

2022 Compliance Plan

UNITY HOUSE OF TROY, INC.

INTRODUCTION

This Plan is the blueprint for Unity House’s Compliance Program. It provides information and guidance to Unity House’s employees, managers, officers, board members, volunteers, interns, professional affiliates, subrecipients, contractors, vendors, business associates, and other agents (“affected individuals”).

Unity House’s Compliance Program promotes an organizational culture that prioritizes client care, strives for the highest standards of ethics applied to all facets of operations, and consistently demonstrates a clear commitment to compliance with the federal and state rules, regulations, and laws that govern our work. To that end, the Compliance Program offers training, guidance, resources, and support to affected individuals as they care for our clients and carry out the business of the agency in a manner that is consistent with our mission and organizational culture and that meets the standards set forth in this Plan, the Code of Conduct, and other governing policies and procedures. Unity House provides an environment in which affected individuals are encouraged to actively participate in the Compliance Program and without fear of retaliation.

As a basis of participating in the Compliance Program, all affected individuals are expected to:

- Familiarize themselves with the Compliance Plan, Code of Conduct, and all of the Compliance Program's policies including but not limited to: False Claims and Reporting Policy, Investigation Policy, Discipline Policy, Non-Retaliation & Non-Intimidation Policy, Training and Education Policy, Auditing & Monitoring Policy, and Self-Disclosure & Overpayment Policy. These policies are distributed to affected individuals, reviewed in Compliance Training, and are available on the board portal, SharePoint, and Unity House's website.
- Federal funding related policies, including award specific resource materials and the Time Effort Reporting Policy and standards, as applicable.
- HIPAA Privacy, Security, and Breach policies and other written standards related to confidentiality (i.e., NYS SHIELD ACT, NYS Mental Hygiene Law provisions, Article 27-f HIV/AIDS, VAWA, FERPA/IDEA, and other special-population specific confidentiality requirements).
- Read, and continually refer to as needed, the policies and procedures specific to the home program/department of the affected individual.
- Report suspected fraud, waste, abuse, non-compliance, and other improper conduct.
- Participate, in good faith, in Compliance Program activities including training, investigations, and audits.
- Carry out duties with honesty and integrity and in a manner that prioritizes client care and compliance with the law.

Unity House strives to conduct its business with integrity, both in the delivery of services and in obtaining payment for those services. This commitment cannot be achieved without the same commitment and help of our employees, volunteers, interns, managers, executives, board of directors, professional affiliates, subrecipients, contractors, vendors, business associates, and others who help advance our work. Our sincerest thanks for joining us in this endeavor.

COMPLIANCE PROGRAM OVERVIEW

Unity House developed its Compliance Program to guide its best efforts to operate within accepted ethical and legal standards. Unity House expects all aspects of client care and business conduct will be performed in accordance with its Compliance Program, professional standards of conduct, governing policies and procedures, and applicable governmental rules, regulations, and laws.

To demonstrate that Unity House has developed an effective compliance program, Unity House has:

1. Implemented a protocol wherein the Annual Compliance Plan and Workplan are reviewed, updated, and presented to the board of directors for adoption in the December meeting for the following year. These guiding documents are updated and revised each year to reflect newly identified risk areas, changes in practice, and lessons learned.
2. Developed written standards and a Code of Conduct that:
 - Articulate a commitment to complying with all applicable federal and state requirements and that meet the requirements of the federal Deficit Reduction Act, and
 - Outline the measures used to prevent, detect, respond to, and correct non-compliance with Medicaid and other funder requirements, fraud, waste, abuse, and other improper conduct.
 - Designated a Compliance Officer who is vested with responsibility of the day-to-day operation of Unity House's Compliance Program. The Compliance Officer is a high-level position that reports directly to the Chief Executive Officer and the Board of Directors. The Compliance Officer also regularly participates in training and professional development activities to ensure knowledge and skills are up to date and the Compliance Program incorporates best practices.
 - Established Compliance Committees (formerly called 'Compliance Workgroups') in areas that have heavy regulatory requirements (i.e., Medicaid, HUD, IT Security) that bring the Compliance Officer and other key employees together to formally, regularly, and collectively focus on compliance and quality.
 - Taken steps to provide appropriate training and educational materials and to regularly communicate standards to employees, managers, executives, board members, and other affected

individuals as appropriate. Compliance orientation and annual training is mandatory for all affected persons, and compliance educational efforts are ongoing.

- Established clear, unimpeded, and effective lines of communication that ensure confidentiality between the Compliance Officer and:
 - Members of the Compliance Committees,
 - Unity House’s employees, volunteers, interns, managers, and board of directors, as well as
 - Our subrecipients, contractors, vendors, business associates, and other first tier, downstream and related entities.
- Established and continually publicize reporting systems that include systems for:
 - Employees and other affected individuals to report fraud, waste, abuse, misconduct, or other compliance issues in good faith and without fear of retaliation or retribution. This includes but is not limited to a Confidential Compliance Hotline that offers anonymous reporting.
 - The Compliance Officer and/or other affected individuals to report appropriate compliance issues to the Department of Health, the Office of the Medicaid Inspector General, and other applicable oversight agencies.
 - The Compliance Officer to report significant compliance activities and issues to the CEO, Board of Directors, and/or Senior Management as is appropriate.
- Enacted systems to routinely identify compliance issues and risk areas and Compliance Program effectiveness, including but not limited to:
 - Self-assessments,
 - Formal risk assessments,
 - Rigorous monitoring and auditing of claims and testing of internal controls to prevent and detect billing/payment mistakes and fraud,
 - Internal auditing of fiscal and regulatory compliance,
 - Root cause analyses,
 - Investigations,
 - Monitoring credentialing and exclusion lists, and
 - Tracking and analyzing overpayments, voids, and adjustments to identify trends, weaknesses, and risk areas.

- Enacted routine systems to respond to compliance issues, prevent future violations, and improve systems, which include but are not limited to:
 - Responsive investigations and audits,
 - Corrective action plans and follow up,
 - Written standards for identifying, self-disclosure, and refunding overpayments, and
 - Written standards for reporting to the Unity House Board of Directors, NYS Department of Health, and NYS Office of the Medicaid Inspector General, other appropriate governmental agency, and/or law enforcement when appropriate.
- Identified, reported, explained, and returned overpayments to OMIG.
- Developed disciplinary policies to encourage good faith participation in the Compliance Program by all affected individuals and take appropriate disciplinary action against individuals who fail to report suspected problems, participate in non-compliant behavior, or encourage, direct, facilitate, or permit non-compliant behavior. The Discipline Policy is well publicized through training and distribution and remains readily available to all affected individuals via the board portal, SharePoint, and/or Unity House’s website.
- Developed and strictly abides by a policy of Non-Retaliation and Non-Intimidation to encourage good faith participation in the Compliance Program and reporting of suspected issues.
- Completes formal risk assessments that are used to inform a comprehensive annual Compliance Work Plan.
- Completes an Annual Compliance Program Assessment to ensure all requirements are met in advance of annual Medicaid compliance certification.

Unity House believes that its adherence to high standards of ethics and ongoing and visible compliance efforts creates buy-in from our constituency and sustains faith in our services, professional practices, and operations.

POLICY AND PROCEDURE OVERVIEW

Unity House’s commitment to compliance is underscored throughout the Compliance Program’s materials, the Employee Handbook, and each program and department's policies and procedures. Collectively, these

documents establish the standards and procedures that must be followed by Unity House’s employees, volunteers, interns, managers, and officers and, as applicable, the Board of Directors and other agents. Understanding and following these standards will help prevent and detect unethical, fraudulent, wasteful, abusive, illegal, and criminal conduct and support a culture that prioritizes ethics, compliance, and the highest standards of care.

CORPORATE COMPLIANCE

Unity House delivers and bills for services that fully comply with all governing rules, regulations, and laws and that adhere to the high ethical and professional standards the organization sets for all facets of operations. Unity House will ensure these conditions of operation are met through an organized and active Compliance Program.

Unity House’s Compliance Program seeks to meet the following overall goals:

1. Maintain and enhance the quality of services and care provided to our clients.
2. Promote an organizational culture of ethics, compliance with the law, and high standards of care that are embraced and demonstrated by all affected individuals and that supports integrity in operations at all times.
3. Establish, broadly distribute, and consistently enforce policies, procedures, and practices that promote a culture of compliance and ethics where affected individuals:
 - Act in way that meets the expectations and requirements set forth by the Compliance Program, rules, regulations, and laws.
 - Understand their role in preventing, detecting, reporting, and resolving conduct that violates applicable rules, regulations, and laws, the organization’s ethical standards, and the code of conduct.
 - Understand that conduct contrary to the Code of Conduct, policies and procedures, and/or rules, regulations, or laws is considered a violation of the Compliance Program, and such violations will result in fair and firm enforcement of sanctions, in accordance with the Discipline Policy, and

- Are encouraged to raise questions/concerns, report compliance issues, and otherwise participate in the Compliance Program, and they will be taken seriously and can do so without fear of retaliation or intimidation.
4. Maintain training and education efforts that are relevant to the board, management, employees, volunteers, interns, and others on compliance issues related to their respective roles/functions.
 5. Ensure that the Unity House Board of Directors and Chief Executive are knowledgeable about the content and operation of the Compliance Program and exercise reasonable oversight of its implementation and effectiveness.
 6. Communicate with and educate management-level personnel to maximize their support in the implementation and effectiveness of the Compliance Program.
 7. Continue communications with appropriate governmental entities to ensure compliance and transparency.

As part of the orientation process and annually thereafter, Unity House disseminates and provides training on the Compliance Plan, Code of Conduct, and Compliance Program policies and procedures to employees, volunteers, interns, managers, officers, board members, and other agents as appropriate. Training records and an acknowledgment of receipt and understanding are signed and filed. Compliance Program documents are distributed and made continually available to all affected individuals via the board portal, SharePoint, and Unity House's website. This includes Unity House's independent contractors, vendors, and subrecipients that are required to receive such by law.

Unity House will review, revise, develop, and adopt new policies and procedures as necessary to ensure that agency operations are conducted in accordance with any changes in law or identified areas of significant risk. The Compliance Plan and Workplan are reviewed and adopted by the Board of Directors annually.

The Compliance Officer also presents the findings of the annual risk assessment, significant investigations, and internal and external audits to the board.

Compliance education efforts are provided in a variety of forms and are a continuous undertaking.

COMPLIANCE EXPECTATIONS

As integral members of Unity House's team, employees, volunteers, interns, managers, officers, and board members must accept certain responsibilities, adhere to acceptable business practices in matters of personal conduct, and exhibit a high degree of personal integrity at all times. This requires a sincere respect for the rights and feelings of others and demands that they refrain from any behavior that might be viewed unfavorably or harmful to themselves, their coworkers, their clients, and/or the agency.

The Code of Conduct emphasizes the shared common values and culture Unity House cultivates to guide the agency's operations. Employees are expected to observe the highest standards of ethics and professionalism at all times.

Listed below are some of Unity House's expectations. This list should not be considered exhaustive.

Affected individuals shall:

- Treat our clients fairly and with dignity and provide services that are of high quality, medically necessary, allowable, in accordance with a Service Plan, responsive to an identified need, and in a professional, compassionate, non-judgmental manner
- Document the provision of services, goods, and transactions in an accurate, honest, and timely manner.
- Exercise diligence, care, and integrity when preparing and submitting Medicaid claims or vouchers to other third-party payors and funders for payment
- Maintain honest, fair, and accurate billing practices
- Carefully review payments from Medicaid, other healthcare payors, and funders to ensure payments are accurate and in accordance with allowable billable services and goods claimed
- Proactively report reasonable suspicions of fraud, waste, abuse, and other misconduct; and
- Comply with applicable policies, procedures, accounting standards, procurement rules, and other rules, regulations, laws.

Types of behavior and conduct that Unity House considers inappropriate and/or may constitute misconduct and could lead to disciplinary action up to and including immediate termination of employment without prior warning, at the sole discretion of the agency, include but are not limited to:

- Falsifying employment or other agency records, i.e., billing documentation, progress notes, and contact records
- Knowingly presenting or causing to be presented a false or fraudulent claim for payment to a federal or state governmental agency or private insurance provider
- Knowingly making, using, or causing to be made or used, a false statement to get a false or fraudulent claim paid by a federal or state governmental agency or private insurance provider
- Improper or fraudulent billing for health care or other grant funded services or goods
- Preparation of inaccurate or incomplete cost reports
- Payment in cash or in-kind or receipt of kickbacks in return for client referrals
- Misuse of agency funds or resources
- Inaccurate documentation
- Violating the agency's policy on sexual harassment and workplace violence
- Soliciting or accepting gratuities or gifts (without prior approval) from vendors or participants
- Engaging in any activity that may constitute unresolved conflicts of interest
- Misrepresentation in conducting the agency's business affairs
- Engaging in inappropriate, excessive, unnecessary, or unauthorized use of the agency's supplies and resources, particularly for personal purposes
- Reporting to work intoxicated or under the influence of controlled substances
- Illegally manufacturing, processing, possessing, using, selling, distributing, or transporting drugs

- Bringing or using alcoholic beverages on agency property or using alcoholic beverages while engaged in the agency's business off agency premises, except where authorized
- Engaging in any type of violence or using obscene, abusive, or threatening language or gestures, or other intimidating behavior
- Disregarding safety or security regulations
- Engaging in any activity that constitutes abuse or neglect of participants as defined by state and federal regulations
- Failing to maintain confidentiality of client information and/or failing to utilize such information in a professional manner at all times. To the extent employees, volunteers, or other affected individuals obtain personal health information (PHI), electronic health information (ePHI), personally identifying information (PII), NY Resident Private Information (NPI), protected student information, domestic violence status, and/or HIV-related information concerning a client, such information shall be maintained in confidence and in strict accordance with applicable law and agency policy
- Engaging in personal financial transactions between employees, volunteers, and clients without disclosure and approval by a supervisor
- Participating in, or encouraging directing, facilitating, or permitting non-compliant behavior
- Intimidating, threatening, coercing, discriminating against, or taking other retaliatory actions against an employee or other affected individual or client.

Unity House is committed to providing quality services to individuals while observing the highest standards of professional, clinical, legal, and business ethics. Employees are expected and trained to treat all clients with dignity and respect while complying with all applicable privacy and security laws, including but not limited to Health Information Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), New York State Mental Hygiene and Public Health laws, and the Violence Against Women Act (VAWA). Training on these items, among others, is provided as part of the orientation process and on-going professional development curriculum and is detailed in agency policy and procedure.

All affected individuals including board members, executives, managers, employees, professional affiliates, contractors, subrecipients, volunteers, interns, and other affected individuals are informed of Unity House's Code of Conduct and sign an acknowledgment indicating their adherence to it. However, the Code of Conduct does not replace sound ethical and professional judgment. If you have any questions regarding Compliance Expectations, the Code of Conduct, or need assistance in determining whether particular conduct is acceptable, please inquire with your supervisor or the Compliance Officer.

The Code of Conduct is available on the board's portal, SharePoint, and the agency's website at <https://www.unityhousesny.org/about/compliance/>.

CONFLICT OF INTEREST

Affected individuals may not engage in any activity that constitutes a conflict of interest without full disclosure and a documented determination that the activity may proceed.

For board members, executives, and management, potential conflicts of interest will be disclosed according to the Conflict of Interest Policy and Procedure and applicable law. For employees and other affected individuals, potential conflicts should be disclosed in accordance with the policies set forth in the Employee Handbook (Matters of Disclosure and Fraternalization Policy). Employees involved in procurement or other sensitive job duties are required to submit the Conflict of Interest Disclosure form on an annual basis. The manager and/or the Compliance Officer will review the employee disclosures and make a determination regarding the conflict and its resolution. These policies are also available on the Board of Director's Portal and in the Employee Handbook located on SharePoint.

SARBANES OXLEY

Unity House is committed to maintaining corporate honesty in all facets of its business, including in its financial reporting practices. Unity House requires affected individuals who reasonably suspect misconduct or wrongdoing to report such suspicion to Unity House; failure to report reasonably suspected misconduct is itself a violation of the Compliance Program. To that end, any individual who has knowledge of or questions the integrity of any Unity House financial reporting or accounting procedure (including but not limited to the independence of external auditors, internal auditing controls, or other auditing matters) must report such conduct to the Compliance Officer, the Compliance Hotline, or directly to the Board of Director's Audit Committee.

Please direct Board of Director's correspondence to:

Board of Directors
Unity House of Troy, Inc.
2431 6th Avenue
Troy, NY 12180

Attn: Audit Committee Chair

Personal & Confidential

Like all compliance reports, reports concerning questionable accounting, auditing, or other financial matters may be made anonymously and confidentially via the Compliance Hotline. Unity House strictly prohibits intimidation or retaliation against any employee for reporting, in good faith, any financial or accounting wrongdoing, other misconduct, or for participating in any investigation or audit resulting from such a report.

Information on how to make a report, including confidential and anonymous report options, is included on pages 25-26 of this document, is displayed in staff common areas at all sites, in the False Claims and Reporting Policy available on SharePoint, and the agency's website at:

<https://www.unityhouseny.org/about/compliance/>.

FALSE CLAIMS

The federal False Claims Act helps prevent fraud by those who do business with the federal government. Unity House prohibits the knowing preparation and/or submission of a false or fraudulent claim for payment to a government-funded health care program, private healthcare payer, or other government program.

In accordance with the Federal False Claims Act (31 USC §§3729-3733), the requirements of Section 6032 of the federal Deficit Reduction Act – 42 USC § 1396a(a)(68), NYS Social Services Law § 363-d, and other applicable federal and state laws related to filing false claims, Unity House adopted the Compliance Program's False Claims and Reporting policy, which includes detailed information on the federal False Claims provisions, New York State False Claims provisions, their remedies, and their whistleblower provisions and protections. This policy is applicable to all affected individuals and requires the reporting of

reasonable suspicions of fraud, waste, and abuse and other misconduct.

This policy is distributed to all affected individuals including employees, managers, executives, board members, volunteers, contractors, subrecipients, vendors, business associates, and other affected individuals who conduct business on behalf of Unity House.

Information related to making a report is located on pages 25-26 of this document. The False Claims and Reporting Policy and Procedure is available on the board's portal, SharePoint, and the agency website at <https://www.unityhouseny.org/about/compliance/>.

NON-RETALIATION & NON-INTIMIDATION

All employees have an affirmative duty and responsibility for reporting reasonably suspected misconduct and wrongdoing, including actual or potential fraud, waste, abuse, other violations of laws, rules, regulations, policies, procedures, and the Code of Conduct. In turn, Unity House has a legal and ethical obligation to protect from acts of retaliation and/or intimidation all individuals who, in good faith, participate in the Compliance Program; this includes but not limited to reporting potential issues, investigating issues, self-evaluations, audits, remedial actions, and reporting to any governmental entity.

The Non-Retaliation & Non-Intimidation Policy applies to all affected individuals. It is equally applied to supervisory and non-supervisory personnel.

The Non-Retaliation and Non-Intimidation Policy is available on the board's portal, SharePoint, and the agency's website at <https://www.unityhouseny.org/about/compliance/>.

DISCIPLINARY ACTIONS

Unity House has established a disciplinary policy to encourage good faith participation in the Compliance Program and to underscore the expectation that all affected individuals must report compliance issues and assist in their resolution. In accordance with the Discipline Policy, failure to comply with the Compliance Program, the Code of Conduct, and/or the laws, regulations, and rules applicable to Unity House and its operations may result in disciplinary action up to and including termination. Among other things, the Discipline Policy applies to affected individuals who:

- Fail to comply with the Compliance Program's expectations and standards

- Fail to report suspected compliance violations
- Fail to assist in the investigation and resolution of compliance issues
- Participate in other misconduct or wrongdoing
- Encourage, direct, facilitate or permit, either actively or passively, non-compliant behavior, or
- Commit or condone any form of intimidation or retaliation toward an individual for good faith participation in the Compliance Program.

The degree of discipline may range from retraining/additional training, counseling, verbal warnings, written warnings, termination of employment or removal from a particular position or function. The Discipline Policy will be enforced firmly and fairly and will apply equally to all affected persons regardless of status.

Unity House also seeks to acknowledge the efforts of our employees, volunteers, and interns whose efforts contribute to the agency's culture of compliance and reflect our organizational values.

In instances of a vendor, subcontractor, or subrecipient's failure to comply with the Compliance Program, Unity House reserves the right to terminate the contract and/or seek other relief under the law.

The Disciplinary Policy is available on the board's portal, Unity House's intranet, and the agency's website at <https://www.unityhouseny.org/about/compliance/>.

COMPLIANCE RISK AREAS

Risk areas are identified through internal and external monitoring and auditing, investigations, root cause analysis, corrective action effectiveness, and issued guidance from our regulators based off of trends in the field. Other factors may lead to risk such as turnover in key positions, the implementation of new databases and systems, or changes in regulation. The Compliance Officer conducts an annual Medicaid risk assessment that measures risks by impact (on the mission, and financial and legal) and perceived vulnerability (likelihood, detectability, and controls). The risk assessment is presented to the Board of Directors, Executive Office, and Management Team and used to inform the Compliance Program's Annual Compliance Plan and Workplan. Identified risk areas are continuously monitored and assessed throughout the year by

the Compliance Officer and the Medicaid Committee so that Unity House fully understands and can reduce areas of risk.

Below are some of the most significant areas of risk identified by the Compliance Program. This list is not intended to be exhaustive; rather, it is designed to make employees and others aware of key areas that effect day-to-day operations and require our continued attention and care to ensure compliance. Employees should contact their supervisors or the Compliance Officer if they have any questions or concerns regarding these risk areas or other potential compliance issues.

BILLING

The submission of accurate and appropriate bills to Medicaid and other third-party payers including our grantors is one of Unity House's most important legal obligations. While this Plan does not reference every potential billing issue that may arise, critical billing compliance issues that carry significant risk include the following:

- Billing for items or services/teleservices not actually rendered or that are not allowed.
- Billing for medically unnecessary services/teleservices.
- Duplicate billing, such as billing for the same service/teleservice multiple times.
- Upcoding claims to reflect a higher level of service/teleservice intensity than was actually provided.
- Unbundling two or more services that must be billed together under applicable reimbursement rules.
- Billing for more than a single visit on the same day to the extent prohibited by applicable reimbursement rules.
- Failure to refund credit balances that are due to clients.
- Failure to maintain sufficient documentation to demonstrate that the services/teleservices were performed and support reimbursement.

- Billing for services/teleservices provided by unqualified personnel who lack the level of licensure required by applicable law or the relevant payer. This includes ensuring that:
 - A sufficient percentage of all mental health services/teleservices are provided by licensed individuals in accordance with New York State Office of Mental Health regulations and other applicable laws
 - Services/teleservices that must be provided by a licensed professional are not billed for if the professional's license has been suspended, revoked, or otherwise excluded.
- Failure to provide a sufficient level of professional supervision for services/teleservices as required by applicable reimbursement rules.
- Untimely, absent, or forged physician certifications on plans of care or authorizations.
- Inadequate management and oversight of subcontracted services and subrecipient expenses, which results in improper billing.
- Duplication of services provided by physicians or other providers.
- Failure to bill other payers prior to billing Medicaid.
- Failure to return and self-disclose overpayments of which Unity House becomes aware.

Failure to monitor these risks and adhere to proper standards may subject Unity House to substantial liability. Improper billing may also trigger civil and criminal liability under federal laws, NY State criminal laws, and Medicaid statutes.

COST REPORTS

Unity House may be required to submit cost reports to government agencies as a condition of receiving reimbursement under the Medicaid program or as a result of an external financial audit. All cost reports must be accurate and complete. Any expenses reflected on cost reports must have actually been incurred and properly allocated among relevant programs. To the extent the submissions of inaccurate or incomplete cost reports result in payment of excessive

reimbursement, it may trigger liability under the Civil False Claims Act and other statutes and regulations.

Unity House may also be required to submit cost reports as a condition of receiving government or private grants. The same obligations of timeliness, accuracy, and completeness are applicable to the submission of cost reports for these purposes.

PAYMENTS

Unity House is responsible for ensuring the reimbursement amounts are accurate based on proper billing. This means monitoring for both underpayments and overpayments from Medicaid, third-party payers, and other funders. Overpayments must be returned, and self-disclosures made when appropriate.

KICKBACKS AND REFERRALS

Unity House and its representatives shall not knowingly and willfully solicit, offer to pay, pay, or receive any remuneration, directly or indirectly, overtly or covertly, in cash or in-kind, in return for:

- Referring an individual to a person for the furnishing or arranging furnishing of any item or service for which payment may be made in whole or in part under any federal health care program or other federal funds.
- Purchasing, leasing, ordering, or arranging for or recommending the purchasing, leasing, or ordering of any good, facility, service, or item for which payment may be made in whole or in part under any federal health care program or other federal funds.

The payment of remuneration for the referral of individuals, items, or services covered by any federal health care program violates the federal Anti-Kickback Statute (42 U.S.C. §1320a7b (b)). New York law contains a similar prohibition applicable to Medicaid (N.Y. Social Services Law §366f).

Remuneration not only includes kickback payments and bribes but also rebates, refunds, educational grants, and other benefits to consumers. Certain legally permitted practices, such as group purchasing agreements and price reductions to health plans, among others, are excluded from this prohibition.

The anti-kickback laws also prohibit the routine waiver of clients' cost sharing obligations. Cost sharing may be waived only on a case-by-case basis due to a client's inability to pay or Unity House's inability to collect payment after reasonable efforts.

TAX EXEMPTION REQUIREMENTS

Unity House is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and NYS law. Accordingly, Unity House must carry out its activities in a manner that is consistent with the charitable purpose upon which its tax exemption is based. It is improper and thus prohibited for any Unity House employee, manager, executive, or board member to receive or use the organization's funds for any private purpose. Unity House representatives will strive to ensure that the agency sales tax exemption is used only for legitimate agency business and service transactions in accordance with federal and state law and Unity House's policies and procedures.

PROCUREMENT PROCEDURES

Unity House will ensure that any acquisition or leasing of goods or services is carried out in accordance with the organization's best interests and the Procurement Standards set forth in Uniform Guidance (2 CFR 200.317-.326) and other applicable state law. Employees, managers, executives, and other agents of Unity House must not solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts, nor shall they fail to disclose an actual or potential conflict of interest related to procurement.

A conflict of interest would arise when the employee, manager, executive, board member, or agent, or any member of his or her immediate family, partner, or an organization which employs or is about to employ any of the parties herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

While not an exhaustive list, Unity House will:

- Document procurement procedures in accordance with state and local laws and regulations and in accordance with federal guidance (2 CFR 200.317-326).

- Maintain oversight to ensure that contractors perform in accordance with the terms and conditions of their contracts or purchase orders.
- Maintain written standards of conduct covering conflicts of interest and governing the performance of its employees engaged in the selection, award, and administration of contracts. No employee, manager, executive, board member, or other agent with a conflict of interest can participate in the selection, award, or administration of contracts. Disciplinary actions will be taken for failure to disclose the conflict of interest.
- Avoid acquisition of unnecessary or duplicative items.
- Whenever possible, consider consolidating or breaking out procurements to obtain more economical purchases.
- Award contracts only to responsible contractors possessing the ability to perform successfully. Consideration will be given to contractor integrity, compliance with public policy, past performance, and financial and technical resources.
- Maintain records sufficient to document the rationale for the following, though not limited to:
 - Procurement method,
 - Selection of contract type,
 - Contractor selection or rejection,
 - Basis for contract price.
- Ensure procurements are conducted in a manner that provides full and open competition. This excludes construction awards under \$2000 subject to the Davis-Bacon Act and micro-purchases of \$3000 or less.
 - Micro-purchases must, to the extent practicable, be distributed equitably among qualified suppliers.
 - Micro-purchases may be awarded without soliciting competitive quotations if Unity House considers the price to be reasonable.

COMPLIANCE PROGRAM STRUCTURE AND OVERSIGHT RESPONSIBILITIES

COMPLIANCE OFFICER

Unity House has designated a full-time Compliance Officer with overall responsibility for the day-to-day operations of the Compliance Program. Colleen Hanaway Seeley, the Compliance Officer, reports directly to the Chief Executive Officer (CEO), Christopher Burke, and the Board of Directors. The Compliance Officer may be reached at (518) 687-1591, or (518) 269-0892, or via email at CSeeley@unityhousesny.org.

The duties and responsibilities of the Compliance Officer include but are not limited to:

- Developing, overseeing, and monitoring the implementation of the Compliance Program, including this Plan, the Workplan, the Code of Conduct, and the Hotline
- Ensuring that the effectiveness of the Compliance Program is maintained at all times so that Unity House's CEO may certify annually to the Office of Medicaid Inspector General that this Program meets the requirements of New York State Social Services Law Section 363-d and 18 NYCRR Part 52 (SSL certification) and the Federal Deficit Reduction Act of 2005 (DRA certification)
- Developing, coordinating and participating in a multifaceted educational and training program that focuses on the key elements of the Compliance Program and seeks to ensure that all Unity House employees, volunteers, interns, managers, executives, board members, and other agents are knowledgeable of, understand, and comply with, pertinent federal and state legal and regulatory requirements, and understand their responsibilities as it relates to good faith participation in the Compliance Program;
- Developing and implementing specific written policies and procedures that establish processes to facilitate regulatory compliance, as well as disciplinary guidelines for violations of the Compliance Program, and that encourage Unity House employees to report suspected fraud and other improprieties without fear of retaliation
- Assessing, monitoring, and addressing areas of risk and tailoring the operations of the Program (policies, training, auditing) to those risk areas
- Creating, coordinating, monitoring, and auditing systems for routine identification of compliance risk areas (i.e., regular internal and external monitoring and auditing, investigations, self-evaluations, etc.)

- Creating and implementing routine systems to respond to areas of risk and non-compliance (i.e., investigations, root cause analysis, audits, corrective actions, etc.).
- Overseeing the return of any overpayments and required self-disclosures
- Chairing and directing compliance-related Committees
- Updating the Board of Director's on the activities of the Compliance Program and reporting the results of audits, investigations, assessments, and general operations to them
- Reporting, as required, areas of non-compliance to the NYS Department of Health, NYS Office of the Medicaid Inspector General, and other government oversight agencies.

All questions and concerns regarding compliance with the standards set forth in this Plan shall be directed to or otherwise brought to the attention of the Compliance Officer. All affected individuals must fully cooperate and assist the Compliance Officer as required in the exercise of his or her duties. If anyone is uncertain whether specified conduct is prohibited, they should contact the Compliance Officer for guidance prior to engaging in such conduct or utilize the established reporting mechanism.

COMPLIANCE WORKGROUPS

Compliance Workgroups are designed to identify and bring together direct care supervisors and finance and HR department staff who serve a compliance function within Unity House's various programs and departments to focus on and coordinate compliance-related efforts, improve compliance program efficiency, enhance practices and share resources, and monitor compliance-related activities.

Compliance Workgroups typically meet monthly to review:

- billing and payment monitoring, issues, and tracking
- results of internal and external audits and investigations (as appropriate)
- effectiveness of corrective actions plans
- QA initiatives
- database upkeep, credentialing, records management
- each program/department's related procedures on an annual basis, and
- monitoring other Compliance Plan topics.

Workgroup members engender a more intensive working relationship and familiarity with the Compliance Officer, become well versed in compliance-related topics, and serve as another compliance resource to their home programs and departments.

Currently, Unity House has Compliance Workgroups dedicated to Medicaid and HUD programs (with Quality of Care built into each), as well as a HIPAA & IT Security Workgroup. Workgroups meet regularly.

COMPLIANCE COMMITTEE

The Compliance Committee consists of senior management members who oversee Unity House's Medicaid programs and Finance and HR Departments. The Compliance Committee assists the Compliance Officer in the development, implementation, oversight, and evaluation of the effectiveness of its compliance program. Guided by the Compliance Officer and informed by the work of the Medicaid Workgroup, the Compliance Committee:

- completes the annual Compliance Program self-assessment
- develops and continuously monitors the Medicaid risk assessment
- makes recommendations for changes to the Annual Compliance Plan and Workplan, and
- reviews the Compliance Program's policies each year.

The Compliance Committee's work is included in the Compliance Officer's regular reports to the Board of Directors.

BOARD OF DIRECTORS

Unity House's Board of Directors are knowledgeable about the content and operation of the Compliance Program and are provided with regular reports regarding the implementation and effectiveness of the program. The Compliance Officer attends all regularly scheduled board meetings where she provides in person reports about the Compliance Program. Board meetings are typically held in February, April, June, August, October, and December. The Compliance Officer also provides written reports to the board via the CEO report, which is sent to board members every other month. The Compliance Officer attends at least one executive session annually and more frequently at the request of the Compliance Officer or the board.

The Compliance Officer directly reports to the board on matters pertaining to annual assessments, internal and external audit findings, identified risks, employee reports (within confidentiality), investigation outcomes, disciplinary actions for violations of the Program and other corrective action plans, reports of retaliation or intimidation, and self-disclosures.

The Board of Directors exercises oversight of the effectiveness of the Compliance Program. The board reviews and adopts the Annual Compliance Plan, Workplan, and other Compliance Program policies and

procedures. The board also receives compliance education upon orientation and receives an annual Compliance training thereafter.

DUE CARE IN ASSIGNMENT OF RESPONSIBILITIES

BACKGROUND CHECKS

Unity House will use due care not to employ, contract with, or delegate substantial discretionary authority to any individual with a propensity to engage in illegal activities or who is excluded from participating in the Medicaid/Medicare programs, SAM, or other programs, or who is placed on the Justice Center staff exclusion list. To maintain the integrity of services and financial and business operations, it is critical that Unity House hires and contracts with individuals and entities that have the same respect that the agency has for applicable legal and ethical obligations.

Any individual who has accepted a contingent employment or related offer from Unity House is required to disclose whether he or she has been convicted of any crimes at the time of application.

Prior to the employee's start date, Unity House also requires background checks in accordance with applicable laws, rules, and regulations and agency policies. All employees are entered into the EPSTAFFCHECK system, which checks the OMIG Exclusion List, OIG List of Excluded Individuals or Entities (LEIE), GSA Excluded Parties List System (EPLS), and System for Award Management (SAM) Exclusion List, as well as the NYS Justice Center Staff Exclusion List. Potential employees are screened prior to being hired and/or before utilizing their services or supplies to determine if they have been excluded from participation in the federal healthcare programs, federal grant programs, or other systems. All employees, board members, subrecipients/sub-contractors, vendors, volunteers, and authorizing physicians are rescreened on a monthly basis. If any employee, subrecipient/subcontractor, vendor, or volunteer, who provides services reimbursed by a federal health care program or federal grant programs, is found to be excluded from or are otherwise ineligible to participate in these programs, their services will be terminated immediately.

Additionally, the following background checks are run based on the employee, subrecipient/subcontractor, or volunteer's service scope and duties: the Statewide Central Register of Child Abuse and Maltreatment (SCR); Criminal History Background Checks - OCFS; Criminal History Background Checks - OMH; Intellicorp's Criminal Background Checks, which includes Super Search, Identity Verification, Government Sanctions, and County Search; Department of Motor Vehicle checks; and the NYS Sex Offenders List are also conducted

as required by agency policy, law and/or regulation. Employees and volunteers of A Child’s Place at Unity House receive a Health Assessment as required.

In accordance with rules and regulations, all employees, vendors, and volunteers, who provide services through a Unity House program that is licensed through NYS OMH, OCFS, OPDWW, or SED, are required to be fingerprinted and cleared through the Justice Center prior to their employment start date. These employees are retained in the state database and the agency is alerted within 24 hours if an arrest occurs. Unity House’s Human Resources Department notates employees’ start and end dates in the system and monitors all alerts so the agency can act accordingly. Employees or volunteers who are the subject of a Justice Center special investigation assigned to Unity House are also run through the SEL at the onset on the investigation.

EDUCATION AND TRAINING

In accordance with the Training and Education Policy, Unity House employees, managers, executives, board members, and volunteers will be informed about regulatory requirements, the Compliance Program, and policies and procedures that implement these requirements, as they apply to each individual.

New employees, including management- and executive-level employees, and the board receive training on the Unity House Code of Conduct, Compliance Program, and those policies and procedures relevant to their duties as part of an orientation program. Unity House tailors its training based on the roles and responsibilities of each group of individuals and presents the material in an accessible and understandable manner. Annual compliance training is provided to all affected individuals. Compliance topics are reinforced as appropriate throughout the agency’s mandatory training curriculum. Staff receives additional compliance education through program-level and program-specific training, staff meetings, and supervisory coaching and supports. Additional compliance specific trainings may be mandated as deemed necessary.

Compliance Updates, Reminders, Tips, and Helpful Hints are periodically sent out to all Unity House email mailboxes. OMIG’s Medicaid Updates are shared, and relevant topics discussed with the Medicaid Workgroup and Committee. Guidance issued by OMIG, OIG, OCR, HHS, and other regulatory agencies is reviewed and incorporated into risk assessments and the Compliance Program more broadly as applicable.

AUDITING AND REPORTING

AUDITING AND MONITORING

Unity House is committed to routinely identifying risk areas, errors, and/or fraud or other misconduct through investigations, internal and external monitoring and auditing, and self-evaluation. Appropriate individuals in management-level positions are responsible for engaging in regular (monthly/quarterly) self-monitoring processes conducted within each of the specific departments and programs and aimed at ensuring compliance with requirements, quality of care, medical necessity, scope of work, identifying issues before billing occurs, and conducting or contributing to root cause analysis and tracer audits when issues are identified or claims are denied. These individuals coordinate with and report their work to the Compliance Officer. The Compliance Officer analyzes the monitoring reports to identify trends and areas of risk and follows up on any identified issues to ensure an appropriate corrective action plan has been implemented and effective. If an overpayment, instance of fraud, or other liability is uncovered, the Compliance Officer is responsible for the investigation and root cause analysis, overseeing the self-disclosure process, and reporting to the Board of Directors.

The Compliance Officer or a designee is responsible for internal auditing of Unity House's Medicaid and specific government funded grant programs, billings, and payments in accordance with audit protocols and other guidance issued by the regulatory agency. Generally, the Compliance Officer performs each type of internal audit on at least an annual, semi-annual, or quarterly basis (depending on the program and determined risks) to ensure that programs are complying with all regulatory and contractual requirements, as well as adding an additional level of verification of the accuracy of the billing and payment. If an overpayment, instance of fraud, or other liability is uncovered, the Compliance Officer is responsible for the investigation and root cause analysis, overseeing the self-disclosure process, and reporting to the Board of Directors.

The Compliance Officer is also involved in external monitoring and audits.

When an issue is identified through internal or external monitoring or auditing or during self-evaluation, the Compliance Officer is responsible for issuing Corrective Action Plans and following up to ensure the corrective actions are implemented and effective.

REPORTING COMPLIANCE VIOLATIONS

All employees, volunteers, interns, managers, executives, board members, subrecipients, vendors, and other downstream contractors have an affirmative duty and responsibility for reporting reasonably suspected instances of fraud, waste, abuse, misconduct, and wrongdoing including violations of the federal or state false claims provisions, other applicable rules, regulations or laws, agency policy or procedure, or Unity House's Compliance Program or Code of Conduct. All suspected violations must be reported immediately.

Unity House offers several methods to report reasonably suspected compliance violations:

- Contacting the Compliance Program directly. ****Confidential method****

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- Accessing the 24-hour, confidential Compliance Hotline. ****Confidential method****

This option is available 24 hours/day 365 days/year. The Hotline is operated by an impartial third-party vendor, Lighthouse Services, LLC (a division of Syntrio). The hotline offers *comprehensive, confidential, and anonymous reporting services*. When a report is made to the Compliance Hotline, Lighthouse notifies the Compliance Officer. All reports to the Compliance Hotline will be kept strictly confidential (unless the matter requires disclosure to law enforcement or another government oversight agency). Confidential means the Compliance Officer is the only person who will know the identity of the reporter. If a report made to the Compliance Hotline requires an investigation, the Compliance Officer will not specifically identify the reporter during the course of the investigation and will proactively take steps to protect the confidentiality of the reporter.

Reporters may also choose to make an anonymous report to the Compliance Hotline. In such instances, Lighthouse sends the Compliance Officer a report summary that does not include the reporter's identity, and the reporter is given the option to anonymously communicate with the Compliance Officer throughout

the investigation as needed using the Hotline as an intermediary. Anonymous reports, like all reports, are investigated as is warranted.

- Lighthouse’s Toll-Free Hotline:
 - (800) 401-8004 (English speaking)
 - (800) 216-1288 (Spanish speaking)
- Lighthouse’s Hotline on the Web:
 - <http://www.lighthouse-services.com/unityhouseny>
- Lighthouse’s Hotline via E-mail:
 - reports@lighthouse-services.com (must include “Unity House” in the report)
- Lighthouse’s Hotline via Fax:
 - (215) 689-3885 (must include “Unity House” in the report)

Failure to report suspected fraud, waste, abuse, or other potential wrongdoing is a breach of the employee’s or other affected person’s obligation to Unity House and may, in accordance with the Discipline Policy, result in disciplinary action up to and including termination. If a subrecipient or other downstream contractor fails to report a suspected violation, Unity House reserves the right to take any action available to them under the terms of the contract and law.

INTERNAL INVESTIGATION OF NONCOMPLIANCE

In accordance with the Investigation Policy, the Compliance Officer or her designee will investigate any conduct that may be inconsistent with the Compliance Program’s Plan, Code of Conduct, and policies or that may violate the rules, regulations, or laws that govern our work. The Compliance Officer arranges for investigations to be conducted under direction of counsel if there are potential civil or criminal matters at play. After review and investigation, the Compliance Officer will prepare a written report of findings and report to the appropriate Service Director, CEO, and Board of Directors (within confidentiality). All agency employees must cooperate fully with any compliance investigations.

DETECTION AND RESPONSE

Unity House is committed to fostering a culture of compliance through detecting, correcting, and preventing non-compliant behaviors. Through the compliance reporting structure and the assignment of compliance-related roles and responsibilities at every level of Unity House’s operation, detection and

correction of problems is expedited. If an internal investigation substantiates a reported violation, then it is Unity House's policy to:

- Initiate corrective action, including but not limited to:
 - modifying policies, procedures, and practices,
 - providing additional or remedial training,
 - seeking guidance from oversight agencies and/or counsel,
 - notifying law enforcement and/or other authorities with jurisdiction when it is suspected or a crime has been committed,
 - notifying the appropriate governmental agency,
 - making prompt self-disclosures and/or restitution of any overpayment amounts, and/or
 - instituting appropriate discipline when warranted, and
- Implement systemic changes to prevent a similar violation from recurring in the future.

GOVERNMENT INVESTIGATIONS

Unity House will comply with all external/government investigations in accordance with applicable rules, regulations, and law. The agency and its employees reserve their rights under the law.

Please contact Colleen Hanaway Seeley, Unity House's Compliance Officer, with any questions regarding issues related to compliance, client confidentiality, or client care at 518.687.1591 518.269.0892, or CSeeley@unityhouseny.org.

On behalf of Unity House, our clients, and our funders, our sincerest thanks for your ongoing commitment to compliance.