



Corporate Compliance Plan

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Overview

I. Our Organization

Venture Forthe, Inc. (herein referred to as “the agency”) has many years of experience assisting individuals living in Western New York. Our agency is committed to providing services that help individuals reach their highest level of independent living possible.

II. Mission Statement

Venture Forthe, Inc. is dedicated to providing quality, compassionate and supportive services in an ethical manner. We strive to improve our clients' quality of life by helping them achieve their maximum potential and independence.

Venture Forthe, Inc. Values: S.E.R.V.I.C.E.

S. Service Excellence:

We are dedicated to superior care for our clients through the dedicated effort of every team member.

E. Ethical Integrity:

We are committed to the highest level of compliance and personal responsibility. We believe in doing the right thing and expect this behavior from others.

R. Respect & Dignity:

We believe people matter. Everyone in our community, clients, employees, and local partners should be treated with respect and dignity.

V. Vision:

We work with a purpose. We believe it is equally important to focus on the future as well as the present. We strive to continually make improvements and set goals that enhance the organization and the people we serve.

I. Independence:

We understand that independence is paramount to the people we serve. Our staff works with our clients to create a safe environment where they can live as independently as possible.

C. Choice:

We recognize that every person is unique and has individual needs. We believe each person has the right and responsibility to choose their life direction. Our staff works with each client to personalize a plan of care that works for them.

E. Employee Professionalism:

We hold our employees to a higher standard because we understand that professionalism is a critical component to our employees' success. Training, evaluation, and communication are ongoing to encourage professional growth.

III. Vision Statement

We wish our clients the best in:

- Striving for Excellence
- Supporting Partnerships
- Creating Solutions
- Fulfilling Dreams



IV. Corporate Compliance Overview

Venture Forthe, Inc. has established a Corporate Compliance Plan tailored to the agency's principle lines of business. We are dedicated to managing and operating our programs in keeping with the highest of business, ethical and moral principles. Each employee agent, member of the Board of Directors, consultant, and volunteer contributes to achieving these principles by conducting business activities for the agency with integrity and high ethical standards. Supervisors and managers also contribute to achieving these principles by exercising good leadership and being a good example in creating and promoting a workplace environment in which compliance and ethical business conduct are expected.

Venture Forthe, Inc. has adopted the following definition of Corporate Compliance:

"A Corporate Compliance Plan is a system which is designed to detect and prevent violations of law, as well as the likelihood of unethical activity by agency employees, volunteers, contractors, officers and directors."

Venture Forthe, Inc. will transact its business in compliance with the laws of the jurisdiction in which it does business, including local, state and federal jurisdictions. As a for-profit agency, Venture Forthe, Inc. will conduct business in compliance with applicable governing regulation. Instances where questions arise concerning interpretation or applications of laws and regulations should be referred to the Administrator or Compliance Officer. Applicable laws include, but are not limited to, anti-kickback statutes, labor laws, tax code and regulations, antitrust laws, copyright laws, false claims laws, rights of individuals receiving services, and NYCRR Title 10 Part 766.

As used in this Corporate Compliance Plan, the following definitions apply:

1. Venture Forthe, Inc. representatives: employees, agents, board members, committee members, volunteers, contractors, and others working for or on behalf of Venture Forthe, Inc.
2. Agency: Venture Forthe, Inc.



Defining Business Standards

I. Code of Business Conduct & Ethics

A. Overview

The Code of Business Conduct & Ethics provides Venture Forthe, Inc. employees, agents, members of the Board of Directors, consultants, and volunteers with information necessary to adhere to the high ethical principles the agency lives by. Venture Forthe, Inc. is accountable for compliance not only with the Code of Business Conduct & Ethics, but also with all laws and regulations applicable to our activities, and other policies and procedures prepared by our agency and oversight bodies.

B. Honesty and Integrity

Honesty and Integrity are what this Code of Business Conduct & Ethics is all about; they define our relationships with people receiving services, outside agencies, business partners, and each other. By maintaining the highest level of corporate integrity through open, honest, and fair dealings, we earn trust for our services and ourselves from everyone with whom we come in contact.

C. Standards of Conduct

Venture Forthe, Inc. representatives are expected to comply with the following standards:

1. Business Principles

a. Maintain the Confidentiality of Agency Records

The agency is responsible and accountable for the integrity and protection of its business information. All agency records and documents (in any form or media) are the sole property of the agency and thereby considered confidential, except as provided by law or regulation. All agency information (i.e. policies, procedures, strategic or business plans, administrative memos, financial documents, etc.), whether in electronic or written format, is confidential and may not be released or shared with others outside the agency without proper prior authorization. No Venture Forthe representative shall disclose to others any confidential information obtained during the course of employment, work (paid or unpaid) or receipt of reports, which have not been published or disclosed, to the public. Documents and electronic media containing sensitive information on people receiving services, staff, consultants, volunteers, board members, and other representatives of the agency must be carefully handled and properly secured. Once an agency representative terminates the relationship with the agency, they have no right to access or use agency information.

Venture Forthe, Inc. representatives who observe or become aware of a breach of this policy, including misuse of confidential information, or an unauthorized or unrecognized individual using a computer terminal in an area familiar to them, should immediately contact a supervisor.


b. Protect Agency Assets

It is the obligation of all agency representatives to protect the assets of the agency. Agency property, such as office supplies, office equipment, vehicles, and property may not be used for personal reasons.

Any misuse or misappropriations of agency funds, information, equipment, facilities or other assets may be considered criminal behavior and could result in severe employment and legal consequences. Agency funds include, but are not limited to bank accounts, credit and debit cards, and business accounts.

c. Maintain the Corporate Image

Each agency representative should endeavor to deal fairly with the people receiving services, consultants, suppliers, competitors and other employees. No one should take advantage of anyone else through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or other unfair dealing practice. While the agency cannot control what its representatives do during non-working hours, it is important to understand that information posted online is public and comments made about the agency or agency representatives that are



defamatory or violate agency policy (i.e. confidentially, conflict of interest, harassment) and may result in disciplinary action, no matter whether the employee wrote it from work or outside of work.

d. Have Job Accountability

Each agency representative is responsible for knowing and executing the responsibilities of his or her job. This means the individual is held accountable for the quality of the work he or she produces. In addition, management is responsible for ensuring that they have provided their employees with the necessary information to do their jobs. A code of conduct is about every member of the organization having personal responsibility in carrying out the Compliance Plan and the agency facilitating open communication when there are questions or areas of concern.


e. Avoid/Disclose Conflict of Interests

Each agency representative has a primary business responsibility to the agency and is expected to avoid any activity that may interfere with or have the appearance of interfering with their performance. A conflict of interest exists if an agency representative's outside business or other interests adversely affect, or have the potential to adversely affect, his or her motivation, objectivity, loyalty or performance. In addition, a potential conflict of interest occurs when an agency representative's personal or private interests might lead an independent observer to reasonably question whether the agency representative's professional actions or decisions are influenced by significant personal interest, financial or otherwise.

Agency representatives shall not participate in the selection, award, or administration of a contract supported by Federal, State, or other government funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or when the agency employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. Some additional situations in which agency representatives might encounter what may be considered a conflict of interests are:

- Having a relationship outside of the workplace with a person receiving services and/or employment by a person receiving services;
- Romantic relationships between a supervisor and a subordinate. Supervisor is defined as "a person who has authority, direct or indirect, over another by virtue of their job classification. Subordinate is defined as "a person who is answerable to another person based on their job classification." While the supervisor is ultimately held responsible for ensuring that this type of relationship does not occur, it does not absolve the subordinate of any wrong doing;
- Using agency assets, including agency time, name, information equipment or facilities, for personal use;
- Misuse of information obtained by an agency representative during the course of his or her employment;
- Soliciting personal cash or non-cash gifts of any amount or value from any person or business that has a relationship with the Agency;
- Accepting personal cash gifts of any amount from any person or business that has a relationship with the Agency;
- Financial transactions between people receiving services and/or their family members/responsibility parties;
- Outside employment that interferes with an employee's job responsibilities and/or is in conflict with agency interests; and
- Use of information created by or for the agency for personal gain or use by others outside the agency without prior permission.

The above situations identified as conflicts of interests are not all-inclusive. Agency representatives are expected to exercise good judgment and be mindful of how their personal relationships and outside activities may be affecting the workplace. Agency representatives may also find themselves in a situation where they do not feel like they can be objective in their decision making due to their personal relationship or beliefs. Should an agency representative feel that they are not able to be objective in making a business related decision, they should voluntarily abstain/refrain from participating in the decision making process. Furthermore, if any matter exists that might be a conflict of interest or creates the appearance of a conflict of interest, agency representatives are required to disclose



it appropriately, either to Human Resources (HR) or to their supervisor. Disclosures of conflict of interests will be confidential as allowable to ensure that the work environment is not affected by the conflict.

f. Display Caution when Offered Gratuities

In the course of performing their jobs, agency representatives may be offered gratuities which are usually intended as gestures of goodwill or appreciation. These include gifts, entertainment, gift cards, meals and beverages, tickets to sporting or cultural events, services or other similar favors. Agency representatives may not accept, individually or as part of a group, anything that could reasonably be thought to have more than a nominal intrinsic value (nominal intrinsic value: e.g. promotional or advertising pens, pencils, notepads, calendars, greeting cards, trinkets, baked goods or other similar gifts of limited value). Gifts, gratuities, or attendance at events exceeding nominal intrinsic value, typically greater than \$15.00 per item or \$75.00 in the aggregate per patient on an annual basis (based on OIG's public limits set in 2016), should be refused or returned unless the Compliance Officer approves of acceptance as part of a business need or special occasion e.g. holiday gift basket during holidays to be shared amongst representatives.

Even nominal gifts can be inappropriate if used in a way which creates the impression that a certain vendor or person is receiving or attempting to obtain preferential treatment, therefore the acceptance of any gift, regardless of its value, must be done so with caution and when in doubt needs be reported to a supervisor in order to determine whether the gift may or may not be accepted to avoid a conflict of interest. Acceptance or participation in a business meal situation is appropriate when based on a business need and such dining occurs in conjunction with business discussions. These guidelines cannot cover every situation that may arise; employees should discuss with their supervisor or Compliance Officer any situation involving gratuities they are uncertain about.

g. Adhere to the Agency Internet Policy

It is the agency's policy to provide open, accurate, and consistent communication with the public. To maintain the consistency and accuracy of the information, agency spokespersons are designated to respond to all inquiries. Only these designated spokespersons are authorized and responsible for releasing information on behalf of the agency. All inquiries regarding the Media Communication Policy should be directed to the Compliance Officer or Administrator. Social network sites, such as Facebook and Instagram also fall under the umbrella of media. If you are not a designated spokesperson for the agency then any comments you make about agency activities on these sites could, depending on the content, be a violation of the Agency Internet Policy or a violation of confidentiality requirements. Representatives of the agency need to take responsibility for what they write, and exercise good judgment and common sense. It is also important that agency representatives who identify themselves on these sites as having an affiliation with Venture Forthe, Inc. do not give readers the impression that their comments represent agency opinion.

II. Quality of Care


a. Adhere to Individual's Rights and Responsibilities

By regulation all individuals receiving services are entitled to certain Rights and Responsibilities. It is expected that all agency representatives adhere to the provisions set forth in these regulations. In particular, agency representatives shall not engage in any activities that constitute abuse of persons receiving services as defined any applicable rules, regulations, contracts or statutes. Failure to exercise one's duty to intercede or to report any activity, which may be considered abuse, will constitute abuse.

b. Follow Individual's Service Plan

Agency employees are expected to comply with each individual's service plan and communicate any changes in the plan to the necessary parties in accordance with regulatory requirements and program policies and procedures. It is not acceptable for people receiving services to carry out the duties of employees unless such tasks are described in their plan of services by their service provider(s) and for the purpose of increasing their skills.

c. Maintain Appropriate Interactions with Individuals



Agency representatives must maintain professional relationships with individuals receiving services. There shall be no personal financial transactions between agency representatives and individuals receiving services or their family/responsible party. Financial transactions, which may be construed as exploitation or result in greater benefit to the agency representative than the individual receiving services will be considered abuse. The receipt of any personal gift by any agency representative from any individual receiving services or their family member/responsible party is discouraged and should be avoided. Any gift must be disclosed to the supervisor to determine whether the gift may or may not be accepted to avoid a conflict of interest and must be in adherence to the guidelines under the conflict of interest section of this Plan. Agency representatives may not accept cash gifts from individuals receiving services under any circumstances. However, cash donations from a family member/responsible party to the agency may be accepted. Should a family member/responsible party be interested in donating to the agency they should contact the Administrator.

d. Safeguard Individuals Privacy

Agency representatives shall treat all clinical and program information as confidential and utilize such information in a professional manner at all times. Access to information on individuals receiving services must be limited to the extent permitted by the agency policies and procedure pursuant to state and federal law. In addition, release of information pertaining to HIV/AIDs is subject to additional regulatory requirements and should not be released without the proper authorization to do so. Any Venture Forthe, Inc. representative who engages in unauthorized disclosure, access to, or misuse of information in violation of the privacy rights of individuals receiving services, or others may be subject to disciplinary action in addition to civil or criminal sanctions. Any Venture Forthe, Inc. representative who becomes aware of such unauthorized disclosure should immediately report this to their supervisor or Compliance Officer.

III. Medical Practices

a. Follow Regulations Regarding Control of Medications

It is agency policy that all Venture Forthe, Inc. representatives shall be diligent in discharging their obligations regarding prescription drugs and controlled substances in accordance with applicable laws, regulations and agency policies and procedures.

IV. Legal Obligations & Compliance

a. To Maintain a Safe and Healthful Workplace


The agency has a commitment to maintain a safe and healthful workplace for agency representatives and individuals receiving services. As part of this commitment, the agency maintains reasonable safety rules, practices and procedures for all agency representatives. At the same time, the agency expects agency representatives to be efficient and productive in performing their job assignments.

The agency provides a safe and healthy work environment by adhering to the laws, regulations and commonly accepted safe practices in accordance with federal and state laws regarding occupational and environmental safety.

Laws and policies regarding hazardous materials, pollutants and medical waste must be strictly followed by all Venture Forthe, Inc. representatives.

b. Refrain from Misrepresentation

Honesty based on clear communication is the cornerstone of ethical disclosure of information. The agency and Venture Forthe, Inc. representatives shall be honest and make no misrepresentation or dishonest statements in conducting agency business affairs. Venture Forthe, Inc. representatives must report and record all information accurately and honestly including all marketing materials, service records, requests for payment, timesheets, financial reports and other similar documents, which relate to business activities. Marketing materials will accurately reflect certification, licensure and services available.



In addition, Venture Forthe, Inc. representatives must not make false statements with respect to the conditions or operations of any program nor make false statements with respect to information regarding ownership and control of a facility or program.

c. Refrain from Engaging in Unfair Trade Practices

All agency representatives are expected to comply with all laws pertaining to the restraint of trade and fair competition. Such laws generally forbid any kind of understanding or agreement (written or verbal) between competitors to fix and control fees or payments for services or products, or to engage in any other conduct that results in restraints of competition.

Unfair methods of competition and deceptive acts or practices are also prohibited. Examples of these include false or deceptive statements or comparisons about the agency's services or falsely disparaging competitor's services without data to substantiate it.

d. Adhere to Tax Requirements

The Agency is an entity under the rules and laws of New York State and the Federal Internal Revenue Service. The agency will comply with all applicable laws.

e. Comply with Fundraising Standards

The agency adheres to acceptable fundraising standards. Only fundraising activities that benefit the agency and the programs or services are allowed, and must be specifically authorized by the Administrator or designee. Fundraising events must be consistent with the mission, vision, goals, mandates and values of the agency. Any Venture Forthe, Inc. representative that obtains funds as a result of fundraising activities on behalf of the agency must promptly deposit the funds with the Venture Forthe, Inc. corporate business address for appropriate record keeping and cash controls.

f. Submit Accurate Billings and Financial Reports

Billing activities are to be performed in a manner consistent with Medicaid and other payers' regulations and requirements. The agency will comply with all pertinent regulations in billing practices, including, but not limited to, specific program requirements, need for service, procedure codes, bad debt reporting, credit balances, and duplicate billing.

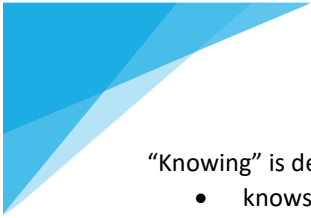
All billing and claims generated must accurately reflect that appropriate services are rendered are supported by relevant documentation and are submitted in compliance with applicable laws, rules, regulations, and program requirements. Agency representatives should never knowingly make or present improper, false, fictitious or fraudulent claims to any government or private health care program, employee, department or agency. Improper activity can include, but is not limited to:

- Misrepresentation of Services
- Duplicate Billing
- Multiple Coverage and Secondary-Payroll Fraud
- False Claims Statements
- Falsifying Dates on a Claim

Those responsible for completing and submitting financial reports shall do so in accordance with acceptable accounting practices and legal obligations. Improper accounting practices include, but are not limited to:

- Supplying false or misleading information in the Agency's financials or other public documents, including its annual information return; or
- Providing false information to, or withholding material information from, the Agency's auditors.

It is a crime to submit a "False Claim." A False Claim occurs when an individual or organization submits a record or claim for payment of services, property or other items to the government, knowing that the information is not true.



“Knowing” is defined by this Plan as meaning that the individual or organization:

- knows the record or claim is false, or
- is asking for payment and is deliberately ignoring whether or not the record or claim is false, or
- is asking for payment and does not care if the record or claim is false.

The Federal Government enacted the False Claims Act law which allows a person who knows that an organization has filed a False Claim for payment to file a lawsuit in Federal Court on behalf of the government, and, in some cases, the person can receive a portion of the damages awarded. Similar to the Federal Law described above, the New York False Claims Act and the Program Fraud Civil Remedies Act prohibits a person or entity from knowingly presenting or causing to be presented a false or fraudulent claim for payment or approval to any employee, officer or agent of the state or local government. There are additional civil, administrative, and criminal laws that apply to the submission of a false claim. See the below section for more details.

Federal False Claims Act

The False Claim Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government or any state healthcare system. Knowingly includes having actual knowledge that a claim is false or acting with “reckless disregard” as to whether a claim is false. Examples of false claims include billing for services not provided, billing for the same service more than once or making false statements to obtain payment for services.

Penalties Under the False Claims Act

Violations under the federal False Claims Act can result in significant fines and penalties. Financial penalties to the person or organization includes recovery of three times the amount of the false claim(s), plus an additional monetary penalty per claim.

Whistleblower Protection Under the False Claims Act

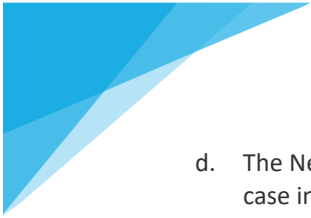
The federal False Claims Act protects employees who report a violation under the False Claims Act from discrimination, harassment, suspension or termination of employment as a result of reporting possible fraud. Employees who report fraud and consequently suffer discrimination may be awarded (1) two times their back pay plus interest, (2) reinstatement of their position without loss of seniority and (3) compensation for any costs or damages they incurred.

NYS False Claims Act

The New York False Claims Act (“New York FCA”) was originally enacted on April 7, 2007 and was modeled after the Federal False Claims Act (“Federal FCA”). Initially, the provisions were nearly identical to the then-1986 version of the federal False Claims Act.

In 2009 and 2010, Congress amended the federal FCA. New York followed suit, amending the New York FCA in August 2010. Although largely identical to the federal FCA, the New York FCA differs in some significant respects:

- a. The New York FCA allows for three times the damages (two times the damages for voluntary and immediate self-reporting of fraud) and civil penalties of \$6,000 to \$12,000 per violation in addition to attorney’s fees and costs, plus an additional monetary penalty per violation.
- b. The New York FCA does not exclude tax fraud like the federal FCA does. It should be noted, however, that the New York FCA can be used for tax fraud only if the defendant has “net income or sales” of \$1 million or more and damages as plead are greater than \$350,000.
- c. The New York FCA includes a ten-year statute of limitations, and states that amendments apply retroactively to claims, records and statements. The federal FCA has a statute of limitations of six years

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- d. The New York FCA allows for a whistleblower and his/her New York *qui tam* lawyer(s) to withdraw his/her case in secret if the government declines to intervene. Under the federal FCA, once the government declines and the case is unsealed, the whistleblower cannot withdraw his/her case under seal.
 - e. Anti-retaliation protections in the New York FCA are stronger than the protections in the federal FCA. The anti-retaliation protections in the New York FCA cover current and former employees, agents and contractors, and the person does not have to file a *qui tam* lawsuit to be protected. The New York FCA also contains anti-blacklisting provisions, a ten-day statute of limitations and damages are two times the pay plus interest.

False claims details from: <https://bergermontague.com/new-york-false-claims-act/>

Additional information on these laws is available in the Venture Forthe, Inc. Employee Handbook, by contacting the Compliance Officer, or you can visit the Office of the Medicaid Inspector General's website at www.omig.ny.us.

g. Refrain from Accepting Kickbacks

The term "kickback" is defined as the giving of remuneration of any kind, which is interpreted under the law as "anything of value". In the United States it is illegal to provide, offer or accept a kickback or bribe. A kickback or bribe may be defined as any money, fee, commission, credit, gift, gratuity, anything of value or compensation of any kind that is provided directly or indirectly, and that has as one of its purposes, the improper obtaining or rewarding of favorable treatment in a business transaction.

No agency representative shall solicit, receive, offer to pay, or pay remuneration of any kind in return for referring an individual for items or services, or purchasing, leasing, ordering or arranging for goods, facilities, services or items for which payment may be made under federal, state, or local health care programs.

All Venture Forthe, Inc. representatives should avoid the offering or receipt of a gift in circumstances where it could appear that the purpose of the gift is to influence the agency's relationship with a vendor, regulator or other person or entity. The receipt of any gift by any agency representative from a vendor, contractor, etc. must be disclosed to a supervisor to determine whether the gift may or may not be accepted to avoid a conflict of interest.

h. Follow Research Grant Standards

Research grant proposals involving individuals that the agency serves are subject to the provisions of applicable state and federal laws and regulations. Researchers must be vigilant in considering whether grants involve improper inducements for referrals. Research, which encourages or results in improper referral practices, could constitute a kickback in violation of federal and state law.

i. Be Familiar with Regulations Governing Areas of Responsibility

It is expected that all agency representatives adhere to the rules and regulations set forth by New York State and the Federal Government, and comply with any contractual obligations the agency may have.

In addition, Venture Forthe, Inc. representatives shall:

- Be familiar with program regulations governing areas of responsibility, receive and understand new regulations and/or expectations, and inform a supervisor or appropriate agency administrator of any possible issues of noncompliance.
- Ensure that the documentation is properly submitted to the respective licensing organization, as required, to establish and/or change service provisions.
- Ensure that questions of training and compliance with any applicable regulations are responded to by an appropriate source. Questions regarding regulations should be referred to the respective supervisor and/or administrator.



V. Human Resources Principles & Community Involvement

a. Comply with Labor & Employment Laws

The agency fully complies with all applicable labor laws and statutes regarding employer-employee relationships and workplace environment. The agency employs only persons who are legally authorized to work in the United States consistent with federal laws.

Individuals who are prospective candidates and who are U.S. citizens or who possess federal documentation of their legal residency status or work visa are entitled to be hired. The appropriate documentation of citizenship status must be presented to the Human Resources Department at the time of hire.

b. Comply with Payroll Deductions

The agency fully complies with the salary basis requirements of the Fair Labor Standards Act (FLSA) and NYS labor laws. Therefore, the agency prohibits all improper deductions from the wages of employees.

If an employee believes that an improper deduction has been made to from their pay, that employee should immediately report this information to their direct supervisor, to the Payroll Department, or to the Controller directly. Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has occurred, the employee will be promptly reimbursed for any improper deductions.

c. Embrace Diversity

Venture Forthe provides equal employment opportunities to all employees and applicants without regard to race, color, sex, religion, age, creed, marital status, national origin, ancestry, disability, genetic information, sexual orientation, veteran status, citizenship status, or any other classification protected by law.

d. Display Ethical Personal Conduct

Ethical personal conduct on the job means treating oneself and others with respect and fairness. Workplace harassment includes both sexual harassment and harassment in a more general nature. Sexual harassment includes both quid pro quo and hostile work environment scenarios. Other forms of harassment include unwelcome or unwanted attention or discrimination conduct based on an individual's race, color, sex, religion, age, creed, marital status, national origin, ancestry, disability, genetic information, sexual orientation, veteran status, citizenship status, or any other classification. Examples of harassment include, but are not limited to: inappropriate jokes, offensive body language such as finger pointing, or offensive materials such as sexually explicit pictures.


Harassment can include verbal, nonverbal or physical abuse. Something considered harmless by one individual may be perceived as harassment by another. The agency expects all agency representatives to conduct themselves in a manner appropriate to the workplace and to keep all work environments free of harassment.

e. To Maintain Agency Representative Privacy

Every agency representative has the right to confidentiality of certain employment records as well as the privacy of personal activities outside of business hours. In turn, the agency has rights of access to all agency property, communication, records and information created in the business setting. By using agency property and/or creating such records and information, agency representatives consent to such access.

The agency will not release information regarding our current agency representatives without written consent unless it is required by a program survey, subpoena, public record, or law. An internal investigation may at times require the review and/or release of certain personal information to agency personnel, law enforcement, and/or oversight bodies.

The agency emphasizes the need for balance between work, personal and family life, and encourages agency representatives to pursue interests and activities outside the workplace. Personal interests and beliefs, however,



must not be imposed on other agency representatives or individuals receiving services. The agency recognizes the agency representative's rights to become involved in political activities of their choice. However, activities should not interfere with the agency representative's ability to perform their job and should not imply participation on the part of the agency.

f. Refrain from Substance Abuse and Unsafe Workplace Behavior

Venture Forthe, Inc. has a strong commitment to provide a safe and productive work environment. Alcohol and drug abuse pose a threat to the health and safety of Venture Forthe employees as well as the safety and quality of care to its clients. For these reasons, Venture Forthe is committed to the elimination of drug and/or alcohol use and abuse in the workplace. The following work rules apply to all Venture Forthe employees:

- Whenever employees are working, are operating any Venture Forthe vehicle, are present on Venture Forthe premises, or are conducting company-related work offsite, they are prohibited from:
 - Using, possessing, buying, selling, soliciting, manufacturing or dispensing any illegal drug (including possession of drug paraphernalia).
 - Being impaired or under the influence of illegal drugs or alcohol.
 - Possessing or consuming alcohol.
- The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body while performing company business or while on company premises is prohibited.
- Venture Forthe will not allow employees to perform their duties while taking prescribed drugs that adversely affecting their ability to safely and effectively perform their job duties. Employees taking prescribed medications must carry it in the container labeled by a licensed pharmacist or be prepared to produce the container or prescription if asked.

Agency representatives are subject to drug and alcohol testing. The nature and frequency of this testing as well as the full policy and procedure is detailed in Venture Forthe, Inc.'s Drug Free Workplace Policy.

VI. Standards & Expectations

In addition to the Agency Code of Business Conduct and Ethics, Venture Forthe, Inc. has established written standards and expectation for all staff and managers. Venture Forthe, Inc. believes that these standards and expectations define the personal characteristics and qualities which contribute to the fulfillment of its mission. They were developed with the understanding that each person has strengths and weaknesses, and that not all employees will have every identified characteristic and quality, but all will work toward the acquisition and mastery of them. These standards and expectations are separated into the following:

- *Staff Standards and Expectation*
- *Management Standard and Expectations*

VII. Screening Applicants

Job applicants and other agency representatives who have been selected for employment or other positions within the agency must complete a series of background checks to assure that there are no historical/personal incidents involving the applicant, which would adversely affect their ability to carry out their job duties. Applicants for positions requiring specific credentials and/or licensure are required to provide verification of such. Agency representatives are required to inform Human Resources immediately of any changes in their driving record and criminal background. Supervisors must inform the Human Resources Manager or Director of any change reported.

In addition to checking a person's criminal history, the agency checks the N.Y. State Office of the Medicaid Inspector General Exclusion database to determine whether or not the person or entity's participation in Medicaid or other government funded programs have been restricted, terminated or excluded.



Written Policies and Procedures

I. General

Venture Forthe maintains policies and procedures that describe compliance expectations as code of conduct or code. Venture Forthe has a robust compliance department that implements this operate by running regular internal audits, developing good communication with the different departments to assist with issues or provide education, to provide a support system for dealing with potential compliance issues and to provide regular feedback to help them identify compliance issues. Venture Forthe's Compliance Officer works with employees on to provide technical assistance with investigations and thusly is in close communication with suspected issues.

II. Purpose

The written policies and procedures shall:

- (i) articulate the agency's commitment and obligation to comply with all applicable federal and state standards. The agency shall identify governing laws, and regulations that are applicable to the agency's risk areas, including any MA program policies and procedures
- (ii) describe compliance expectations as embodied in standards of conduct. The standards of conduct shall serve as a foundational document which describes the agency's fundamental principles and values, and commitment to conduct its business in an ethical manner.
- (iii) document the implementation of 18 NYCRR § 521-1 and outline the ongoing operation of the compliance program. Policies and procedures shall describe, at a minimum, the structure of the compliance program, including the responsibilities of all affected individuals in carrying out the functions of the compliance program.
- (iv) provide guidance to affected individuals on dealing with potential compliance issues.
- (v) identify the methods and procedures for communicating compliance issues to the appropriate compliance personnel.
- (vi) describe how potential compliance issues are investigated and resolved by the required provider and the procedures for documenting the investigation and the resolution or outcome.
- (vii) include a policy of non-intimidation and non-retaliation for good faith participation in the compliance program.
- (viii) Disciplinary standards. Include a written statement setting forth the agency's policy regarding affected individuals who fail to comply with the written policies and procedures, standards of conduct, or State and Federal laws, rules and regulations.
- (ix) Additionally, all required providers shall comply with the provisions of 42 U.S.C. 1396a(a)(68).

III. Policy Review

The agency shall review the written policies and procedures, and standards of conduct at least annually to determine:

- (i) if such written policies, procedures, and standards of conduct have been implemented;
- (ii) whether affected individuals are following the policies, procedures, and standards of conduct;
- (iii) whether such policies, procedures, and standards of conduct are effective; and
- (iv) whether any updates are required.



Governing Body, the Compliance Officer, the Compliance Committee and CQI

I. Compliance Officer

The Compliance Officer directs the Compliance Plan with the support of the Continuous Quality Improvement (CQI) Committee. The Compliance Officer reports directly to the Board of Directors, the agency's governing body.

The Compliance Officer is vested with the responsibility of carrying out the day-to-day operation of the compliance program which includes but is not limited to:

- (i) overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness;
- (ii) drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rule, regulations, policies and standards, a compliance work plan which shall outline the required provider's proposed strategy for meeting the requirements of 18 NYCRR § 521-1 for the coming year;
- (iii) reviewing and revising the compliance program, and the written policies and procedures and standards of conduct, to incorporate changes based on the agency's organizational experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies and standards;
- (iv) reporting directly, on a regular basis, but no less frequently than quarterly, to the required provider's governing body, chief executive, and compliance committee on the progress of adopting, implementing, and maintaining the compliance program;
- (v) assisting the agency in establishing methods to improve the agency's efficiency, quality of services, and reducing the agency's vulnerability to fraud, waste and abuse;
- (vi) investigating and independently acting on matters related to the compliance program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and the State; and
- (vii) the compliance officer shall be responsible for coordinating the implementation of the fraud, waste, and abuse prevention program with the director and lead investigator of the MMCO's special investigation unit pursuant to SubPart 521-2 of this Part, if applicable.


The compliance officer may be assigned other duties, provided that such other duties do not hinder the compliance officer in carrying out their primary responsibilities under 18 NYCRR § 521-1.4(b). The agency shall ensure that the compliance officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the compliance program based on the agency's risk areas and organizational experience. The agency shall ensure that the compliance officer and appropriate compliance personnel have access to all records, documents, information, facilities and affected individuals that are relevant to carrying out their compliance program responsibilities.

II. Compliance Committee

The agency has a designated compliance committee which is responsible for coordinating with the compliance officer to ensure that the agency is conducting its business in an ethical and responsible manner, consistent with its compliance program. The agency has outlined the duties and responsibilities, membership, designation of a chair and frequency of meetings in the compliance committee charter.

The compliance committee's responsibilities include:

- (i) coordinating with the compliance officer to ensure that the written policies and procedures, and standards of conduct required by 18 NYCRR § 521-1.4(a) are current, accurate and complete, and that the training topics required by 18 NYCRR § 521-1.4(d) are timely completed;

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- (ii) coordinating with the compliance officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity required by 18 NYCRR § 521-1.4;
 - (iii) advocating for the allocation of sufficient funding, resources and staff for the compliance officer to fully perform their responsibilities;
 - (iv) ensuring that the agency has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and
 - (v) advocating for adoption and implementation of required modifications to the compliance program.

Membership in the committee is comprised of senior managers. The compliance committee meets no less frequently than quarterly and shall, no less frequently than annually, review and update the compliance committee charter. The compliance committee reports directly and is accountable to the agency's chief executive and governing body.

III. Continuous Quality Improvement Committee

The CQI Committee is comprised of the Board of Directors, a client, the Director of Patient Services, the agency Clinical Supervisor, and an outside consultant. The CQI Committee will meet at least quarterly to review the status of the Corporate Compliance Plan, present and discuss potential compliance concerns and issues, and recommend changes to the program and/or department. The Compliance Officer will report significant and pertinent information to the CQI Committee. The Compliance Officer will ensure identified significant and pertinent information is included in the Board Meeting Minutes which will be distributed for review by the Agency Board of Directors during regularly scheduled meetings. (See **CQI Policy and Procedures**)


IV. Board Member Code of Ethics

As the Governing Body of Venture Forthe, Inc. the Board of Directors has responsibility for the care, management, and control of the agency and must be held to the highest of ethical and moral standards. The Board of Directors recognizes that established ethical standards of fairness, honesty and integrity are essential to the proper conduct of the Board of Directors in upholding its governance responsibilities.

Due to this additional level of responsibility and accountability all Board Members are expected to:

- Serve as positive role models in the community.
- Listen carefully to other Board members, staff and people receiving services.
- Respect the opinion of fellow Board members.
- Respect and support the majority decisions of the Board.
- Recognize that all authority is vested in the full Board when it meets in legal session and not with individual Board members.
- Keep well informed of developments that are relevant to issues that may come before the Board.
- Participate actively in Board meetings and actions.
- Call to the attention of the Board any issues that may have an adverse effect on the agency.
- Refer any complaints to the Board Chairperson and the Administrator.
- Recognize that the Board member's job is to ensure that the agency is well managed, not to manage the agency.
- Vote to hire the best possible person to manage the agency.
- Represent all constituents of the agency and not a particular geographic area or special interest groups.
- Do their best to ensure that the agency is well maintained, financially secure, growing and always operating in the best of interest of constituents.
- Always work to learn more about the Board member's job and how to do the job better.
- Declare any conflicts of interest between their personal life and their position on the agency board, and avoid voting on issues that appear to be a conflict of interest.

In addition, Board Members will not:

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- Be critical, in or outside of the Board meeting, of fellow Board members or their opinions.
 - Use the agency or any part of the organization for personal advantage or the personal advantage of friends or relatives (other than for purposes of receiving services within the normal procedure of the agency).
 - Discuss confidential proceedings of the Board outside the Board meetings.
 - Vote on any issue without fully understanding the issue.
 - Interfere with the duties of the Administrator or undermine the Administrator's authority.

The Board Member Code of Ethics is reviewed and signed by Board Members upon their assignment to the Board and annually thereafter.

V. Outside Legal Counsel

Outside legal counsel is available to assist the Administrator, Board of Directors, Administrative Team, Compliance Officer, and CQI Committee as needed to identify and interpret federal and state laws and regulations in the Corporate Compliance Plan, assist in maintenance of the plan, and provide legal advice to Venture Forthe, Inc. with respect to any aspect of the Corporate Compliance Plan.

Outside legal counsel may be notified at the discretion of the Administrator of incidents that have a reasonable cause to support the assertion of non-compliance, at which time the Compliance Officer will be responsible for facilitating an investigation. The results of the investigation will be used by legal counsel to provide legal advice to the Compliance Officer, CQI Committee, and Venture Forthe, Inc.



Training and Education

I. General

The agency has established and implemented an effective compliance training and education program for its compliance officer and all affected individuals.

II. Training Topics

The training and education include, at a minimum, the following topics:

- (i) the agency's risk areas and organizational experience;
- (ii) the agency's written policies and procedures;
- (iii) the role of the compliance officer and the compliance committee;
- (iv) how affected individuals can ask questions and report potential compliance-related issues to the compliance officer and senior management, including the obligation of affected individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program;
- (v) disciplinary standards, with an emphasis on those standards related to the agency's compliance program and prevention of fraud, waste and abuse;
- (vi) how the agency responds to compliance issues and implements corrective action plans;
- (vii) requirements specific to the MA program and the agency's category or categories of service;
- (viii) coding and billing requirements and best practices;
- (ix) claim development and the submission process

III. Completion

The compliance officer and all affected individuals shall complete the compliance training program required by this subdivision no less frequently than annually. The training and education are a part of the orientation of new compliance officers and affected individuals and occurs promptly upon hiring. Training and education is provided in a form and format accessible and understandable to all affected individuals, consistent with Federal and State language and other access laws, rules or policies. The agency maintains a training plan which outlines the subjects or topics for training and education, the timing and frequency of the training, which affected individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated.

The training may be supplemented by specific regulatory training and reminders geared toward the employee's responsibilities as needed throughout the year. All other agency representatives i.e. volunteers, consultants, committee members, and Board Members will receive the Corporate Compliance training through the agency manager who will provide direct oversight to him or her. Staff training is also reviewed in **Attachment B**.



Lines of Communication/ Reporting Compliance Issues

I. General

The agency has implemented effective lines of communication which ensure confidentiality for the agency's affected individuals. The lines of communication are accessible to all affected individuals and allow for questions regarding compliance issues to be asked and for compliance issues to be reported. Lines of communication to the compliance officer are available on the agency's website, and are available to all affected individuals and all MA recipients of service from the agency. The agency has a method for anonymous reporting of potential fraud, waste and abuse, and compliance issues directly to the compliance officer. The agency ensures that the confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by, MFCU, OMIG or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the required provider's policy for non-intimidation and non-retaliation. The agency has made available on its website information concerning its compliance program, including its standards of conduct.

II. Reporting Suspected or Known Violations


All Venture Forthe, Inc. representatives have a responsibility to report in a timely fashion any violations of the Agency's Code of Business Conduct & Ethics. The Corporate Compliance Plan encourages individual responsibility for reporting any activity by any agency representative or affiliate that reasonably appears to violate applicable laws and regulations or Corporate Compliance requirements. Any notice regarding potential litigation against the Agency and/or suspected violations of law by the Agency must be reported to the Administrator.

The Agency has an open-door policy that encourages agency representatives to share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an agency representative's supervisor is in the best position to address an area of concern. Supervisors and managers are required to notify the Compliance Officer of any reported violations of the Agency Code of Business Conduct & Ethics. If the violation was reported verbally to the supervisor or manager, the reporting individual, with the assistance of the person they reported it to, shall write up the concern and forward it to the Compliance Officer.

If the agency representative is not satisfied with their supervisor's response, is not comfortable speaking with their supervisor, or if at any time the agency representative prefers, he or she can report directly to the Compliance Officer. The agency has established a Corporate Compliance Hotline for those who want to report anonymously. This reporting system provides agency representatives the ability to report potential Corporate Compliance violations 24 hours a day and directs them to a voicemail. The Corporate Compliance Hotline is accessed by calling 716-501-8800. If the caller would like to report potential compliance issues toll-free, the callers can contact the Corporate Compliance Officer directly by calling 1-800-701-1233 x 121.

Anonymous calls are accepted; however, all reporters are encouraged to leave detailed information. The Corporate Compliance Hotline may also be accessed for callers to pose questions regarding any compliance issues. Should the caller leave their name and number, the Corporate Compliance Officer will respond to any questions within 10 business days. Additionally, any person may send a letter addressed to the Compliance Officer at the Venture Forthe, Inc. corporate business address; these may be sent anonymously. Agency representatives and visitors to the agency's corporate location may submit an issue in writing to a drop box. Written notice of the drop box as well as the other methods by which issues may be reported is posted conspicuously at the corporate location. These methods are also reviewed with employees at annual trainings.

Venture Forthe, Inc. recognizes the difference between anonymity and confidentiality. Reports may be made in confidence to the Compliance Hotline, submitted in writing to the drop box, or addressed to the Compliance Officer via mail and in receipt of a confidential report, every reasonable effort will be made to maintain confidentiality to



the extent that it does not prevent corrective action. This acceptance of anonymous and confidential reports is to encourage good-faith participation in the program. Any concern about the Administration should be reported to the Compliance Officer, who will in turn notify the Board Chairperson. A concern involving the Compliance Officer should be brought directly to the Administrator.

If any agency representative needs guidance on a legal or ethical question, or has witnessed or has knowledge of an illegal or unethical activity, he or she should seek the counsel of the agency Compliance Officer. Failure to report could lead to disciplinary measures.

III. Whistleblower Protection

The Whistleblower Protection is intended to encourage and enable agency representatives and others to raise serious concerns within the Agency prior to seeking resolution outside the Agency.

Questions or concerns about any ethical, legal, and/or regulatory issues may be raised without concern for disciplinary action as long as they are made in good faith and there are reasonable grounds for believing the information disclosed indicates a violation of the Agency Code of Business Conduct & Ethics.

Agency representatives will not be subject to reprisals for reporting or supplying information about potential violations, except in cases where those agency representatives are responsible for the violation or when deliberate false reporting has occurred. Agency representatives are also protected under this provision and the False Claims Acts against any form of retaliation for filing a False Claim report. It protects an agency representative who files a false claims lawsuit from being fired, threatened, harassed, or retaliated against in any manner.

Any allegations that prove not to be substantiated and that prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.


As of 6/17/2020 Labor Law Section 741 was amended to create a new protected category under the whistleblower statute, “improper quality of workplace safety,” and to expand the list options used by a whistleblower to include news and social media outlets for reporting violations of improper quality of patient care or workplace safety.

NY Labor Law Section 740 prohibits employers from retaliating against employees who disclose illegal or improper actions by the employer.

As of 1/26/2022, employees will now be protected if they disclose or threaten to disclose to a supervisor or public body an activity, policy or practice that the employee reasonably (1) violates a law, rule or regulation; or (2) poses a substantial and specific danger to public health and safety. In the case of the former, the employee will not have to establish that the employer actually violated the law; the employee’s reasonable belief is enough. Effective 1/26/2022, the Statute of Limitations increased from 1 year to 2 years.

As a healthcare employer, Venture Forthe is prohibited from taking retaliatory employment action because an employee discloses or threatens to disclose, or objects to or refuses to participate in, “improper quality of workplace safety,” which means violations that relate to matters that “may present an unsafe workplace environment or risk of employee safety or a significant threat to the health of a specific employee.” Protection also includes disclosures to news and social media outlets about both patient and employee health and safety issues.

Healthcare employees may seek enforcement in a civil action for an injunction, reinstatement with back pay and benefits, and legal costs. Normally in the whistleblower process the employee must bring the matter to the employer’s attention and give the employer a chance to correct the practice. There is an exception with this expansion to a “situation involving an imminent threat to public health or safety, to the safety or health of a



specific patient – or, under the amendment, of a specific healthcare employee – in cases where the employee reasonably believes that a complaint would not result in correction.”

Any agency representative who retaliates or harasses someone who has reported a violation in good faith is subject to disciplinary action up to and including termination of employment. It is expected that all Venture Forthe, Inc. representatives will fully cooperate with any investigation of potential violation. New York Labor Laws also protect employees from retaliatory practices. Additional details regarding these laws may be obtained by contacting the Human Resources Manager or Director, the Compliance Officer, or by visiting the New York State Department of Labor website at <https://dol.ny.gov>



Disciplinary Standards

I. General

The agency has established disciplinary standards and implemented procedures for the enforcement of such standards to address potential violations and encourage good faith participation in the compliance program by all affected individuals.

To enforce the disciplinary standards, the agency has written policies and procedures establishing said disciplinary standards, and the procedures for taking such actions is published and disseminated to all affected individuals and incorporated into the agency's training plan. The agency enforced its disciplinary standards fairly and consistently, and the same disciplinary action applies to all levels of personnel.

II. Response & Discipline for Violations

Each agency representative is responsible for conducting him or herself according to legal and ethical standards. No one has the authority to make another person violate the agency Corporate Compliance Plan, and any attempt to direct or otherwise influence someone else to commit a violation is a violation in itself. Representatives who violate provisions outlined in this plan could be subject to appropriate disciplinary action, up to and including termination. In addition, violations identified in the Agency "Zero Tolerance Statement" (**Attachment A**) will result in immediate termination.

Agency representatives who violate the Corporate Compliance Plan may also be subject to substantial criminal fines, prison terms and civil damages for violating laws and government regulations.

III. Sanctions for Non-Compliance:

Upon the first day of employment or at the onset of the relationship with the Agency, the Venture Forthe representative will have access to a copy of the Agency Code of Business Conduct & Ethics for review and signature, as well as the Venture Forthe, Inc. Employee Handbook.

Employees involved in conduct that violates the ethical code set forth in the Compliance Plan are subject to sanction based on the specific circumstance. The Venture Forthe Employee Handbook addresses disciplinary action up to and including termination for: insubordination, dishonesty, falsification of time, indecent conduct, submitting billable documentation for incorrect times, failure to comply with HIPAA, and other such actions that are otherwise inconsistent with the moral and ethical guidelines of the agency.

The discipline applied to the individual in question depends on whether the supervisor of the individual or agency administration believe the misconduct was intentional, whether the employee had prior knowledge of the consequences of their actions, the severity of the act, and whether it was a first-offense. If an employee is not terminated, part of the discussion with their supervisor must include how methods for prevention going forward and consequences for subsequent misconduct. Employees with knowledge of a compliance issue who do not report it properly, regardless of whether or not they had direct involvement, face the same sanctions as those directly involved. In those cases, the same factors will be considered when disciplinary action is reviewed.



Auditing and Monitoring

I. General

The agency has implemented an effective system for the routine monitoring and identification of compliance risks. The system includes internal monitoring and audits and, as appropriate, external audits, to evaluate the organization's compliance with the requirements of the MA program and the overall effectiveness of the agency's compliance program.

II. Auditing

The agency performs routine audits by internal or external auditors who have expertise in state and federal MA program requirements and applicable laws, rules and regulations, or have expertise in the subject area of the audit. The audits include:

- (i) Internal and external compliance audits which focus on the agency's risk areas
- (ii) The results of all internal or external audits, or audits conducted by the State or Federal government of the required provider, are reviewed for risk areas that can be included in updates to the agency's compliance program and compliance work plan.
- (iii) The design, implementation, and results of any internal or external audits are documented, and the results shared with the compliance committee and the governing body.
- (iv) Any MA program overpayments identified are reported, returned and explained in accordance with the provisions of 18 NYCRR § 521-3 and the agency shall promptly take corrective action to prevent recurrence.

III. Annual compliance program review

The agency has implemented a process for reviewing, at least annually, whether the requirements of 18 NYCRR § 521-1.4 have been met. The purpose of such reviews is to determine the effectiveness of its compliance program, and whether any revision or corrective action is required. The reviews are carried out by the compliance officer, compliance committee, external auditors, or other staff designated by the agency, provided however, that such other staff have the necessary knowledge and expertise to evaluate the effectiveness of the components of the compliance program they are reviewing and are independent from the functions being reviewed. The reviews include on-site visits, interviews with affected individuals, review of records, surveys, or any other comparable method the agency deems appropriate, provided that such method does not compromise the independence or integrity of the review.

The agency documents the design, implementation and results of its effectiveness review, and any corrective action implemented. The results of the annual compliance program reviews are shared with the chief executive, senior management, compliance committee and the governing body.

IV. Excluded providers

In accordance with the requirements of section 18 NYCRR § 515.5, the agency confirms the identity and determines the exclusion status of affected individuals. In determining the exclusion status of a person, the agency minimally reviews the NYS OMIG Exclusion List and the Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities at least every thirty (30) days.

The agency requires contractors to comply with these provisions. The required provider promptly shares the results of the activities required by 18 NYCRR § 521-1.4 with the compliance officer and appropriate compliance personnel.



III. Compliance Reviews

The agency Corporate Compliance Officer and Continuous Quality Improvement Committee are responsible for ensuring that internal and external corporate compliance reviews take place on a regular basis. Compliance related analysis are conducted as a result of an investigation or as a proactive means of monitoring compliance in areas of actual or potential risk.

The Compliance Officer is primarily responsible for overseeing compliance reviews. This shall include, but is not limited to, periodic and regularly scheduled reviews of documentation, billing, claims processing and reimbursement procedures, quality of services, accounting practices, as well as practices that are mandated by agency policy and procedure to ensure adherence with federal and state regulations. Specifically, program fiscal reviews will be conducted utilizing the Department of Health (DOH) guidelines in order to determine whether there is adequate documentation to support billing submitted. Additionally, Venture Forthe, Inc. will utilize other Governmental and Regulatory Audits/Reviews as a method for obtaining feedback regarding compliance.

Findings and recommendations are reported to the Board of Directors, the CQI Committee, and the appropriate agency supervisors. As needed or requested response plans will be completed by the operational management and incorporated into the final report.

As a result of reviews, it may be necessary to make corrective actions or policy changes. When a deficiency is detected, the Venture Forthe, Inc. Compliance Department will review the deficiency with the department responsible. The department will determine how the deficiency occurs and how they will prevent it in the future. Deficiencies are reported to Administration at least monthly. Administration may adjust policies as a result of deficiencies.

For an overview of the reviews that the Compliance Department conducts, please refer to **Attachment C**.



Responding to Compliance Issues

I. General

The agency has implemented procedures and systems for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of the internal auditing and monitoring, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with State and Federal laws, rules and regulations, and requirements of the MA program.

Upon the detection of potential compliance risks and compliance issues, whether through reports received, or as a result of the auditing and monitoring, the agency takes prompt action to investigate the conduct in question and determine what, if any, corrective action is required, and likewise promptly implement such corrective action.

The agency documents its investigation of the compliance issue which shall include any alleged violations, a description of the investigative process, copies of interview notes and other documents essential for demonstrating that the agency completed a thorough investigation of the issue. Where appropriate, the agency may retain outside experts, auditors, or counsel to assist with the investigation. The agency will document any disciplinary action taken and the corrective action implemented.

If the agency identifies credible evidence or credibly believes that a State or Federal law, rule or regulation has been violated, the agency will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The compliance officer shall receive copies of any reports submitted to governmental entities.


II. Investigations & Corrective Action

Any suspected violations will be investigated by the appropriate personnel, typically Compliance or Human Resources personnel. There are investigations, depending on the severity, that may be assigned directly to a supervisor. All investigations are overseen by the Compliance Officer with the exception of investigations concerning the Compliance Officer. Investigations concerning the Compliance Officer shall be overseen by the Administrator. All investigations will be treated confidentially to the extent consistent with corporate interests and legal obligations. If the results of an investigation indicate that corrective action is required, the agency will decide the appropriate steps to take, including discipline, dismissal and/or possible legal proceedings. If appropriate, the investigation may be turned over to applicable outside authorities, and outside investigators may assist in the inquiry. Full detail on investigations can be found in **Attachment B**.

III. Wrongful Billing

It is the expectation of Venture Forthe, Inc. that all service documentation will be an accurate reflection of services provided and that only those eligible to receive services per regulatory requirements will be billed for. Upon discovery or suspicion that the agency may have wrongly billed for services that were either not rendered or not allowable per regulatory requirements, steps will be taken to investigate the situation and, when necessary, void or adjust the billing per agency guidelines. This also includes situations where the billing was submitted correctly to the Business Office, however was not processed correctly and thus a billing error occurred. Should it become evident that an employee of the agency knowingly submitted a false claim, it will be reported to the Office of the Medicaid Inspector General (OMIG) and the person's employment will be terminated. In addition, the agency will monitor for other situations which may be appropriate for self-disclosure as described in section 6402 of Patient Protection and Affordable Care Act (PPACA) to the OMIG and Office of Inspector General (OIG) including, but not limited to:

- Substantial routine error
- Systematic errors

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- Patterns of errors
 - Fraud

IV. Certification

Annually, prior to the beginning of the new year, the agency will certify with the N.Y. State Office of the Medicaid Inspector General that the agency has a Medicaid Compliance Plan that meet their standards and that the agency is in compliance with ensuring employee education about False Claims.



Conclusion

This Corporate Compliance Plan has been prepared to outline the broad principles of legal and ethical business conduct embraced by Venture Forthe, Inc. It is not a complete list of legal or ethical questions you might face in the course of business. Every agency representative has a personal responsibility to carry out their role in the compliance program; this Plan is intended to summarize how these roles work together to carry out the goals defined in our mission statement. For specific guidance in certain areas covered by this plan, Venture Forthe, Inc. has adopted detailed policy and procedure manuals for reference. If you are in doubt or have a specific question, you should contact your supervisor or the agency Compliance Officer.



Attachment A - Zero Tolerance Statement

Venture Forthe, Inc. Corporate Compliance Plan

Venture Forthe, Inc. continues to vigorously strive for the highest standards at all times. We are committed to maintaining a pleasant work environment that is desirable and creates a rewarding experience for agency representatives. It is the responsibility of all agency representatives to maintain the highest standards of conduct for themselves. Every person has a responsibility to comply with and support our Zero Tolerance Statement and to behave in a manner that is respectable.

The intent of this policy is to set the expectation for those behaviors that Venture Forthe, Inc. has deemed as severe and unacceptable resulting in termination. When enforcing the zero tolerance standards the following should be considered: the intent of the offender, the effect of the transgression on others (both those directly and indirectly involved), and, finally, the impact on the agency. The consequences should reflect the severity of the aforementioned elements.



Attachment B - Agency Investigations

Venture Forthe, Inc. Corporate Compliance Plan

The purpose of agency investigations are to facilitate the Compliance Plan is carried out by every agency representative by ensuring violations of the Compliance Plan are responded to in an appropriate, timely manner. Investigations are a mechanism for receiving, reviewing, and responding to compliance risks, actual or potential. Investigations may also be per request or mandate of a governing body.

Every agency staff member must receive orientation training within 30 days of hire. During orientation, employees are educated on the Compliance Plan. Additionally, all agency employees are mandated to attend annual training, which reviews material from orientation and updates employees on changes. At both orientation and annual training, the following information regarding the Compliance Plan is reviewed:

- a. Reporting expectations, including ways to report possible violations or ask questions
- b. Explanation of common compliance issues and how to avoid them
- c. Information on how to access the Compliance Plan as well as State and Federal Statutes on OMIG's website
- d. Agency policy regarding compliance with federal and state False Claims Acts as well as information on the Whistleblower Act
- e. Agency policy forbidding forgery or misuse of certificates and other issued documents
- f. Information on how to submit accurate shift documentation, common mistakes to avoid, and how to ensure submission of accurate, timely documentation for Medicaid services

The Venture Forthe Employee Handbook also addresses the ethical conduct expected of employees, and staff are made aware of its contents and availability upon hire. This handbook also details the Federal Deficit and Reduction Act.


Reporting Expectations:

All agency representatives are expected to report potential compliance issues immediately either directly to the Compliance Officer or to their supervisor, who will report it to the Compliance Officer. It is the responsibility of the Compliance Officer to ensure that reasonable efforts are made to afford agency representatives the ability to report issues anonymously or named, to ensure they are able to do so without fear of intimidation or reprisal, and to uphold disciplinary action when applicable to maintain an atmosphere of good faith participation.

Employees are responsible for using the given lines of communication to the Compliance Officer and to adhere to the guidelines that prohibit acts of intimidation or retaliation. Intimidation and retaliation are similar but distinct and both come in many forms. Intimidation is behavior that is intended to cause another employee fear in an effort to control their behavior. Intimidation may come in the form of threats, overt or subtle, and these threats may range from social isolation to physical violence. Retaliation is action taken after a behavior in an effort to reduce the likelihood of the behavior recurring. In the workplace, retaliation may come in the form of physical violence, discrimination, or emotional aggression.

Venture Forthe, Inc. has no tolerance for intimidation or retaliation in any form and agency representatives engaging in such behavior will face termination and potential legal action.

Employees wishing to report compliance issues anonymously may do so via written submission or phone directed to the Compliance Officer directly or a representative of the Compliance Department. All information of staff members who do identify themselves during a report is kept confidential and is not released except to the employee's



supervisor(s) or individuals conducting the investigation or implementing corrective action, or governing agencies as state and federal laws mandate.

Internal Investigations:

Procedure for agency investigations fall into one of two categories: 1. Compliance issues, potential or actual, attributed to the delivery of client care and 2. Compliance issues, potential or actual, attributed to aspects of the business operation not directly impacting the delivery of client-based services. These may include but are not limited to violations of the code of ethics as set forth in the Compliance Plan, obstructions to the implementation of the Compliance Plan, compliance issues pertaining to billing, overpayment, issues made known as a result of internal reviews, and otherwise areas of potential non-compliance as made known to the agency.


Investigations related to patient care fall under agency complaint policies I-5, I-5.5, and I-6 within the Venture Forthe, Inc. Policy and Procedure Manual. Investigative procedures for these can be found within these policies as well as their interaction with the CQI committee and agency wide corrective action.

Investigations that are not client or service based use the following general procedure:

- a. Agency personnel are expected to report potential compliance issues to either the Compliance Department, their immediate supervisor, or agency administration
- b. The supervisors of the affected department and of the reporting employee are notified
- c. The matter may be reviewed with agency administration and/or Human Resources
- d. The individual investigating the matter will consider the following when recommending corrective action: the circumstances of the employee's knowledge of the situation, if it was preventable, and if the persons involved acted in good faith, meaning they acted with intent that is consistent with agency expectations with the knowledge they possessed
- e. Disciplinary action, up to and including termination based on the offense is administered when applicable
- f. When it is determined an error or action otherwise inconsistent with the Compliance Plan was taken, corrective action is reviewed and every measure possible to correct the scenario, including education of relevant employees for prevention, is applied
- g. The investigation will be documented, including statements obtained, documentation reviewed, and corrective action taken.

In the instances the Compliance Department is made aware of submission of a billable service note for a time or date that is incorrect, the following procedure is applied:

- a. The discoverer of the error must report this to the Compliance Department
- b. A representative of the Compliance Department will interview the client, staff member, and any relevant staff members
- c. The representative investigating the manner will review the information available and determine whether the fraud seems to be intentional or unintentional
- d. The representative will consult with HR, the employee's supervisor(s), and/or the Compliance Officer as needed
- e. Based on the determination made, the representative will then issue a disciplinary action, up to and including a request to HR for termination
- f. Staff members who are not terminated for their involvement are reeducated as to the expectations, how to avoid future occurrences, and informed that subsequent offenses will lead to disciplinary action up to and including termination
- g. For correction of the submission, the Scheduling and Finance Departments are notified of the error.
- h. The Finance Department is responsible for correcting the potential difference in payment, and facilitating self-disclosure to OMIG when appropriate

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- i. In the case that self-disclosure is necessary, agency administration is notified



Attachment C - Compliance Department Reviews

Venture Forthe, Inc. Corporate Compliance Plan

The Venture Forthe Compliance Department conducts internal reviews to provide a mechanism for evaluating areas of risks, communicating areas for improvement to departments, implementing necessary changes, and monitoring progress. Additionally, Venture Forthe, Inc. is surveyed externally and implements corrective action where applicable as a result of these reviews. These reviews and implemented changes are overseen by the Compliance Officer, who reports to Venture Forthe, Inc.'s Board of Directors and regularly presents summaries of these reviews.

Venture Forthe, Inc. recognizes that an effective compliance program is a live operation made possible by communication between members of the agency that carry out the plan, those that govern it, and those that are affected by it. The Compliance Department seeks to serve as a resource within the agency for creating dialogue between the Board of Directors, departmental supervisors, and field agents to bring about ongoing, positive improvement. In creating dialogue, the Compliance Department seeks to be a resource for creating and updating policies and procedures, and supporting the departments that utilize them.

Internal Reviews:

Venture Forthe, Inc.'s Compliance Department, under direction from the Compliance Officer, actively reviews and monitors implemented processes for ensuring compliance with applicable regulations and statutes. As the agency grows and its needs expand, additional analyses are developed and implemented to ensure the highest quality of services. In order to stay current on the needs of the agency, additional reviews may be taken on, and thus the following list of reviews conducted is not all-inclusive. Full details of the areas reviewed and submitted to the agency's Board of Directors can be found in the **Compliance Work Plan**.

Reporting Results:


The reviews completed are done on an ongoing basis. The reports are compiled monthly and presented to the Compliance Committee. These reports show deficiencies and highlights areas for improvement and they give opportunity for management to review corrective action. Monthly synopses allow for previous action taken to be reviewed and monitored ongoing. Reports are reviewed by the Compliance Officer, who is responsible for their accuracy and timely submission. When necessary, a plan of correction is developed and implemented for deficiencies identified. In the instance that a plan of correction is implemented, the Compliance Officer is responsible for reporting the status of monitoring progress to the Board of Directors. The implementation of the plan of correction and their status of deficiency is monitored via continued reviews from the Compliance Department.

CQI Review:

Quarterly, the Compliance Officer compiles information from the monthly synopses and presents it to the Continuous Quality Improvement Committee at CQI meetings. For the full policy and procedures regarding the Continuous Quality Improvement Program and Committee, please reference the procedures for CQI.

External Reviews and Surveys:

Periodically, Venture Forthe Inc. is externally surveyed by governing bodies. Venture Forthe, Inc. may be surveyed at any time by the State Department of Health, the State Department of Labor, and the Internal Revenue Service. Additionally, Venture Forthe, Inc. contracts with multiple providers and must submit documentation at their request



as contractually obligated. In the instance that these reviews indicate deficiencies, the Compliance Officer is responsible to notifying the Board of Directors and submitting a Plan of Correction detailing how these deficiencies will be corrected and prevented in the future. The Board of Directors in their review at the CQI Committee uses previous feedback from governing bodies and Plans of Correction to create and adjust areas of review and goal setting for improvement.