

January 2016

Dear Employees:

Crouse Community Center (CCC) is subject to a wide variety of legal, regulatory and professional requirements with which we all must comply. As such, the Board of Directors feels it is essential that CCC adopt a Corporate Compliance Program. This Corporate Compliance Program will assist each of us in making appropriate decisions when we are faced with compliance issues. The Corporate Compliance Manual includes information about how the Compliance Program affects you and where you may go for assistance in order to have your questions or concerns addressed.

In this changing and challenging era for health care, the public's trust and confidence in and respect for CCC requires the commitment of each of us to uphold standards of excellence and ethical behavior. Now more than ever before, we believe it is important to reaffirm CCC's long-standing commitment to comply with regulations and to conduct business affairs with honesty and integrity. We want to ensure that there continues to be no basis for charges of noncompliance with laws and regulations against our organization and Employees.

This Corporate Compliance Manual should be utilized as a resource on an ongoing basis. We expect you to take the time to review this Manual. This Manual and other compliance-related documents will be available through the Office of the Corporate Compliance Director. Thank you for your continuing efforts to provide quality healthcare.

Sincerely,

DJ Raux
Executive Director
Corporate Compliance Director

**CORPORATE
COMPLIANCE
MANUAL**

*Crouse Community Center
Corporate Compliance Manual
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PURPOSE

The purpose of this Corporate Compliance Manual is to provide guidelines designed to reflect CCC’s commitment to promoting prevention, detection and resolution of instances of potential misconduct. In addition, the Corporate Compliance Program will assist conformity with Federal and state law and health care program requirements through an effective internal control structure.

The goals of the Corporate Compliance Program initiative are to:

- Build upon our mission and our values;
- Provide a common understanding of CCC’s expectations for proper conduct;
- Provide a process for addressing concerns;
- Provide a framework for dealing with difficult, complex or confusing issues; and
- To ensure that Federal and state regulatory guidelines and requirements are followed, especially in regards to the requirements of NYCRR Title 18 Part 521 and includes the following required elements of a compliance program:
 - 1) Billing;
 - 2) Payments;
 - 3) Medical necessity and quality of care;
 - 4) Governance;
 - 5) Mandatory reporting;
 - 6) Credentialing;
 - 7) Any potential risk issue that are or should be identified

COMMITMENT STATEMENT

CCC has demonstrated a commitment to compliance through the following action:

- 1) The development and distribution of compliance policies and procedures that promote CCC's commitment to compliance.
- 2) The designation of a Corporate Compliance Director and a Corporate Compliance Committee charged with the responsibility of operating and monitoring the Corporate Compliance Program.
- 3) The development and implementation of periodic compliance-related training and education programs for all employees and agents¹, as necessary.
- 4) The implementation of an employee compliance hotline to receive reports of potential non-compliance or concerns.
- 5) The implementation of a process to respond to allegations of potential non-compliance, improper or illegal activities.
- 6) The use of periodic reviews (e.g., monitoring and auditing) to monitor compliance in certain departments.
- 7) The investigation of identified systemic problems and a process that addresses the non-employment or retention of OIG sanctioned individuals.

¹ Agents are defined as contracted employees such as dietitian, speech pathologists, etc.

IDENTIFIED COMPLIANCE RISK AREAS FOR CROUSE COMMUNITY CENTER

The Office of Inspector General (OIG), a part of the Federal Government has developed numerous Compliance Program Guidance for many health care industry segments. There are similarities with all the Guidance; all are structured with the seven elements of a Compliance and all have topics that the OIG has designated as high-risk areas for potential healthcare fraud and abuse. The Compliance Program Guidance is an example of the OIG's concern for healthcare fraud and abuse and their commitment to decreasing the instances of healthcare fraud and abuse.

There are OIG Compliance Guidance that are applicable to Crouse Community Center's scope of business:

- Nursing Facilities.
- Adult Day Healthcare Medical Model.

All employees and agents should be aware of the risk areas and should bring any potential instance of non-compliance or concern to the attention of his or her direct supervisor or the Corporate Compliance Director.

DESIGNATION OF A COMPLIANCE PROGRAM OVERSIGHT STRUCTURE

The Compliance Program Oversight Structure consists of:

- Corporate Compliance Committee, and
- Corporate Compliance Director.

The (above) compliance-related roles have been added to existing positions at Crouse Community Center. The roles have been developed to ensure appropriate oversight of planning, designing, implementing, and maintaining organization-wide Compliance Programs and associated policies and procedures.

The Corporate Compliance Director role requires the Compliance Director to have complete and unrestricted access to information, employees and agents required to complete the designated corporate compliance responsibilities.

THE CORPORATE COMPLIANCE COMMITTEE

The Corporate Compliance Committee members consist of department managers and senior management personnel who, in the Corporate Compliance capacity, will serve as an oversight body for our Corporate Compliance Program. These individuals have dual roles, to compliance and to their other area of operational responsibility.

The Committee's primary responsibilities include:

- Review the Corporate Compliance Program on an annual basis, including the annual work plan, training sessions and policies.
- Oversee organizational response and corrective actions that address instances of non-compliance.
- Oversee and support periodic auditing activities to detect wrongdoing or weaknesses in the organization with respect to corporate compliance.
- Oversee enforcement of compliance standards and procedures through the use of the existing disciplinary process.

The members of the Corporate Compliance Committee include at a minimum:

Executive Director
Controller
Director of Nursing
Director of Social Services
MDS Coordinator
Director of Education

Crouse Community Center

Corporate Compliance Committee Role & Responsibilities

The objective of the Compliance Program is to promote adherence to applicable Federal and state law, and to the program requirements of Federal, state and private health plans through an effective internal control structure.

The Corporate Compliance Committee consists of individuals with varying responsibilities at CCC. These members consist of management personnel who, in the Corporate Compliance Committee capacity, will serve as an oversight body for our Corporate Compliance Program. The Corporate Compliance Committee Members and the Corporate Compliance Coordinator have dual roles, to compliance and to their other area of operational responsibility. This committee is responsible for providing necessary support to the Corporate Compliance Director in the day-to-day execution and maintenance of the Corporate Compliance Program.

The Corporate Compliance Director is the Chairperson for the Corporate Compliance Committee Meetings. The Corporate Compliance Director will report to the Board of Directors on at least an annual basis with respect to Compliance Program activities.

The responsibilities of the Committee include:

- Establish and maintain the oversight structure for the Program.
- Establish oversight authority and create procedures for meetings of the oversight body.
- Ensure due care is exercised in assignment of responsibilities.
- Develop and write policies that identify standards for compliance for the Compliance Program and specific departments.
- Oversee training and education programs for organization-wide compliance to ensure standards and procedures are effectively communicated.
- Lead coordination of training related to specific regulatory compliance issues at each respective department level.
- Maintain awareness of laws and regulations and keep abreast of current changes and applicable government fraud and abuse enforcement initiatives that may affect Skilled Nursing Facilities and Adult Day Care Facilities.
- Establish and oversee a reporting system to address compliance issues.
- Encourage individuals in the department to request guidance or report suspected compliance violations appropriately.
- Oversee organizational response and corrective actions that address instances of noncompliance.

- Actively lead and/or conduct periodic monitoring and auditing activities to evaluate and enforce compliance standards and procedures through the use of the disciplinary policy.
- Oversee enforcement of compliance standards and procedures through the use of the disciplinary policy.
- Review and revise the annual compliance work plan.
- Review and revise the compliance program.

Crouse Community Center

Corporate Compliance Committee Members

Name of individual	Title/Responsibility
DJ Raux	Corporate Compliance Director, Executive Director
Vicki L. Highers	Controller
Marie Rusch-Velle	Director of Nursing
Christy LaLonde	ADON, MDS Coordinator
Connie White	Inservice Coordinator
Nancy O'Neill	Director of Social Services

The Corporate Compliance Director

The Corporate Compliance Director serves as Chair of the Corporate Compliance Committee and reports in an advisory capacity to the Board of Directors. The Corporate Compliance Director is the Executive Director.

The Corporate Compliance Director's primary responsibilities include:

- Review the Corporate Compliance Program on an annual basis, including the annual compliance work plan, training sessions and compliance-related policies.
- Meet with Crouse Community Center personnel, as requested, to discuss concerns of potential non-compliance.
- Hire external auditors who have expertise in Federal and state statutes, regulations and Federal Health Care Program requirements to conduct compliance-related audits, as necessary.
- Respond to compliance-related questions, concerns and reports of possible instances of non-compliance received through the hotline or other forms of communication.
- Attend one annual staff meeting for each department to discuss department specific compliance initiatives.
- Assign employees who have expertise in Federal and state statutes, regulation and Federal Health Care Program requirements to conduct internal audits, as necessary.
- Oversee and coordinate ongoing monitoring and auditing of the Corporate Compliance Program and provide periodic reports regarding compliance activities.
- Coordinate with the Compliance Committee to develop corrective action plans to address instances of non-compliance and monitor the implementation of corrective action plans, as necessary.

YOUR ROLE AND RESPONSIBILITY

CCC relies on you to ensure that we continue to operate in a legal and ethical manner. Without you, the Corporate Compliance Program cannot succeed. As such, you are responsible for:

- Being honest in your dealings with residents, registrants, physicians, providers, vendors, payors and fellow employees and agents;
- Becoming familiar with and acting in accordance with the Corporate Compliance Program, including the Compliance Manual, policies, procedures, laws and regulations related to your job;
- Seeking guidance when you are uncertain about how to apply the Corporate Compliance Program, Compliance Manual or what action to take in a certain situation;
- Listening and responding to questions, complaints or concerns expressed by patients, family members, visitors or co-workers; and
- Promptly reporting violations of the Corporate Compliance Program including the Compliance Manual, policies, procedures, laws or regulations to your supervisor or the Compliance Director.

WHERE TO GO FOR ASSISTANCE

Since many of the laws and regulations that apply to CCC are complex, you may have questions or concerns. If you have a question, would like to report a concern or a potential circumstance of non-compliance, the following options are available:

- Discuss the question or concern with your direct supervisor.
- Call the Corporate Compliance Director directly at 684-9595.
- Call the Crouse Community Center Hotline at **(315) 684-5159**
- *For employee relation matters, please contact your direct supervisor as you normally would.*

The Corporate Compliance Director is not there to deter you from utilizing the usual reporting structure of contacting your direct supervisor with a concern. However, in the event the concern deals with your direct supervisor, you feel uncomfortable going to your direct supervisor or your past reports to your direct supervisor remain unresolved, then it is suggested that you use another available option, like the hotline.

When making a report to the Hotline you have the option of remaining anonymous. However, it will help the Corporate Compliance Director in responding to your concern if you identify yourself. The Corporate Compliance Director will do his or her best to keep all questions and reports confidential to protect the individual making the report.

It is your responsibility to promptly raise questions or report concerns. It's the only way our Corporate Compliance Program will be effective. Crouse Community Center will **not** tolerate retribution or retaliation against any employee or agents whom acts in good faith in raising a question or concern. Crouse Community Center requires your assistance to discover if there are mistakes being made so that CCC has an opportunity to correct them.

The Corporate Compliance Director will initiate a response to all reports made within ten business days. If necessary, the Corporate Compliance Director will seek advice from external legal counsel based on the severity of allegations.

If the reported incident(s) requires disciplinary action, the disciplinary process will follow the normal Crouse Community Center disciplinary policy. If necessary, the Corporate Compliance Director, Director of Nursing and/or Controller will consult with legal counsel with respect to the enforcement of the disciplinary process and policy.

If it is determined that criminal misconduct has occurred, the matter will immediately be referred to external legal counsel to initiate contact with the appropriate law enforcement agency. Crouse Community Center is committed to returning any overpayment obtained in error from a Federal Health Care Program or other payor.

- Promptly reporting violations of the Corporate Compliance Program including the Compliance Manual, policies, procedures, laws or regulations to your supervisor or the Compliance Coordinator.

The corporate Compliance Director is responsible for evaluating the training and education needs and ongoing monitoring activities which will be enhanced, to the extent necessary, to prevent any reoccurrence of non-compliance.

Please refer to the Compliance Hotline Policy and the Internal Investigation Policy for additional guidance.

WHAT TO DO IN THE CASE OF A GOVERNMENT INVESTIGATION

While it is very unlikely, an on-site Federal Government fraud and abuse investigation could occur at Crouse Community Center. Crouse Community Center is committed to preparing employees and agents in the unlikely event it should happen.

An investigation could be commenced during any time of the day, evening or night. Government officials could be from the OIG, DOJ, Federal Bureau of Investigations (FBI), United States Attorney's Office, the Fiscal Intermediary (FI) (NGS – National Government Services), the State Attorney General's Office, the State Department of Health and/or Medicaid. All employees and agents should follow the appropriate steps should a Government Agent present himself or herself at Crouse Community Center. It is important to note that in the past, Government Agents have attempted to use intimidation to obtain confidential information about providers that includes questioning an employee or agent at his or her home residence. Therefore, the following steps apply to Government Agents who may contact an employee or agent on or off the CCC property.

Employees and agents should:

- 1) Immediately notify their direct supervisor or the Nursing Supervisor on duty (if the direct supervisor is not on duty).
- 2) The direct supervisor (or Nursing Supervisor) should immediately notify the Corporate Compliance Director after receiving a contact from governmental agencies that may be conducting an investigation of Crouse Community Center. (Contact is defined to include presenting a search warrant, any requests from governmental agencies to schedule future interviews or meetings with employees and agents or for written information under circumstances where the request seems out of the ordinary.)
- 3) Do not inadvertently waive your personal or CCC rights such as the attorney-client privilege, the right to counsel and the right against self-incrimination.
- 4) Upon initial contact, the employee or agent should only provide the name and location of the Corporate Compliance Director. Employees and agents do not have to answer any questions prior to the appropriate party's arrival.

The Corporate Compliance Director will notify external legal counsel, the Controller and Director of Nursing. External legal counsel will direct the investigation, in consultation with the Corporate Compliance Director.

Please refer to External Investigation Policy for additional guidance.

Crouse Community Center

Policy on Compliance Reporting & Response System

PURPOSE

Employees and agents should be knowledgeable about the procedures for reporting a potential non-compliant activity and maintain an open line of communication to the Corporate Compliance Director.

POLICY

As part of our Corporate Compliance Program, Crouse Community Center (CCC) has developed and publicized a reporting system whereby employees and agents can pose compliance-related questions and/or report perceived "non-compliance" by others within the organization anonymously and/or confidentially without fear of retribution or adverse consequences. Non-compliance is defined as failure to comply with applicable Federal and state laws and requirements of Federal and state health programs (including, but not limited to, Medicare and Medicaid, regulations and various interpretations which apply to Crouse Community Center).

All employees and agents are encouraged to promptly report instances of perceived non-compliance for which there is a reasonable indication that non-compliance has occurred. Consequently, CCC will promptly investigate reports received in a thorough manner. The Corporate Compliance Director should retain all records of any subsequent investigation of reported non-compliance matters in confidence until such time that the investigation may require disclosure of the reporting person in accordance with Federal and state law.

PROCEDURE

1. Employees and agents should call 684-5159 or 684-9595, extension 159 to leave a message on the Compliance Hotline. This Hotline is secure and located in the Corporate Compliance Director's office. Only the Corporate Compliance Director has access to this Hotline.
2. The Compliance Director will listen to any reports on a weekly basis and will initiate a response within ten business days.
3. Employees and agents may also contact the Corporate Compliance Director or a Member of the Corporate Compliance Committee directly by phone or schedule an appointment to pose a compliance-related question and/or report any potential non-compliant incident.

Corporate Compliance Director's Response

4. Once a report has been received, the Corporate Compliance Director will review the available evidence and undertake an appropriate inquiry process and investigate. The Corporate Compliance Director will implement appropriate steps to correct the situation. The investigation may include interviews, review of relevant documents and consultation with external legal counsel. Records of the investigation shall include, but are not limited to, documentation of the alleged violation, key documents, findings and results of the investigation, corrective actions implemented and disciplinary actions taken.
5. While undertaking the investigation, the Corporate Compliance Director may feel that the integrity of the investigation could be at stake because of the presence of employees under investigation. In these instances, the individuals should be removed from their current work activity until the investigation is finalized (unless an internal or governmental undercover operation is in effect). The Corporate Compliance Director should also take sound measures to secure or prevent the destruction of documents or other evidence necessary for the investigation.
6. The results of the investigations may necessitate the development of a corrective action plan and/or a referral to criminal and/or civil law enforcement agencies.
7. If the incident(s) requires disciplinary action, the disciplinary process will precede the *Compliance Disciplinary Policy*.
8. The Corporate Compliance Director, along with relevant department managers and Members of the Corporate Compliance Committee, are responsible for evaluating Crouse Community Center's training and education needs and ongoing monitoring activities to prevent the reoccurrence of any incidents of non-compliance.
9. In cases where the complainant will be notified of the outcome of the investigation, to the extent deemed appropriate, by the Corporate Compliance Director.

BILLING AND CLAIMS SUBMISSION STANDARDS

When claiming payment for Crouse Community Center or professional services, Crouse Community Center has an obligation to its residents and registrants, third party payors, and the Federal and state governments to exercise diligence, care and integrity with respect to billing and claims submission. The right to bill the Medicare and Medicaid programs, conferred through the award of a provider number or supplier number, carries a responsibility that may not be abused. Crouse Community Center is committed to maintaining the accuracy of every claim it processes and submits. Several people, throughout CCC have responsibility for entering charges and procedure codes. Each of these individuals is expected to monitor compliance with applicable billing rules.

Any false, inaccurate, inappropriate or questionable claims should be reported immediately to Controller or to the Corporate Compliance Director. Examples of false claims include:

- Claiming reimbursement for services that have not been rendered,
- Filing duplicate claims,
- "Up coding" to more complex procedures than were actually performed,
- Including inappropriate or inaccurate costs on cost reports,
- Billing for inappropriate services or items that are not medically necessary and
- Failing to provide medically necessary services or items.

There are steep fines, penalties and exclusions from the Federal Health Care Program that can be assessed for providers who are found to have submitted false claims under the Civil and Criminal False Claims Act.

Any and all monies that are collected by false, inaccurate, or questionable claims must be returned within 60 days of discovery.

OIG EXCLUSION CHECKS

The OIG has authority to exclude individuals and entities from the Federal Health Care Programs. The OIG also has the authority to assess penalties to providers that violate the law by employing or contracting with an excluded individual or entity. Examples of reasons for exclusions include civil or criminal health care fraud and abuse and defaulting on student loans.

Crouse Community Center is prohibited from employing or contracting with any employee, agent or vendor who is listed by the OIG as debarred, excluded or otherwise ineligible for participation in Federal Health Programs. This prohibition is necessary to ensure Crouse Community Center receives appropriate Federal Health Care Program reimbursement for items and/or services provided to patients.

Any employee, agent or vendor who is charged with criminal offenses related to health care, must be removed from direct responsibility for or involvement in any Federal Health Care Program until resolution occurs. If resolution results in conviction, debarment or exclusion of the employee, agent or vendor, CCC's Corporate Compliance Committee must immediately review the case and proceed with termination of the contract or employment.

Crouse Community Center

Policy on OIG Exclusion Checks

POLICY

Crouse Community Center is prohibited from contracting with any individual or organization which has been convicted of a criminal offense related to health care or who is listed by the Office of Inspector General as debarred, excluded or otherwise ineligible for participation in federal health programs.

Additionally, pending the resolution of any criminal charges or proposed debarment or from federal health programs, individuals and organizations with whom the Nursing Home currently contracts who are charged with criminal offenses related to health care, or proposed for debarment or exclusion from federal health programs, must be removed from direct responsibility for or involvement in any federal health program. If resolution results in conviction, debarment or exclusion of the individual or organization, the Nursing Home must immediately cease contracting with that individual or organization.

PROCEDURE

- (a) Crouse Community Center shall designate an individual responsible for checking and ensuring that the Nursing Home does not contract with individuals or organizations, which have been excluded from participation.
 - 1. The designated individual must compare the name and address of each potential contractor to the Office of Inspector General's (OIG's) List of Excluded Individuals/Entities, found on the Internet at <http://exclusions.oig.hhs.gov>. Should an individual or organization appear on the List, the Nursing Home shall not contract with that individual or organization until such time the individual or organization no longer appears on the list.
 - 2. Should a potential contractor appear on the OIG List of Excluded Individuals/Entities and can provide satisfactory evidence that they are not the individuals or organization that appears on the List, that individual or organization may be eligible to do business with the Nursing Home.
- (b) The following language shall be included in all Requests for Information (RFIs) submitted to potential contractors:

"Crouse Community Center complies with all federal and state laws and regulations including the requirement not to contract with sanctioned individuals or companies. Has your company or any individual employed by your company been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federal health programs?"

An appropriate response to this question shall be mandatory before a supplier may be considered qualified to contract with the Nursing Home.

Crouse Community Center

Corporate Compliance Director
Compliance Report Form

Instructions: The Corporate Compliance Director should complete Part I when a report is left on the Compliance Hotline Answering Machine. Subsequently, the Corporate Compliance Director should initiate Part II within ten business days.

Part I

Report number:

Date and time of Report:

Name and department of individual originating report:

Date(s) of alleged non-compliance:

Department(s) involved:

Summary of report:

Part II

Details of the investigation for every interaction
(i.e., date, time, persons involved, witnesses)

Circle those notified:
Others

Controller

Legal Counsel

Board

Attorney-Client Privilege
Attorney Work Product
Crouse Community Center

If referred to legal counsel, document advice:

Follow-up conducted:

Corrective action:

Employment action, if applicable:

Disclosure to Intermediary or Other, if applicable:

Government involvement, if applicable:

Reportee notified of outcome? Yes No

Closure of case: Yes No

Signature of Corporate Compliance Director: _____

Date: _____

Crouse Community Center

Policy on Internal Investigations

PURPOSE

The Corporate Compliance Director is able to effectively respond to a report of potential non-compliant activity and CCC will follow the reporting requirements as defined in the Office of Inspector General’s Compliance Program Guidance for Nursing Facilities.

POLICY

As part of its Corporate Compliance Program, Crouse Community Center (CCC) has developed and publicized a reporting system whereby employees and agents¹ can pose compliance-related questions and/or report perceived “Non-Compliance” by others within the organization confidentially without fear of retribution or adverse consequences. Non-Compliance is defined as failure to comply with applicable Federal and state laws, and requirements of Federal and state health programs (including, but not limited to Medicare and Medicaid laws, regulations and various interpretations which apply to CCC).

¹ Agents are defined as CCC contracted employees such as, Dietitian, speech pathologists, etc.

PROCEDURE

Receipt of Hotline Reports

1. Hotline reports can be made to the established CCC hotline number (684-5159 or 684-9595, extension 159) at any time.
2. The Hotline reports received, by their nature, will encompass varying degrees of severity. It is the Compliance Director's responsibility to rank each incident as to the priority in which will be handled based on the potential severity of non-compliance. Hotline reports will not be responded to on a first-come basis, rather by the nature and potential extent of potential non-compliance.
3. In certain instances, there may be vague reports made that lead to more questions. In these situations, some further inquiry and/or research must be conducted to determine if a serious matter exists and rank the potential severity of the non-compliance.
4. When a report is received, the Compliance Director will review available evidence to determine the severity of the issue and the extent of further investigation deemed necessary, if any.
5. When a medical record review is warranted, there is a potential for overpayment or intentional wrongdoing, the Corporate Compliance Director should immediately seek advice from CCC's external legal counsel.
6. In cases where the issue raised is clearly an instance of non-compliance, the matter will be remedied expeditiously (for example, duplicate payment from Medicare occurred and repayment is required).

Notification of internal investigation

7. When the decision is made to seek legal advice from CCC's external legal counsel, the Compliance Director will notify the President of the Board of Directors in a memorandum of the nature of the investigation.
8. The Executive Director will initial the memorandum as CCC's documentation of notification. Legal advice may be sought to determine the amount of CCC's liability and to determine the proper course of corrective action, disclosure

responsibility and disciplinary actions, etc. Additionally, attorney-client privilege¹ considerations will be made at this time.

9. However, if the President of the Board objects to the investigation, the Compliance Director has the authority to unilaterally commence an investigation. The Compliance Director would notify the Board of Directors in a timely manner if this occurred.

Implementation of Internal Investigation

10. The Corporate Compliance Director may determine that a "Designee" will be assigned to assist conducting the investigation. The Designee may include but is not limited to, external legal counsel, external consultant(s), Management Compliance Committee Members or other individuals from within the organization.
11. An inquiry and/or investigation may include interviews of the complainant(s), department staff, other involved departments, etc. The interview(s) typically are followed by a review of the applicable laws and regulations in order to make an initial assessment of whether non-compliance has occurred. If the findings from the interview process clearly do not support the complaint, a medical record review may be commenced or the case may be closed.
12. If the findings from the interview do support the complaint, further steps will be taken to obtain additional evidence to verify the factual information in order to confirm that non-compliance has occurred.
13. In general, the investigation will include determining the nature, scope and frequency of non-compliant activity, as well as the financial impact, if any. This may include conducting additional inquiries, performing a review of the sample claims or other documents as deemed necessary to confirm whether non-compliance actually occurred and to what extent. Additional inquiries may also be necessary to clarify the responsibility of individuals involved, assess the possibility of criminal misconduct, determine the nature and extent of civil/criminal liability, etc.
14. While undertaking the investigation, the Corporate Compliance Director may feel that the integrity of the investigation could be at stake because of the presence of employees under investigation. In these instances, the individuals

¹ The primary purpose of attorney-client privilege is to encourage full and frank communication between attorneys and their clients and thereby promote broader public interests in the observance of law and administration of justice. The major benefit of the privilege is that the person asserting it, who could be the client or the client's attorney, can refuse to disclose confidential communications that were made for the purpose of obtaining or providing legal advice.

should be removed from their current work activity until the investigation is finalized (unless an internal or governmental undercover operation is in effect). The Corporate Compliance Director should also take sound measures to secure or prevent the destruction of documents or other evidence necessary for the investigation.

Compliance Report Form completion

15. The investigation will be documented in a *Compliance Report Form* that will be prepared by the Corporate Compliance Director and will contain the following:
 - A. Documentation of the alleged violation;
 - B. Description of the interview process;
 - C. Copies of the interview notes and key documents;
 - D. A log of the witnesses interviewed and the documents reviewed; and
 - E. The results of the investigation including any disciplinary action taken and the course of corrective action implemented or to be implemented.
16. The Compliance Director should also consider further review of the reasons for the investigation to determine if there is a relationship with other pending matters or closed investigations.
17. After the *Compliance Report Form* is completed and reviewed with legal counsel, follow up actions will be taken according to 'Measures to prevent non-compliance' and 'Closing the case' outlined below.

Specific cases

18. If the case involves billing non-compliance, and non-compliance is confirmed, CCC will cease billing for the services included in the investigation until the corrective action can be implemented effectively. If it is determined that improper payment has been received, the appropriate repayment would be calculated and reported to external legal counsel. Legal counsel will work with CCC to notify the fiscal intermediary and return any overpayment.
19. If it is determined that criminal misconduct has occurred, the matter will immediately be referred to CCC's external legal counsel to initiate contact to the appropriate law enforcement agency.
20. If the incident requires disciplinary action, the disciplinary process will follow normal CCC disciplinary policy. If necessary, the Compliance Director and/or Controller will consult with legal counsel with respect to the CCC disciplinary process.

Measures to prevent future non-compliance

21. The Compliance Director is responsible for evaluating CCC training and education needs and ongoing monitoring activities which will be enhanced, to the extent necessary, to prevent any reoccurrence. If there has not been an improper payment and disciplinary action is not warranted, training and education may still be necessary so as to prevent any reoccurrence.

Closing the case

22. The Compliance Director is responsible for determining when the case is closed. This determination is a matter of judgment based on the facts and circumstances of each case.

23. In all cases where the identity of the complainant is known, the complainant will be notified upon closing of the case.

Crouse Community Center

Policy on External Investigations

PURPOSE

To further Crouse Community Center (CCC) compliance efforts, the Corporate Compliance Director should be fully informed about any inquiries or pending governmental investigations concerning Crouse Community Center and any of its affiliates. This policy is not meant in any way to deter employees from cooperating or assisting with any governmental investigation. However, if employees or agents of Crouse Community Center have been contacted, this information will allow the Corporate Compliance Director and/or Members of Management to promptly take any corrective actions that may be necessary.

POLICY

Employees and agents¹ shall immediately notify the Corporate Compliance Director after receiving a contact from governmental agencies who may be conducting an investigation of Crouse Community Center or its affiliates. Contact is defined to include any requests from governmental agencies to schedule future interviews or

¹ Agents are defined as CCC contracted employees such as Dietitian, speech pathologists, etc.

meetings with employees and agents or for written information under circumstances where the request seems out of the ordinary.

Contact from governmental agencies may occur at work or outside of normal working hours. The government agencies conducting an investigation may include the Office of Inspector General (OIG), the Federal Bureau of Investigations (FBI), the Department of Justice (DOJ), the United States Attorney's Office, the Fiscal Intermediary (FI) (NGS – National Government Services), the State Attorney General's Office, the State Department of Health and/or Medicaid.

PROCEDURE

1. Initial Contact

The initial contact made by the government is critical. It is important at this time that the employee or agent contacted does not inadvertently waive personal or Crouse Community Center rights such as the attorney-client privilege, the right to counsel and the right against self-incrimination. Upon initial contact, the employee should only give the name and location of the Corporate Compliance Director.

Once the Corporate Compliance Director meets with the government agents, the following steps should be taken:

- Request to see the agent's identification. The name, title, agency and telephone number of each Federal or State representative should be documented.
- Request as to why the investigation was initiated, what the nature of the investigation is and whether the investigation is civil or criminal.
- Inform the agents that legal counsel will be contacted and that counsel will coordinate the investigation

2. Search Warrants

In situations where the governmental agencies have a search warrant, the Corporate Compliance Director should be the escort for the agents. If the search presented to someone other than the Corporate Compliance Director, that person should immediately contact the Corporate Compliance Director.

Once the Corporate Compliance Director is made aware that governmental agents have arrived with a search warrant, legal counsel should be notified immediately and faxed a copy of the warrant. The search warrant should then be thoroughly read and a copy of it should be obtained. The agents will then be taken to the area to be searched. An escort is necessary because it is imperative that the search remains within the confines of the warrant and that a record is made of seized documents and other evidence.

3. Employee and Agent Rights

Employees and agents have the choice to refuse to participate in any interviews with government agencies. A court may later compel testimony, but an employee or agent has a right not to submit an interview by law enforcement agents. An employer may not, under any circumstances, instruct an employee or agent to refuse to submit to an interview. An employer (or supervisor) may only advise employees and agents of their right to refuse to an interview and that they may speak with legal counsel prior to making that choice.

4. External Legal Counsel:

Hancock & Estabrook
Health Law Department
471-3151

Margueritte A Massett
Catherine A. Diviney
James O'Shea

COMPLIANCE TRAINING & EDUCATION STANDARDS

Crouse Community Center's initial compliance training program shall:

- Highlight the importance of a Corporate Compliance Program;
- Highlight our customized Corporate Compliance Program and Manual, and
- Summarize fraud and abuse laws.

Periodic compliance training and education sessions will be developed and scheduled by the Corporate Compliance Director. Attendance and participation in these education programs is a condition of continued employment. Attendance will be tracked and enforced.

DISCIPLINARY STANDARDS

Upon discovery of non-compliance with the Corporate Compliance Program, employees and agents are subject to the existing CCC disciplinary process and policies. As necessary, the Corporate Compliance Director and/or Controller will consult with legal counsel with respect to the need to enforce CCC's disciplinary policy, as appropriate.

COMPLIANCE PROGRAM EFFECTIVENESS

This Corporate Compliance Program shall be reviewed annually, by the Corporate Compliance Committee and Corporate Compliance Director, to evaluate the effectiveness of the plan and to determine if changes and/or revisions are necessary. The annual evaluation shall be promptly submitted to the Board of Directors for consideration.

MONITORING & AUDITING STANDARDS

Crouse Community Center recognizes the importance of performing regular, periodic compliance audits.

Compliance monitoring and auditing procedures will be implemented that are designed to determine the accuracy and validity of the billing and coding submitted to Federal, state and private health care programs and to detect other instances of potential misconduct by employees and agents. Specific monitoring and auditing plans will be included in the annual compliance work plan.

Crouse Community Center

Compliance Training and Education Protocol

PURPOSE

Crouse Community Center is committed to providing ongoing training and education about our Corporate Compliance Program, Federal and state regulations, current billing guidelines, coding and documentation processes and internal controls. As part of its compliance program, CCC will require employees and agents¹ to attend specified training sessions at general orientation and on a periodic basis, thereafter. Sessions will provide appropriate training in corporate ethics, federal and state regulations, compliance program elements, and the policies of private and third party payors.

POLICY

General and specialized compliance training and education sessions will be developed and scheduled by the Compliance Director. Attendance and participation in these education programs is a condition of continued employment. Attendance will be tracked and enforced. Failure to meet minimum prescribed requirements will result in disciplinary action, including possible termination.

¹ Agents are defined as contracted employees such as Dietitians, speech pathologists, etc.

All compliance training and education efforts should be planned in conjunction with the Compliance Director to ensure adequacy and consistency.

PROCEDURE

1. Crouse Community Center's Compliance Program Manual will be distributed to all employees and agents at a general training and education session.
2. New employees will be required to participate in compliance training and education upon commencement of employment and will receive a copy of the Compliance Manual, at that time.
3. Topics to be covered at the general training and education sessions will include the following, as deemed appropriate for the audience:
 - The current health care regulatory environment and areas of government scrutiny;
 - The importance of an effective compliance program and industry trends in developing and implementing such programs;
 - An overview of Crouse Community Center's Compliance Program Manual;
 - The roles and responsibilities of the Corporate Compliance Director, Compliance Committee, physicians, employees, vendors and agents with respect to ongoing compliance; and
 - Specific areas of risk to Crouse Community Center;
 - Other areas as deemed appropriate.
4. Current employees and agents will be required to complete varying amounts of ongoing compliance training and education, depending on areas of responsibility. It is the responsibility of department managers to assess training and education needs for personnel and develop a department-specific training program accordingly. This may involve modifying job descriptions to incorporate compliance, adding potential compliance risk areas to an orientation checklist, distributing compliance policies and procedures, and/or incorporating compliance

topics into regular department meetings. The Compliance Director will provide assistance and support, as requested.

5. After completing formal reviews and assessments, the Compliance Director may deem it necessary for certain employees and agents to complete targeted training and education about specific or reoccurring areas of weakness. Department Managers may assist in identifying areas that require targeted training and in carrying out associated training efforts.

Crouse Community Center

Compliance Monitoring and Auditing Protocol

PURPOSE

Crouse Community Center (CCC) believes that auditing and monitoring is critical to the success of the compliance program. Part of the Corporate Compliance Program is to plan for and conduct routine ongoing monitoring and auditing activities identified by the Office of Inspector General (OIG) Program Guidance and OIG Work Plans in addition to any areas of suspected noncompliance.

POLICY

The Corporate Compliance Director, with the assistance of the Corporate Compliance Committee is primarily responsible for commissioning ongoing monitoring and auditing procedures by internal designees such as Department Managers in addition to external independent consultants in order to fulfill the Corporate Compliance Program goal.

PROCEDURE

Compliance monitoring will be conducted through the use of existing reports and customized reports that are designed primarily to detect areas of potential risk areas based on outliers, utilization differences, etc. Compliance auditing will be conducted through verification of the accuracy and validity of the billing, coding and associated medical record documentation (i.e. requisition, physician order) submitted to Federal, state and private health care programs. Random samplings of records drawn from a cross-section of departments will be conducted on an

annual basis. In addition, special attention will be given to reviewing claim denials and other facts that may suggest inappropriate conduct.

CCC will promptly repay any overpayment that is discovered. CCC will establish a reserve account to hold any disputed funds until the results of an internal investigation to determine whether the money is an overpayment to be repaid or whether it was properly paid and should be returned to general funds. All overpayments and disputed funds discovered must be brought to the attention of the Controller immediately.

Any suspected incidents of non-compliance shall be brought to the attention of the Corporate Compliance Director for review and action.

Crouse Community Center

Billing and Claims Submission Protocol

PURPOSE

Employees and agents¹ should be aware of and comply with this protocol in order to prevent accidental or intentional submission of false claims.

POLICY

When claiming payment for Crouse Community Center (CCC) or associated professional services, CCC has an obligation to its residents, third party payors, and the state and federal governments to exercise diligence, care and integrity. The right to bill the Medicare and Medicaid programs, conferred through the award of a provider or supplier number, carries a responsibility that may not be abused. CCC is committed to maintaining the accuracy of every claim it processes and submits. Many people, throughout CCC have responsibility for entering charges and procedure codes. Each of these individuals is expected to monitor compliance with applicable billing rules. Any false, inaccurate or questionable claims should be reported immediately to a supervisor or to the Compliance Director.

False billing is a serious offense. Medicare and Medicaid rules prohibit knowingly and willfully making or causing to be made any false statement or representation of a material fact in an application for benefits or payment. It is also unlawful to conceal or fail to disclose the occurrence of an event affecting the right to payment with the intent to secure payment that is not due. Examples of false claims include:

- Claiming reimbursement for services that have not been rendered

¹ Agents are defined as contracted employees such as physicians, speech pathologists, etc.

- Filing duplicate claims
- Including inappropriate or inaccurate costs on CCC cost reports

A provider or supplier who violates the false claims rules is guilty of felony, and may be subject to fines up to \$25,000 per offense, imprisonment for up to five years, or both. Other persons guilty of false claims may face fines up to \$10,000 per offense, imprisonment for up to one year, or both. In addition to the criminal penalties, the Federal False Claims Act permits substantial civil monetary penalties against any person who submits false claims. The Act provides a penalty of triple damages as well as fines up to \$10,000 for each false claim submitted. The person (as well as CCC) may be excluded from participating in the Medicare and Medicaid programs. Violations of the assignment and reassignment rules are misdemeanors carrying fines up to \$2,000 and imprisonment of up to six months, or both. In addition to these federal prohibitions and penalties, New York State, likewise prohibits knowingly, by means of a false statement or representation, or by other fraudulent scheme or device, attempting to obtain benefits or payments. Violations of State Law may be punishable by civil damages equal to three times the amount by which any figure is falsely overstated or \$5,000, whichever is greater or monetary penalty not to exceed \$2,000 to the Medicaid program.

Numerous other federal laws prohibit false statements or inadequate disclosure to the government and mandate exclusion from the Medicare and Medicaid programs. For instance, neither CCC nor its agents are permitted to make, or induce others to make, false statements in connection with CCC's Medicare certification. Persons doing so are guilty of a felony and may be subject to fines of up to \$25,000 and imprisonment for up to five years. CCC or individual health care providers will be excluded from the Medicare and Medicaid programs for at least five years if convicted of a Medicare or Medicaid related crime or any crime related to patient abuse. Medicare and Medicaid exclusion may result if CCC or a provider is convicted of fraud, embezzlement, or other financial misconduct in connection with any government financed program.

It is illegal to make a false statement to the federal government, including statements on Medicare or Medicaid claim forms. It is illegal to use the U.S. mail in a scheme to defraud the government. Any agreement between two or more people to submit false claims may be prosecuted as a conspiracy to defraud the government.

PROCEDURE

1. CCC employees and agents who prepare or submit claims should be alert for these and other errors. It is important to remember that outside consultants only advise CCC. The final decision on billing questions rests with CCC.
2. CCC employees should not submit claims for other entities or claims prepared by other entities, including outside consultants, without approval from the Compliance Director. Special care should be taken in reviewing these claims,

and CCC personnel should request documentation from outside entities if necessary to verify the accuracy of the claims.

3. CCC promotes full compliance with each of the relevant laws by maintaining a strict policy of ethics, integrity and accuracy in all its financial dealings. Each employee and professional, including outside consultants, who is involved in submitting charges, preparing claims, billing, and documenting services is expected to maintain the highest standards of personal, professional, and institutional responsibility.

FREQUENTLY ASKED QUESTIONS

The following questions and answers provide examples of how to apply Crouse Community Center's Corporate Compliance Program:

Q: A Physician or a nurse calls the Medical Records Department to correct or change a diagnosis in response to a resident or registrant's complaint about claim reimbursement. Should providers or their employees call to correct or change information related to resident or registrants accounts?

A: Only the provider who submitted the original information should make corrections to medical claim information. In addition, all changes to claim information must be supported by medical record documentation prior to initiating changes to the claim for reimbursement.

Q: What should I do if, in preparation for a survey visit, my supervisor asks me to review medical records and to fill in any missing signatures?

A: It is against the law to attempt to authenticate a signature that is not your own. You may not sign another health care provider's name in the medical record. Our basic integrity obligation stipulates that only complete and fully accurate information may be provided to accrediting groups. If a supervisor asks you to sign another person's name in a medical record, you should contact your supervisor's supervisor or call the Hotline.

Q: May a department or individual accept a basket of fruit or flowers sent by a patient, resident, physician or family member?

A: **Yes.** Gifts to an entire department or an individual may be accepted if they are consumable or perishable.

Q: What do I do if a resident's family member attempts or would like to provide a monetary donation to Crouse Community Center?

A: Crouse Community Center appreciates donations because it assists us in carrying out our not-for-profit mission. Therefore, refer the family member to the Administrative Office where the family member can be advised on completing the required paperwork.

Q: We live in a small town, and most people in the community know one another. There is a physician in our hospital that sometimes requests medical records, whether he is taking care of the resident or registrant or not. Is he allowed to do this?

A: **No.** Only the attending, covering or consulting physician may have access to a resident or registrant's medical records. Residents or registrants are entitled to expect confidentiality, the protection of their privacy and the release of information only to authorized parties.

Q: I received a phone call from a co-worker from home after she completed her shift. She told me she forgot to enter an order for a change in medication for a resident or registrant that had been in at 9:00 a.m. by the residents and registrant's physician. She asked me to log the changes into the residents or registrants chart at the appropriate time, 9:00 a.m., and to use her initials. Is this okay?

A: While your co-worker did the right thing by calling to note the chart error, the error should be promptly reported to your shift supervisor. You should never record an order you did not hear and never sign someone else's signature or initials. Even if no harm occurred in this case, the error needs to be reported. Crouse Community Center will not tolerate retaliation against employees who promptly report errors or omissions.

Code of Conduct

This Code of Conduct is part of Crouse Community Center's Corporate Compliance Program. It provides guidance to all employees, directors, agents and contractors, and assists us in maintaining appropriate ethical and legal standards. These obligations apply to our relationships with residents, affiliated physicians, third-party payors, vendors, consultants and each other. This Code of Conduct does not represent a change from Crouse Community Center's prior practices, but is a recordation and compilation of these practices. The Code of Conduct is available for review by residents and their families, physicians and independent contractors.

It is the intent of Crouse Community Center to comply in good faith and to the best of its ability and knowledge with all State and Federal laws. This Code of Conduct is not intended to be a comprehensive summary of facility standards, but instead to provide a framework for Crouse Community Center's Compliance Program policies and procedures. Many standards set forth in this Code of Conduct are expanded in detail in policies and procedures. Employees should familiarize themselves with Crouse Community Center's Compliance Program and policies and procedures applicable to their job function and seek guidance from their supervisor and /or Compliance Officer as needed. When an employee is unsure whether an activity or practice is illegal or inappropriate, the employee should not "guess" as to the correct answer. Employees should report any illegal and/or inappropriate activity or practice to the Corporate Compliance Director. Employees will not be penalized for asking compliance related questions. Crouse Community Center strives to create a culture in which every individual is comfortable asking questions about how to conform their job duties to the Compliance Program.

This Code of Conduct summarizes Crouse Community Center's commitment to meet ethical standards and to comply in good faith and to the best of its ability and knowledge with laws, statutes and regulations in the following areas:

1. Provision of quality health care services
2. Protection of resident rights
3. Integrity of billing and coding
4. Conforming business practices to laws and regulatory requirements
5. Cultivation of an ethical culture

1. Provision of Quality Health Care Services

All employees shall:

- Use Professional skill and judgment when providing health care services.
- Provide high quality health care services in a responsible, reliable manner, in accordance with all applicable federal and state regulatory requirements and recognized standards of care.
- Provide health care services that are individualized for the specific needs of each resident and that attain and maintain each resident's highest practicable medical, mental and psychosocial needs, based on a

comprehensive and accurate assessment of the resident's functional capacity.

- Document the provision of health care services in a complete and accurate medical record.
- Maintain, dispense and transport all drugs and controlled substances in conformance with all applicable laws and regulations.
- Continually work to improve the quality of patient care.

2. Protection of Resident Rights

All Employees shall:

- Promote the resident's right to a dignified existence that emphasizes freedom of choice, self-determination, and reasonable accommodation of individual needs.
- Provide treatment to residents without discrimination as to race, color, religion, sex, national origin, and disability, source of payment, sexual orientation, or age.
- Provide residents with considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- Provide residents with information in order to make intelligent decisions. This includes information about Crouse Community Center and its policies, procedures and charges, and who will provide services on behalf of Crouse Community Center.
- Respect the right of all residents to make their own health care decisions if able. Family and/or durable power of attorney will be consulted on behalf of residents who are unable to make their own decisions.

3. Integrity of Billing and Coding

All Employees involved with billing and/or coding shall:

- Bill only for necessary and appropriate items and services actually rendered, which are fully documented in the medical record. Employees will not knowingly engage in any form of up-coding of any service in violation of any law, rule or regulation.
- Take every reasonable precaution to ensure their billing and/or coding work is accurate, timely, and complies with 1) federal and state laws and regulations; 2) billing requirements imposed by federal and state programs and other third party payors; and 3) Crouse Community Center policies and procedures.
- Ensure no claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate or fictitious are submitted. No falsification of medical, time or other records that are used in the billing process will be tolerated.
- Promptly investigate and correct billing issues (including making any required repayments within 60 days) if errors are discovered.
- Maintain complete and thorough medical and billing records.

- Be knowledgeable of the billing policies and procedures established by government programs and private third party payors, and remain current on all applicable billing requirements by attending training seminars sponsored by Crouse Community Center, payors and/or professional organizations.

4. Conforming Business Practices to Laws and Regulatory Requirements

Crouse Community Center is committed to conducting its business affairs with integrity, honesty and fairness, and without conflict with personal interests. All Employees shall adhere to the following standards of conduct:

A. Books and Records

- All books, records and accounts, such as financial transactions, cost report, and documents used in the ordinary course of business, must accurately reflect transactions and payments.
- Absolutely no false or artificial entries or misstatements may be made.
- Crouse Community Center may not give or receive any payments (or anything else of value), or agree to a purchase price, with an intention or understanding that part of that payment will be used for any purpose other than what is listed in the document supporting the payment.
- All facts will be documented truthfully and accurately. Crouse Community Center does not conceal or fail to document any transactions.

B. Gifts

- Employees and directors may not accept or provide any benefits that could be viewed as a conflict between personal interests and Crouse Community Center business interests. Employees and directors may not accept gifts or benefits in exchange for referrals; or in exchange for the purchasing, leasing, ordering, arranging, or recommending an item or service. This includes accepting expensive meals, gifts, refreshments, transportation, or entertainment provided or received in connection with Crouse Community Center business activity. This policy applies to relationships with vendors, physicians, residents and their families, referral sources, and others. Occasional non-cash gifts that are limited to reasonable meal expenditures or entertainment or that are of nominal value, although not expressly prohibited, are discouraged. All gifts must be disclosed to the Administrator.

C. Conflicts of Interest

- No employee or director may enter into any joint venture, partnership or other risk sharing arrangement with a potential or

actual referral source unless the arrangement has been reviewed and approved by the Board of Directors.

- All employees, directors and contractors should avoid any activity that conflicts with the interests of Crouse Community Center and its patients. This includes involvement with outside commercial activities with potential customers, competitors or contractors or placing business with any entity in which there is a family relationship, ownership interest, or financial interest. All such interests or relationships must be disclosed to the Compliance Director.
- All employees and directors who are in positions to influence business decisions must submit an annual Conflicts of Interest Disclosure Statement, disclosing all business and familial interests that compete with or are associated with Crouse Community Center.

D. Compliance with State and Federal Fraud and Abuse Laws

It is against State and Federal law to pay or give anything of value to an individual, provider, or vendor to induce or reward referrals. All employees shall adhere to the following standards of conduct:

- The selection of physicians, subcontractors, suppliers, and vendors shall be made on the basis of objective criteria that include quality, technical excellence, price, delivery, timeliness, and service. Crouse Community Center will not pay incentives to employees, contractors, physicians, suppliers, vendors, or referring parties based on number of referrals. Financial relationships with entities that refer patients to Crouse Community Center will be based on the fair market value of the items or services provided and will not be in any related to the value or volume of referrals or contain an inducement to refer.
- Employees of Crouse Community Center who are in a position to make referrals must make such referrals based on the preferences of the individual seeking treatment/services or, if the individual does not express a preference for a particular provider, what is best for the individual.
- Crouse Community Center will not waive insurance co-payments or deductibles, or otherwise provide financial or non-cash benefits to individuals in order to induce such individuals to obtain health care services from Crouse Community Center.
- Crouse Community Center expects all contractors to be familiar with and comply with all applicable federal and state regulatory requirements and to conduct all business in an ethical manner.

E. Confidentiality

All employees shall:

- Ensure the confidentiality, integrity, and availability of all protected health information, electronic or otherwise (“PHI”) that Crouse Community Center creates, receives, maintains, or transmits; protect against any reasonably anticipated threats or hazards to the security or integrity of PHI; protect against any reasonably anticipated uses or disclosures of PHI that are not permitted by federal or state privacy law; and notify the Compliance Director immediately of any potential privacy or security breaches involving PHI.
- Protect residents’ rights to privacy and confidentiality of their medical records (including electronic records, internal/external door codes, computer user IDs and passwords), in accordance with HIPAA and its regulations, state law, accreditation standards, and Crouse Community Center’s policies and procedures.
- Refrain from engaging in unauthorized review or disclosure of medical record.
- Refrain from disclosing confidential or proprietary information of Crouse Community Center (such as resident lists, development plans, marketing strategies, business deals, and financial information), during or after employment.
- Refrain from inappropriate use of social media (i.e. Facebook, Twitter, Instagram)

F. Employee Screening

- Background checks will be performed on all employees as required by law.
- All potential employees will certify that they have not been convicted of any offense that would preclude employment in a nursing home facility and that they are not excluded from participation in Federal and State health care programs. All employees have an ongoing duty to notify Crouse Community Center if they become convicted or excluded.
- Crouse Community Center will not employ or continue to employ individuals who have been excluded from participation in Federal or State care programs, or convicted of crimes of neglect, violence, abuse, theft, dishonesty, financial misconduct, or other offenses relevant to the job for which they are applying.
- The OIG’s List of Excluded Individuals/Entities, the GSA’s list of barred contractors, and the New York Medicaid Sanctions List will be checked to verify that employees, vendors and contractors are not excluded from participating in the Federal and State health care programs.
- Crouse Community Center will require temporary employment agencies to ensure their temporary staff have undergone background checks that verify they have not been (1) convicted of an offence that would preclude them from employment in the facility; or (2) excluded from participation in Federal or State health care programs.

5. Cultivation of an Ethical Culture

All Employees shall:

- Perform their duties in good faith and to the best of their ability.
- Refrain from illegal conduct in both personal and business matters.
- Comply with Nursing Home's records policies and procedures. Employees shall not alter or destroy Crouse Community Center documents in anticipation of or in response to a request for documents by a government agency or a court of competent jurisdiction.
- Participate in training regarding the Compliance Program and policies and procedures.
- Immediately report all suspected violations of the law, this Code of Conduct, the Compliance Program, or any Crouse Community Center policy or procedure, to the Compliance Officer or by using the hotline.
- Follow Crouse Community Center's policy and procedure regarding mandatory reporting of incidents and events to the proper authorities.
- Immediately notify their supervisor upon receipt of an inquiry, subpoena (other than for medical records or other routine licensing or tax matters) or other government request for information regarding Crouse Community Center.

Corporate Compliance Program Acknowledgement

All employees, directors, contractors, volunteers, and other persons representing Crouse Community Center are required, as a condition of employment (or other identified relationship), to comply with the Compliance Program and Code of Conduct. This form acknowledges receipt of the Compliance Program and Code of Conduct and commitment to comply.

I acknowledge that I received a copy of the Compliance Program, including the Code of Conduct, and read it in its entirety. I was also given a meaningful opportunity to ask questions about the Compliance Program. I agree to comply with the Compliance Program, and to report any violations or suspected violations of the Compliance Program to my immediate supervisor, the Compliance Director, and /or via the hotline. I further agree that if I have questions about the Compliance Program at any time, I will seek guidance from the Compliance Program and policies and procedures; my immediate supervisor; and /or the Compliance Director, as appropriate. Except as written below or on the attached document, as of this date I have no knowledge of any transactions or events that appear to violate the Compliance Program. I understand that compliance with the Compliance Program is a condition of employment, and violation of the Compliance Program will result in discipline up to and including possible termination. I also acknowledge that the Compliance Program does not represent an employment agreement and that my employment is "at will". Compliance manuals are located on each unit and with each department head.

Signature

Print Name & Title

Date:

Please check the most Appropriate:

- Employee
- Director
- Medical Staff
- Contractor (please identify: _____)
- Other (Please identify: _____)

This form will be collected following the New Employee Orientation or Compliance Training, and is required to be in your personnel file as a condition of employment. The Compliance Program Code of Conduct will be acknowledged on an annual basis.