



## **COMPLIANCE INVESTIGATIONS POLICY**

### **PURPOSE**

The purpose of this Policy is to establish and implement a system at Jewish Home of Central New York, Inc., Menorah Park Group Residences, Inc., and Syracuse Jewish Family Services, Inc. (collectively, the “Organization”) for promptly responding to Compliance Issues as they are raised, investigating potential Compliance Issues identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensure ongoing compliance with the Organization’s Compliance Program. “Compliance Issues” are actual or suspected fraud, waste, abuse or other wrongful or unethical conduct, violations of laws, rules, regulations, policies, and standards, or the Organization’s Compliance Plan, Compliance Program, policies, procedures, and Standards of Conduct.

### **APPLICABILITY**

This Policy applies to all Organization employees, Board members, and contractors.<sup>1</sup>

### **POLICY**

1. The Compliance Officer shall have the primary responsibility of conducting and/or overseeing the investigation of, and independently acting on, reported Compliance Issues. This includes designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all Organization departments, contractors, agents, subcontractors, independent contractors, and New York State.
2. The purpose of the investigation shall be to determine whether there is reasonable cause to believe an individual(s) or entity may have knowingly or inadvertently

---

<sup>1</sup> “Employees, contractors, and Board members” includes the Organization’s employees, Chief Executive Officer (“CEO”), senior administrators, managers, volunteers, interns, contractors, agents, subcontractors, independent contractors, corporate officers, and Board members who are affected by the Organization’s Compliance Risk Areas. “Compliance Risk Areas” are those areas of operation affected by the Organization’s Compliance Program, as set forth in Section XIII of the Organization’s Compliance Plan. For purposes of the Organization’s Compliance Program, “contractors” includes contractors, agents, subcontractors, and independent contractors who are affected by the Organization’s Compliance Risk Areas. Contractors are required to comply with the Organization’s Compliance Program to the extent that the contractor is affected by the Organization’s Compliance Risk Areas, and only within the scope of the contractor’s contracted authority and affected Compliance Risk Areas.

participated in a Compliance Issue; to facilitate corrective action if appropriate; and to implement procedures necessary to ensure future compliance.

3. Employees, Board members, and contractors are required to fully cooperate in all audits and investigations subject to the individual's right against self-incrimination. Any employee who fails to provide such cooperation may be subject to termination of employment. Any Board member who fails to provide such cooperation may be subject to sanctions as set forth in the Organization's Bylaws and policies, as well as applicable laws and regulations. Any contractor who fails to provide such cooperation may be subject to termination of contract or the relationship, as appropriate.
4. After an investigation, the Organization shall correct Compliance Issues promptly and thoroughly to reduce the potential for recurrence. The Compliance Officer shall periodically report to the Compliance Committee and to the Board on the status of compliance-related investigations.

## **PROCEDURE**

### **A. GENERAL PROCEDURES**

1. Determination of Whether Investigation is Warranted. The Compliance Officer shall have the primary responsibility of conducting and overseeing the investigation of reported Compliance Issues and those Compliance Issues identified in the course of internal auditing and monitoring. *See Auditing and Monitoring Policy*. The Compliance Officer shall determine, in consultation with Organization personnel and legal counsel as necessary, whether a reported Compliance Issue warrants an investigation. If warranted, the Compliance Officer will promptly coordinate the investigation and determine whether any outside advisors are needed.
2. Use of Internal and External Resources. The Compliance Officer may utilize Organization employees (consistent with maintaining appropriate confidentiality), and outside advisors such as attorneys, accountants, auditors or other consultants for assistance or advice.
3. Attorney-Client Privileged Investigations. If the Compliance Officer and/or senior management determines it is in the best interests of the Organization to keep the information and documents obtained during the course of the investigation confidential under the attorney-client or attorney work product privileges, the Compliance Officer and/or senior management shall arrange for legal counsel to conduct and/or supervise the investigation. Legal counsel shall instruct the Organization on how the investigation will be conducted to ensure that information provided and documents generated in the course of the investigation will be covered by the attorney-client and/or attorney work product privileges.

4. Interviews and Document Review. The Compliance Officer, or their designee(s): (a) may conduct interviews with employees, Board members, contractors and other individuals; (b) review any relevant document(s); and (c) undertake other processes and methods as the Compliance Officer deems necessary.
5. Cooperation. Employees, Board members, and contractors are required to fully cooperate in all investigations subject to an individual's right against self-incrimination. Employees, Board members, and contractors are strictly prohibited from destroying, modifying, or otherwise making inaccessible any documents or electronic information that they know are the subject of a pending investigation. Employees, Board members, and contractors are also barred from directing or encouraging another person to take such action.
6. Corrective Action. The Compliance Officer, in consultation with the CEO and/or program directors as applicable, is responsible for drafting, reviewing and approving corrective action plans. Although the Compliance Officer will independently act on corrective actions, the Compliance Officer may seek input from the CEO and/or the appropriate program director, as appropriate. However, if the subject of the corrective action plan is the CEO, the Compliance Officer shall seek the review and approval of the corrective action plan from the Board of Directors.

Corrective action may include, but not be limited to, any of the following steps:

- a. Modifying the Organization's existing policies, procedures or business practices;
- b. Providing additional training or other guidance to employees, contractors, or Board members;
- c. Seeking interpretive guidance of applicable laws and regulations from government agencies and/or legal counsel;
- d. Disciplining employees, terminating contractors and sanctioning Board members as described more fully in the Organization's *Disciplinary Policy*.
- e. Promptly notifying government agencies of improper conduct by employees, contractors, Board members, or others; and/or
- f. Reporting, returning, and explaining overpayments or other funds to which the Organization is not entitled to the appropriate government entity or payer, including through the New York State Office of the Medicaid Inspector General's ("OMIG's") voluntary self-disclosure program if applicable.

B. POSSIBLE CRIMINAL ACTIVITY

In the event the investigation indicates possible criminal activity on the part of an employee, Board member, or contractor, the following action will be taken:

- a. The Compliance Officer shall contact outside legal counsel promptly to assist with the investigation.
- b. An investigation should be conducted promptly by outside legal counsel so as to ensure that a determination regarding whether an overpayment has been received (including quantification of any overpayment) can be made and to ensure that the Organization can repay government payers within sixty (60) days of any such determination and quantification of any overpayments.
- c. Billing of potentially improper claims should be suspended until such time as an investigation has been completed and, if necessary, remedial action has been taken.
- d. If appropriate, individuals may be suspended from or removed from any position with oversight of, or impact upon, the relevant operational area or responsibility that is the subject of the investigation.
- e. The Organization, in consultation with legal counsel, will determine whether the findings of the investigation result in credible evidence or a credible belief that a state or federal law, rule, or regulation has been violated. If the Organization identifies credible evidence or credibly believes that a violation of a state or federal law, rule, or regulation has occurred, the Organization will promptly report the violation to the appropriate government entity.

C. NON-COMPLIANT BILLING ISSUES

In the event that an investigation reveals a non-compliant billing issue, such as the use of an improper code, the following action will be taken:

- a. If an overpayment has been made by Medicaid, Medicare, and/or any other state or federal health care program(s) because of Organization error, mistake, or otherwise inappropriate claims submission, (i) the defective practice or procedure will be corrected as quickly as possible; (ii) overpayments will be identified, quantified, reported, returned, and explained no later than sixty (60) days of from the date that the overpayments were quantified; and (iii) a program of education and/or corrective action plan will be undertaken with appropriate individuals and entities to prevent similar problems in the future.

D. DOCUMENTATION BY COMPLIANCE OFFICER

The Compliance Officer shall record compliance investigations into a confidential

database for reporting and tracking purposes. The record of the compliance investigation will include any alleged violations, a description of the investigative process, copies of any interview notes, and any other documents essential for demonstrating that a thorough investigation of the issue was conducted. Any disciplinary action taken and/or corrective action implemented will also be documented. The Compliance Officer will also receive and retain copies of any reports submitted to governmental entities.

All investigations will conclude with a written report of findings and recommendations for corrective action to correct the problem and prevent future recurrence. The written report may be prepared by the Compliance Officer and/or legal counsel. It may be subject to the attorney-client and attorney work product privileges.

The Compliance Officer and/or legal counsel shall present the written report or a summary thereof to the Compliance Committee and CEO (except when the CEO is the subject of the investigation). The written report and final resolution to the investigation shall be entered into the confidential database. Electronic and hard copy documentation of the complaint, investigation, and final resolution shall be retained for ten (10) years.

Adopted: May 18, 2021

Revised & Adopted: March 21, 2023; \_\_\_\_\_, 2023