. It is my duty to report to the Chief Compliance Officer unethical or illegal conduct, including known or suspected violations of Agency policies, Federal, state, and local laws, and regulations, as well as suspected fraud, waste, and abuse.
5. I will cooperate and assist in compliance-related investigations.
6. If I have questions/comments or need clarification on any part of the Corporate Compliance Program now or in the future, I will contact the Chief Compliance Officer, by telephone 845-359-3400 x 231, or email [swatson@sdfs.org](mailto:swatson@sdfs.org).

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Program \_\_\_\_\_

Date Reviewed/Received \_\_\_\_\_