

Compliance Program Investigations Policy

Unity House of Troy, Inc.

Purpose

To thoroughly respond to and investigate all potential compliance violations of federal, state, and local laws and regulations as well as policies and procedures as they apply to the operation of the agency.

To develop corrective action plans.

Applicability

The Compliance Program's Disciplinary Policy applies to Unity House's employees, managers, executives, board members, volunteers, vendors, contractors, subrecipients and other agents who:

- Are required to participate in Unity House's Compliance Program,
- Furnish or otherwise authorize the furnishing of services funded through government programs,
- Perform billing and coding functions on behalf of Unity House,
- Voucher Unity House for services and goods that will be reimbursed through government programs, and
- Monitor such functions.

Individuals covered by this policy are hereafter referred to in short as "employees, contractors, and other agents".

Policy

All employees, contractors, and other agents have a duty to report anything that a reasonable person might think is a violation of the Compliance Plan, the Code of Conduct, other policies and procedures, or rules, regulations, or laws. The Compliance Officer will complete an initial screen of all reports received by the Compliance Program or discovered through other monitoring mechanisms. If the initial assessment indicates the report is related to a potential act of intimidation or retaliation or if there is a basis for believing the conduct may constitute other non-compliance with applicable law, the Compliance Plan, the Code of Conduct, or other agency policies and procedures, the matter will be fully

investigated. Upon the completion of the investigation, appropriate and timely corrective action will be taken. Employees, contractors, and other agents have an obligation to, in good faith, fully participate and cooperate with investigations and any remedial action(s) taken.

The Compliance Officer will make regular reports to the Chief Executive Officer and Board of Directors with regard to investigations and any remedial action(s) taken. Efforts will be taken to maintain the confidentiality of employees, contractors, and other agents involved in investigations. Unity House will report violations of federal, state, or local law to the appropriate governmental authorities.

Procedure

Investigation

1. Upon identification of a potential compliance issue, the Compliance Officer will identify an appropriate investigator or team of investigators. Special consideration will be given to the nature and scope of the investigation in determining who will investigate. The Compliance Officer will ensure there are no conflicts of interest and that the investigation will be conducted in a manner that is neutral, not biased and purposed only to determine whether or not a compliance problem exists.

The Compliance Officer or his/her designee will investigate all potential compliance issues. In the event that the Compliance Officer is not directly involved in the investigation, the designee will coordinate with and report to the Compliance Officer the results of the investigation and any corrective action.

2. If the alleged violation is suspected to be a felony or if criminal conduct may have occurred, outside counsel will be retained to conduct the investigation and attorney-client privilege will apply. Outside Counsel will meet with the Compliance Officer and General Counsel, who will share information with the CEO and Board of Directors if there is a verification of a felony.
3. The investigation will be conducted in a timely manner, with a goal of commencing within 5 – 10 business days following the receipt of the report, information, or complaint. Unforeseen challenges or complications may cause the investigation to take extended time to complete, but every effort will be made to fully investigate and resolve compliance issues efficiently and effectively.

4. If the identified conduct is found to be a violation of law, the Compliance Plan, the Code of Conduct, or agency policy, the Compliance Officer will notify the Board of Directors as soon as reasonably possible.
5. The destruction of documents or other evidence related to an investigation is strictly prohibited. The Compliance Officer or designated investigator will attempt to proactively prevent the destruction of evidence.
6. Persons involved in or having knowledge of the potential non-compliance matter will be interviewed. Employees, managers, executives, board members, contractors and other agents are required to, in good faith, participate in compliance investigations. Failure to do so may result in termination.
7. During an active investigation, a person may be temporarily relieved of his/her duties and/or responsibilities related to the alleged violation. In accordance with Unity House policy, this may occur through reassignment or through paid or unpaid suspension. Following the conclusion of the investigation, the person will either be returned to their work or terminated in accordance with the results of the investigation.
8. Individuals or entities named in a report of potential non-compliance will be checked for exclusion status from Medicaid.
9. Investigations' records will include, but may not be limited to:
 - Documentation of the alleged violation
 - A description of the investigative process
 - A log of witnesses interviewed
 - Copies of interview notes
 - A log of documents reviewed
 - Copies of key documents
 - The results of the investigation
 - Disciplinary action taken
 - Corrective action plan.

10. Employees, managers, executives, board members, and other agents who have violated the Compliance Program will be subject to disciplinary action for failure to comply with ethical standards or legal requirements. Any violation of law, the Compliance Plan, Code of Conduct, or agency policy will result in appropriate sanctions as outlined in the Disciplinary Policy. Disciplinary action taken as a result of non-compliance is firmly enforced and fairly applied to employees, managers, executives, board members, and other agents. No group receives preferential treatment based on their status within the agency.
11. A summary report of non-compliant conduct will be provided to the CEO and Board of Directors. The Compliance Officer will prepare the report, which will include:
 - The initial report or complaint
 - The results of the investigation
 - Recommended corrective, remedial, or preventative actions
 - Reports made to governmental agencies
 - Recommended disciplinary action.

The Board of Directors will be provided with the summary report as a part of their regular Compliance Report.

12. At three months and 12 months following the completion of the investigation, the Compliance Officer will review the circumstances that formed the basis for the investigation to determine whether similar problems have been uncovered and that remedial action(s) have been implemented. If similar problems are discovered, another investigation will be initiated.

Corrective Action

1. Corrective action will be appropriate to the level of the problem. Corrective action may include: referral to criminal and/or civil law enforcement authorities having jurisdiction over such matter, report to the Government, submission of any overpayments (if applicable), revised policies and procedures, appropriate education or training, and/or appropriate disciplinary action.

2. If an investigation determines that an overpayment has been made to agency, obligatory overpayment will be repaid within thirty (30) days of the completion of the investigation. Overpayments will be returned with a written explanation for the overpayment. Repayment will include interest, if appropriate. Overpayments will be reported to the Compliance Officer, who will look for trends or patterns that may demonstrate a systemic problem. Systemic

Reporting

1. Prior to giving a report to governmental authorities, outside counsel will review the records of the investigation and the report.
2. A report that a violation of federal, state, or local law has occurred may be made to the appropriate governmental authorities if the conduct (1) is a clear violation of criminal or civil law; (2) has a significant adverse effect on the quality of care provided to program beneficiaries; or (3) indicates evidence of a systemic failure to comply with applicable laws, an existing corporate integrity agreement, or other standards of conduct, regardless of the financial impact on federal health care programs. In order to qualify for the “not less than double damages” provision of the False Claims Act, the agency may provide a report to the Government within 30 days after the date when agency first identifies the potential violation. The report will be made within 60 days after the end of any investigation that determines that there is: (1) credible evidence of a violation of criminal, civil, or administrative law or (2) discovery of verifiable fraud (as confirmed by legal counsel).
3. After the investigation is complete, the Compliance Officer, with outside counsel representation, will make a report to the appropriate governmental authority if there has been a violation of law. This report may include: all evidence relevant to the alleged violation of applicable Federal or State law, the outcome of the investigation, the potential cost impact, and a description of the impact of the alleged violation on the operation of the applicable health care programs or their beneficiaries. Appropriate Federal and State authorities include the Criminal and Civil Divisions of the Department of Justice, the District U.S. Attorney, and the investigative arms for the agencies administering the affected Federal or State health care programs, such as the Office of the Medicaid Inspector General, the Office of the Attorney General, and the Office of the Inspector General of the Department of Health and Human Services.
4. The agency may decide to voluntarily disclose matters that, in reasonable assessment, potentially violate Federal criminal, civil, or administrative laws. The self-disclosure will follow the Updated

OIG's Provider Self-Disclosure Protocol issued on April 17, 2013. According to the Protocol, disclosure must be made prior to investigation and self-assessment. After disclosure is made, a review will be conducted in accordance with the OIG Internal Investigation Guidelines and the Self-Assessment Guidelines.