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| Subject: | Responding to Compliance Reports, Investigations, and Corrective Action |
| Endorsed By: | Compliance Committee |
| Approved By: | Compliance Committee, Board of Managers |
| DSRIP Implementation Deadline: | April 2015 |
| Effective Date: | October 2015 |
| Supersedes: | April 2015 |
| Purpose: | <p>SI-PPS is committed to ensuring that it implements a system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits and correcting such problems promptly and thoroughly. SI-PPS will implement policies and procedures and systems as necessary to reduce the potential for recurrence.</p> |
| Policy: | <p>It is the policy of SI-PPS to investigate all reported concerns promptly and confidentially to the extent possible, or any report it receives of a suspected violation or non-compliance to determine if a material violation of any law, rule or the DSRIP program, or the requirements of the Compliance Program has occurred and to initiate corrective action, if necessary.</p> |
| Procedure: | <ol style="list-style-type: none"> 1. Upon receiving a report of possible non-compliance, the SI-PPS Compliance Officer shall bring such report to the attention of the Compliance Committee, the Board of Managers and legal counsel, as necessary. 2. The SI-PPS Compliance Officer and legal counsel may solicit the support of internal or external auditors, and internal and external resources with |

knowledge of the applicable laws and/or regulations and required policies, procedures or standards that relate to the specific issue in question.

3. All persons and entities involved in an investigation shall function under the direction of the SI-PPS Compliance Officer and shall be required to submit relevant evidence, notes, findings and conclusions to the SI-PPS Compliance Officer. When appropriate, SI-PPS Compliance Officer will involve legal counsel to conduct an inquiry.

4. Cooperation from all PPS Associates is expected in such inquiries. The cooperation of the reporting individual may be sought during any investigation.

5. The objective of any inquiry shall be to determine whether, first, a compliance issue exists or if there has been a violation of the Compliance Program or applicable legal rules. The SI-PPS Compliance Officer shall identify individuals who may have knowledge of the facts surrounding the reported conduct and/or who were involved in the conduct that led to the report. The investigative techniques used shall be implemented in order to facilitate the correction of any practices not in compliance with applicable laws and/or regulations and to promote, where necessary, the development and implementation of policies and procedures to ensure future compliance.

6. If an issue or violation does exist, the investigation will attempt to determine its cause, so that appropriate and effective corrective action can be instituted. Steps to be followed in undertaking the investigation may include:

- Notification of the Board of Managers by the SI-PPS Compliance Officer of the nature of the complaint.
- All complaints will be investigated as soon as reasonably possible.
- The scope and process used during the investigation shall be determined by the SI-PPS Compliance Officer, the Board of Managers and/or by legal counsel as applicable.
- Any investigation may include as applicable:

If known, an interview of the reporting individual and other persons who may have knowledge of the alleged problem or process and a review of the applicable laws and/or regulations which might be relevant to, or provide guidance with respect to, the appropriateness or inappropriateness of the activity in question, to determine whether or not a problem actually exists.

Interviews of the person or persons who appeared to play a role in the process in which the problem exists. The purpose of the interview will be to determine the facts related to the reported activity.

Any concerns about the SI-PPS Compliance Officer, the Compliance Committee members or the Committee's actions or determinations may be brought directly to the Board of Managers.

7. All PPS Associates will be required to cooperate in such investigations.

8. Whenever a compliance problem is uncovered, regardless of the source, the SI-PPS Compliance Officer will ensure that appropriate and effective corrective action is implemented. The SI-PPS Compliance Officer will work in consultation with the Compliance Committee, the Board of Managers, and legal counsel (if necessary).

9. Any corrective action and response implemented must be designed to ensure that the violation or problem does not re-occur (or reduce the likelihood of reoccurrence) and be based on an analysis of the root cause of the problem. The corrective action plan shall include, whenever applicable, a follow-up review of the effectiveness of the corrective action following its implementation, and an update to any compliance policies and procedures as necessary. If such a follow-up review establishes that the corrective action plan has not been effective, then additional or new corrective actions must be implemented.

Corrective actions may include, but are not limited to, the following:

- Creating new compliance or business procedures, or modifying and improving existing procedures, to ensure that similar errors will not reoccur;

- Informing and discussing with the offending individuals both the violation and how it shall be avoided in the future;
- Working with SI-PPS employees, independent contractors, agents, executives, and Board of Managers to modify or correct procedures and practices;
- Facilitating remedial training and education (formal or informal) to ensure SI-PPS employees, independent contractors, agents, executives, and Board of Managers comprehend the applicable rules and regulations, existing procedures or policies, and any new or modified procedures that may have been instituted;
- Refunding any and/or recouping any and all overpayments of DSRIP funds;
- Disciplining or terminating the offending PPS Associates, if necessary and as appropriate; and
- Voluntary disclosure to an appropriate governmental agency.

10. All PPS Associates are expected to comply with SI-PPS' Code of Conduct and be aware of SI-PPS' Compliance Program. If the responses to violations instituted by the SI-PPS Compliance Officer, as outlined above, are inadequate to correct a pattern of non-compliance, and if the SI-PPS Compliance Officer concludes that a violation of the Compliance Program has occurred, appropriate discipline and/or corrective action, including suspension, termination or exclusion from SI-PPS and/or the DSRIP program may be imposed. The SI-PPS Compliance Officer will report all such matters to the Board of Managers and the Compliance Committee, which will be responsible for recommending appropriate action.

11. The imposition of disciplinary or corrective action shall be based on the misconduct, condoning of unlawful actions by others, retaliation against those who report suspected wrongdoing, or other violations of the Compliance

Program. Disciplinary or corrective action may result for instances where individuals:

- Fail to report suspected problems or violations, including instances where PPS Associates shall have known about a policy violation;
- Participate in non-compliant behavior;
- Encourage, direct, facilitate, or permit, either actively or passively, non-compliant, unlawful, and/or unethical behavior in connection with SI-PPS' operations and/or the DSRIP program;
- Fail to perform any obligation or duty relating to compliance with the Compliance Program or applicable laws or regulations;
- Fail as supervisors, managers, executives, and/or governing body members to correct foreseeable compliance violations of subordinates;
- Refuse to cooperate with an investigation conducted by SI-PPS;
- Intimidate or retaliate against an individual that reported a compliance violation or participated in a compliance investigation;
- Intentionally make false compliance reports or report in bad faith;
- Violate the Compliance Program; or
- Violate the SI-PPS' HIPAA Compliance program and policies and procedures.

12. Every violation will be considered on a case-by-case basis to determine the appropriate sanction. Disciplinary or corrective actions for violations shall be fairly and firmly enforced and will be administered in an appropriate and consistent manner. Disciplinary and/or corrective action may include, without limitation, one or more of the following:

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| | <ul style="list-style-type: none"> • Verbal counseling; • Issuing an oral or written warning; • Entering into and monitoring a corrective action plan. The corrective action plan may include requirements for individual or group remedial education and training, consultation, proctoring and/or concurrent review; • Probation for a specified period; • Suspension for a specified period; • Modification of assigned duties; or • Immediate exclusion from SI-PPS, the DSRIP program and/or immediate termination. <p>13. If the results of the follow-up audit reflect that a PPS Associate is still not in compliance with the Compliance Program or applicable rules, regulations, or laws, then, in accordance with the procedures above, SI-PPS may require participation in additional remedial training and education sessions and/or additional audits, as necessary. Further, non-compliance after an audit will result in additional discipline or corrective action being imposed.</p> |
| Scope: | SI-PPS Associates – (PPS Associates shall mean all individuals and entities that participate in or do business with SI-PPS, including but not limited to its employees, independent contractors, vendors, agents, suppliers, executives and governing body members). |
| Project(s): | |
| Regulatory Alignment: | New York Social Services Law §363-d subd. 2 and 18 NYCRR §521.3(c), |
| Reference(s): | |
| Attachment(s): | none |

Reviewed and Revised by: Regina Bergren April 2016

Approved by Compliance Committee: August 2016

| Partner Organization | Responsible Staff Name & Title | Date Reviewed | Signature |
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