

	POLICY:	11.1.01 – CORPORATE COMPLIANCE PROGRAM & POLICY	
	<i>Department:</i>	Admin	
	<i>Reviewed and Approved by:</i>	Stephanie Reh, Vice President, Administrative Services & Corporate Compliance	Date: 10/17/18
		Jeff Sinnebox, President	Date: 10/17/18
		Board of Directors	Date: 9/26/18
	<i>Date(s):</i>	11/1/2013, 10/17/18	
	<i>Reference(s):</i>	HR1.37, HR1.43	

I. Policy

It has been and continues to be the policy of Epilepsy-Pralid, Inc. (EPI) to comply with all applicable federal, state, and local laws and regulations, and payer requirements. We are committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards.

Note: This policy includes and replaces previous policy HR1.21 Whistleblower Protections Policy, and HR1.21.1 False Claims Act & Whistleblower Protection.

All employees, board members, contractors/consultants, interns, volunteers, and vendors, hereafter referred to as “Affected Individuals”, shall acknowledge that it is their responsibility to report any instances of suspected or known noncompliance to their immediate supervisor, to the Compliance Officer or designee, or to the President. Reports may be made without fear of retaliation, retribution, or intimidation, and may be made anonymously. Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination.

EPI has implemented a Corporate Compliance Plan/Program, hereinafter referred to as “Compliance Program”, to assist the organization in detecting and preventing fraud, waste and abuse. The Compliance Program includes the Code of Conduct summarized in this policy. Each employee is required to review policy HR1.37 Code of Conduct and comply with the Compliance Program. EPI will take disciplinary action for those who fail to report a suspected violation of the Compliance Program, make a report that is not in good faith, participate in non-compliant behavior, and/or encourage, direct, facilitate, or permit non-compliant behavior.

The Compliance Program/Policy is not intended to be a comprehensive explanation of all applicable legal and ethical principles applying to EPI, nor will it provide answers to every possible issue that may arise under these legal and ethical principles. It is intended to sensitize our organization and all Affected Individuals to potential problems that may arise under these legal and ethical principles so that advice can be sought should such an issue arise. We expect full compliance with the guidelines set forth in the Compliance Program, and encourage all Affected Individuals to seek any further information or clarification necessary prior to engaging in any potentially risky or inappropriate actions or activities.

II. Code of Conduct/Ethics Summary

A critical component of EPI’s Compliance Program is the Code of Conduct/Ethics. Policy HR1.37 Code of Conduct contains specific guidance, a summary of which is included here:

We ensure that all aspects of business conduct and care for people supported are performed in compliance with our mission/vision statement, policies and procedures, professional standards, applicable governmental laws, rules, and regulations, and other payer standards. EPI expects every person who provides services to people supported to adhere to the highest ethical standards and to

	POLICY:	11.1.01 – CORPORATE COMPLIANCE PROGRAM & POLICY	
	<i>Department:</i>	Admin	
	<i>Reviewed and Approved by:</i>	Stephanie Reh, Vice President, Administrative Services & Corporate Compliance	Date: 10/17/18
		Jeff Sinnebox, President	Date: 10/17/18
		Board of Directors	Date: 9/26/18
	<i>Date(s):</i>	11/1/2013, 10/17/18	
	<i>Reference(s):</i>	HR1.37, HR1.43	

promote ethical behavior. Any person whose behavior is found to violate ethical standards will be disciplined appropriately.

Affected Individuals may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of EPI. Affected Individuals must disclose any circumstances where the Affected Individual or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with EPI; (ii) provides to, or receives from, EPI any referrals of people supported; or (iii) competes with EPI. Affected Individuals may not without permission of the Compliance Officer or President accept, solicit, or offer anything of value from anyone doing business with EPI.

Affected Individuals are expected to maintain complete, accurate, and contemporaneous records as required by EPI. The term “records” includes all documents, both written and electronic, that relate to the provision of Agency services or provide support for the billing of Agency services. Records must reflect the actual service provided. Any necessary records alterations may only be done following approved alteration procedures.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to supervisors (or other member of management), the Compliance Officer or designee, or to the President, so that each situation may be appropriately addressed.

III. Background/Credential Due Diligence

EPI will, at all times, exercise due diligence with regard to background and professional license investigations for all prospective employees, interns, contractors/consultants, vendors, and members of the Board of Directors.

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for EPI (i.e. supervisory position and/or position with signing authority) is required to disclose any name changes and any involvement in non-compliant activities including health care related crimes. In addition, EPI performs reasonable inquiries into the background of such applicants, contractors, vendors, and members of the Board of Directors.

The following organizations may be queried with respect to potential employees, contractors, vendors and members of the Board of Directors:

- a) General Services Administration: list of parties excluded from federal programs. The URL address is: <http://epls.gov/epls/servlet/EPLSSearchMain/2>.
- b) HHS/OIG cumulative sanction report. The URL address is: <http://exclusions.oig.hhs.gov/search.html>.
- c) NYS Medicaid Fraud Database. The URL address is: <http://www.health.state.ny.us/nysdoh/medicaid/dqprvpg.htm>.

	POLICY:	11.1.01 – CORPORATE COMPLIANCE PROGRAM & POLICY	
	<i>Department:</i>	Admin	
	<i>Reviewed and Approved by:</i>	Stephanie Reh, Vice President, Administrative Services & Corporate Compliance	Date: 10/17/18
		Jeff Sinnebox, President	Date: 10/17/18
		Board of Directors	Date: 9/26/18
	<i>Date(s):</i>	11/1/2013, 10/17/18	
	<i>Reference(s):</i>	HR1.37, HR1.43	

- d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/rasearch.htm#name>).

As part of our Compliance Program, any employee who is convicted of a felony or misdemeanor must immediately make a confidential report of such conviction to the Human Resources Director or designee. Any employee who is excluded from or sanctioned by either the Medicare or Medicaid program must immediately report that fact to the Compliance Officer or designee. Failure to comply will result in disciplinary action up to and including termination of employment.

IV. Required Compliance Program Elements

Per the New York State Office of Medicaid Inspector General (OMIG) and under New York Codes, Rules and Regulations (NYCRR) 18 Part 521.3 (c), compliance programs shall include the following elements:

Element 1: Written policies and procedures

The Compliance Program and Code of Conduct policies provide the basis of our compliance program and are supported by other relevant EPI policies, including those in the Employee Handbook.

Element 2: Designate an employee vested with responsibility

Per recommendation from the President, the Board of Directors of EPI has designated Stephanie Reh as the Corporate Compliance Officer. The Compliance Officer has direct lines of communication to the President, the Board of Directors, and legal counsel. The Compliance Officer is directly obligated to serve the best interests of EPI, people supported, and employees, and is charged with overseeing and monitoring the implementation of the Compliance Program. The Compliance Committee of the Board of Directors meets quarterly and exists to advise and assist the Compliance Officer with implementation of the Compliance Program.

Corporate Compliance duties at EPI are carried out by Stephanie Reh (Vice President, Administrative Services & Corporate Compliance) with assistance from additional Corporate Compliance staff. At least annually, the Corporate Compliance Officer meets in Executive Session (without other EPI employees present) with the EPI Board of Directors, to report on the activities and effectiveness of the Compliance Program.

Element 3: Training and education

All Affected Individuals are expected to be familiar with and knowledgeable about EPI's Compliance Program and have a solid working knowledge of his or her responsibilities under the Program. Compliance policies and standards will be communicated to all Affected Individuals through required Reviewed & Approved by Policy Committee – 10/18/18.

	POLICY:	11.1.01 – CORPORATE COMPLIANCE PROGRAM & POLICY	
	<i>Department:</i>	Admin	
	<i>Reviewed and Approved by:</i>	Stephanie Reh, Vice President, Administrative Services & Corporate Compliance	Date: 10/17/18
		Jeff Sinnebox, President	Date: 10/17/18
		Board of Directors	Date: 9/26/18
	<i>Date(s):</i>	11/1/2013, 10/17/18	
	<i>Reference(s):</i>	HR1.37, HR1.43	

participation in relevant training programs and/or made available via the EPI website or upon request. All employees receive training on Corporate Compliance initially at hire and as a refresher annually thereafter. Further, all Affected Individuals may at any time contact Corporate Compliance staff to ask questions whenever uncertain about training concepts or to discuss an actual or potential compliance concern.

Element 4: Lines of communication to the responsible compliance position

Open lines of communication between the Compliance Officer and each Affected Individual subject to this Plan are essential to the success of our Compliance Program. Every Affected Individual has an obligation to refuse to participate in any wrongful course of action and must report all violations of the organization’s Compliance Program, the policies and procedures of the organization and Federal or New York State laws and regulations applicable to the organization. To report an actual or suspected violation, employees and others associated with EPI are encouraged to follow the Compliance Concern Reporting process by submitting a Compliance Concern Report to the Compliance team at compliance@epiny.org, AND making a notification via any of the following methods:

- Contact Stephanie Reh (Corporate Compliance Officer) directly via phone (585-442-6420 x2222), email (sreh@epiny.org), letter, (2 Townline Circle, Rochester, NY 14623), or in person.
- Contact Nicole Lanigan (Program Compliance) directly via phone (585-442-4430 x2754), email (nlanigan@epiny.org), letter (1650 South Avenue, Suite 300, Rochester, NY 14620), or in person.
- Call the Compliance Hotline (585-442-6420 x2400), a method for anonymous and confidential good faith reporting of potential compliance issues; this hotline is monitored by Compliance staff, and is anonymous unless the caller chooses to identify him/herself.
- Email the Compliance team at compliance@epiny.org.
- Employees are encouraged to contact their supervisor, if appropriate, to notify him/her about potential compliance issues but must ensure that the Corporate Compliance Officer or designee is also notified.

Any Affected Individual may seek guidance with respect to the Corporate Compliance Program or Code of Conduct at any time by following the reporting mechanisms outlined above.

Element 5: Disciplinary policies to encourage good faith participation

Those found to have participated, encouraged, directed, facilitated or permitted violations of federal or state laws, the Compliance Program itself or any policy will be subject to discipline. Individuals will not face any penalties or other forms of retribution, retaliation or intimidation when they make a good faith report to the Compliance Officer or designee. Any failure to report suspected illegal or improper conduct is a violation of the Compliance Program/Policy.

Managers and supervisors will be sanctioned for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on

	POLICY:	11.1.01 – CORPORATE COMPLIANCE PROGRAM & POLICY	
	<i>Department:</i>	Admin	
	<i>Reviewed and Approved by:</i>	Stephanie Reh, Vice President, Administrative Services & Corporate Compliance	Date: 10/17/18
		Jeff Sinnebox, President	Date: 10/17/18
		Board of Directors	Date: 9/26/18
	<i>Date(s):</i>	11/1/2013, 10/17/18	
	<i>Reference(s):</i>	HR1.37, HR1.43	

the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided EPI with the opportunity to correct them.

Discipline, if warranted, will be carried out for employees as described in policy HR1.43 Discipline. For all other Affected Individuals, the President or designee will determine the most appropriate course of action which may include termination of contract/affiliation with EPI.

Element 6: A system for routine identification of compliance risk areas

Audits are an effective means of surfacing actual or potential compliance issues that may have otherwise gone undetected. EPI periodically conducts internal audits and is subject to external audits by regulators who have expertise in relevant federal and state statutes, regulations, and program requirements. In addition, our Compliance Concern Reporting process identifies issues as they are discovered by any Affected Individual.

Element 7: A system for responding to compliance issues

Detected noncompliance, through any mechanism, i.e., compliance auditing procedures and/or the Compliance Concern Reporting process, will be responded to in an expedient manner. EPI is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Program. All known potential compliance issues are logged, investigated, and remedied (if necessary) as soon as possible after they are identified, and systemic corrections are implemented if applicable. All Corporate Compliance concerns are reviewed quarterly with the Board of Directors Corporate Compliance Committee. In addition, at each Corporate Compliance Committee meeting, we review the top 3 risks to the agency, as determined by the Sr. Leadership Team.

If EPI identifies that an overpayment was received from any third party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel. It is EPI policy to not retain any funds that are received as a result of overpayments. In instances where it appears an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

Regardless of whether a report is made to a governmental agency, Compliance staff shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the President or legal counsel.

Element 8: A policy of non-intimidation and non-retaliation

	POLICY:	11.1.01 – CORPORATE COMPLIANCE PROGRAM & POLICY	
	<i>Department:</i>	Admin	
<i>Reviewed and Approved by:</i>		Stephanie Reh, Vice President, Administrative Services & Corporate Compliance	Date: 10/17/18
		Jeff Sinnebox, President	Date: 10/17/18
		Board of Directors	Date: 9/26/18
	<i>Date(s):</i>	11/1/2013, 10/17/18	
	<i>Reference(s):</i>	HR1.37, HR1.43	

An Affected Individual who reports any complaint of actual or suspected compliance violation in good faith or who raises a question about EPI’s Compliance Program will not face any penalties or other forms of retribution, retaliation or intimidation when participating in compliance activities.

Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under the Compliance Program is acting against EPI’s Corporate Compliance Policy. Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting misconduct or good faith participation in the Corporate Compliance Program shall report the actions to the Compliance Officer or designee who shall conduct an investigation into the allegation. Disciplinary action, up to and including termination of employment, contract, appointment, or assignment with Agency, will result if such reprisal is proven.

EPI shall, as much as is possible, protect the anonymity of any Affected Individual who makes a good faith report. Affected Individuals must be aware, however, that there may be a point in time that an individual’s identity must become known or revealed in certain instances, such as when government authorities become involved.

V. False Claims Act & Whistleblower Protections

The Federal False Claims Act authorizes the use of civil penalties of between \$5,000 and \$10,000, plus three times the amount of damages the government sustains, where a person knowingly presents, or causes to be presented, a false or fraudulent claim; knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid; or conspires to defraud the government in connection with the payment of a false or fraudulent claim. In addition, under New York State law, it is a crime to knowingly and willfully provide false information or omit material information when billing for services. Submitting or causing a false claim to be submitted is an unacceptable practice under the New York State Medicaid Program, which can lead to fines and exclusion from the Medicaid program. In addition, there are both Federal and State laws related to kickbacks and inappropriate referrals that impose criminal and civil penalties for violations.

EPI will not take any retaliatory action against an employee if the employee discloses certain information about EPI’s policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that EPI is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of care for people supported.

The employee’s disclosure is protected only if the employee first brought up the matter with a supervisor or member of the Compliance team and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action.

	POLICY: 11.1.01 – CORPORATE COMPLIANCE PROGRAM & POLICY
<i>Department:</i>	Admin
<i>Reviewed and Approved by:</i>	Stephanie Reh, Vice President, Administrative Services & Corporate Compliance Date: 10/17/18
	Jeff Sinnebox, President Date: 10/17/18
	Board of Directors Date: 9/26/18
<i>Date(s):</i>	11/1/2013, 10/17/18
<i>Reference(s):</i>	HR1.37, HR1.43

A “qui tam relator” is an Affected Individual eligible for a whistleblower reward based upon having an attorney file a qui tam lawsuit under the False Claims Act on behalf of the government alleging someone defrauded the government. The False Claims Act 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 False Claims Act. This includes participation in an investigation of a possible False Claims Act violation. EPI will protect qui tam relators with remedies that 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.