



DUTY TO REPORT POLICY

PURPOSE

Jewish Home of Central New York, Inc., Menorah Park Group Residences, Inc., and Syracuse Jewish Family Services, Inc. (collectively, the “Organization”) intend to comply with all federal and state laws, regulations, and standards that apply to their operations. The purpose of this Policy is to support the Organization’s goal of legal compliance by establishing effective lines of communication for reporting actual or suspected matters of non-compliance.

APPLICABILITY

This Policy applies to all Organization employees, Board members, and contractors.¹

POLICY

1. Any person who is aware of, or suspects that fraud, waste, abuse, or other wrongful or unethical conduct, violations of federal or state laws, rules, regulations, policies, or standards, or the Agency’s Compliance Plan, policies, procedures, and Standards of Conduct (a “Compliance Issue”) has been committed by the Agency and/or an employee, Board member, or contractor is obligated to report the Compliance Issue to the Compliance Officer, any member of the Agency Compliance Committee, the Agency’s Compliance Hotline, the Compliance Dropbox, or, in the case of an employee, the employee’s supervisor or any supervisor or director.
2. Anyone who files a complaint concerning a Compliance Issue must be acting in good faith and have reasonable grounds for believing the information disclosed constitutes a Compliance Issue (“Protected Disclosure”).
3. Any person who knowingly, or with reckless disregard for the truth, gives false information or knowingly makes a false report of a Compliance Issue, or a subsequent false report of retaliation, will be subject to disciplinary action up to and including

¹ “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.

termination of their relationship with the Organization. Allegations made in good faith that are not substantiated are not subject to corrective action.

4. No person (including Medicaid Program beneficiaries who receive services from the Organization) who makes a Protected Disclosure will suffer intimidation, retaliation, or adverse employment consequences. Any person who retaliates against or intimidates any individual who makes a Protected Disclosure is subject to discipline up to and including termination. The Organization's Non-Retaliation and Non-Intimidation Policy is intended to encourage and enable Medicaid Program beneficiaries who receive services from the Organization, employees, Board members, and contractors to participate in good faith in the Compliance Program and to raise concerns within the Organization prior to seeking resolution outside the Organization.
5. Protected Disclosures may be made on a confidential basis by the complainant or may be submitted anonymously through the Organization's Compliance hotline or by mailing an anonymous letter to the Compliance Officer. Protected Disclosures and investigatory records will be kept confidential, regardless of whether confidentiality is requested, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the New York State Attorney General's Medicaid Fraud Control Unit ("MFCU"), the New York State Office of the Medicaid Inspector General ("OMIG"), or law enforcement, or the disclosure is required during a legal proceeding.

PROCEDURE

1. When an employee, Board member, or contractor during the course of their employment or role first becomes aware of a Compliance Issue impacting the Organization, the individual must report the information directly to any of the following:
 - The Organization's Compliance Hotline at 315-446-9111 ext. 421 (anonymously or otherwise);
 - The Compliance Officer by phone (315-446- 9111 ext. 133) or email (sgrigorita@menorahparkofcny.com);
 - The Compliance Officer by mail to "Attn: Compliance Officer, Menorah Park of CNY, 4101 E Genesee St, Syracuse, NY 13214" (anonymously or otherwise);
 - A Compliance Committee member;
 - The Compliance Dropbox located at the Human Resources office; or
 - If an employee, the employee's supervisor or any supervisor, or if a Board member, the CEO.
2. Any employees, Board members, or contractors who are aware of or suspect a Compliance Issue, and who do not fully disclose it to one or more of the above-named parties, may be subject to the same disciplinary action as those who are involved in the non-compliance.

3. If the complainant identifies themselves, the complainant will be contacted to acknowledge receipt of the Compliance Issue within three (3) working days for most issues and within twenty-four (24) hours for Compliance Issues that involve alleged criminal or environmental violations. All reports will be promptly and thoroughly investigated. Appropriate corrective action will be taken if warranted by the investigation.
4. The Compliance Officer will be responsible for initiating any further investigation of a reported Compliance Issue. Reports will be kept confidential, whether or not confidentiality is requested or the report is made anonymously, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by MFCU, OMIG, or law enforcement, or the disclosure is required during a legal proceeding. Reporters, including Medicaid Program beneficiaries who receive services from the Organization, will be protected under the Organization's *Non-Retaliation and Non-Intimidation Policy*.
5. The Organization maintains effective lines of communication, ensuring confidentiality, for the reporting of Compliance Issues between the Compliance Officer, members of the Compliance Committee, the Organization's employees, contractors, managers, service recipients that are Medicaid Program beneficiaries, and Board members, and the Organization's first tier downstream contractors, and related entities. The Organization maintains a method for anonymously reporting Compliance Issues directly to its Compliance Officer.
6. The Organization forbids any form of intimidation or retaliation against any individual, including services recipients who are Medicaid Program beneficiaries, for reporting, in good faith, a Protected Disclosure. Employees, Board members, and contractors must immediately report any perceived retaliation and/or intimidation to the Compliance Officer. *See also Non-Retaliation and Non-Intimidation Policy*.
7. The Organization publicizes its lines of communication to the Compliance Officer and ensures that these lines of communication are available to all service recipients who are Medicaid Program beneficiaries, employees, Board members, and contractors. The Organization makes information regarding its Compliance Program and Standards of Conduct, including its lines of communication for reporting Compliance Issues, available on its website.

Adopted: May 18, 2021

Revised & Adopted: March 21, 2023; _____, 2023

Revised December 11, 2023