



CORPORATE COMPLIANCE PLAN

Revised: September 2020

I. INTRODUCTION

Hudson Partnership Care Management Organization (HPCMO) is a non-profit and federally tax-exempt organization contracted by the New Jersey Division of Children's System of Care Services under the Department of Children and Families, Children's System of Care (DCFCSOC). HPCMO is dedicated to assisting children with emotional and behavioral challenges. HPCMO utilizes the Wraparound Model Care to provide services to children and families. HPCMO uses this model of care to design, implement, and manage Individual Service Plans that are specific to a child's individual strengths and complex needs. Emphasis is placed on the strength of the child, family, and community. The goal of the organization is to keep children stable in their homes, in school, and in their communities, where they belong.

The Organization is devoted to meeting and maintaining high ethical and professional standards and to do so through compliance with all applicable federal and state laws in the operation of its business. This commitment and dedication is essential to the Organization achieving its mission and is critical because a significant portion of services provided by the Organization are reimbursed through governmental programs which require that the Organization's business be conducted with integrity. In such regard, the Organization intends to treat its clients and to conduct its business in a manner that satisfies its ethical and legal obligations and its own high standards of integrity and quality. Toward this end, the Organization intends to comply with both the letter and the spirit of federal and state fraud and abuse and related laws, reimbursement laws and rules, and its lawfully executed contracts with third party payors and DCFCSOC. In addition, as a non-profit corporate entity and federally tax-exempt organization, the Organization intends to comply with all requirements imposed upon such organizations.

To underscore and enhance its policy and pledge of compliance, and to provide its staff with the tools necessary to ensure compliance, the Organization is committed to this Corporate Compliance Plan (this "Compliance Plan"). This Compliance Plan is based on compliance guidance offered by the U.S. Department of Health & Human Services, Office of Inspector General and other available guidance. Implementation of this Compliance Plan is intended to assist the Organization in achieving and maintaining its goals of the delivery of quality services, integrity with respect to its participation in government and private health care reimbursement programs, and conduct that is in compliance with, and that promotes prevention, detection and resolution of behavior that does not conform to, federal and state laws and health care program requirements. This Compliance Plan has been approved by the Organization's Board of Trustees and represents official Organization policy.

A. CORE VALUES

This Compliance Plan is intended to underscore the Organization's mission and vision:

- **MISSION:** The mission of Hudson Partnership Care Management Organization is to help each child and their families live happy, healthy, productive lives and grow and flourish in the community of their choice.
- **VISION:** HPCMO is devoted to creating and sustaining a positive work environment that promotes teamwork, creativity, and leadership that encourages both personal growth and development. Utilizing our Wraparound Model of Care, we will instill hope and empower the people we serve. Through our commitment to quality services we will excel as leaders in our field.

B. STATEMENT OF PURPOSE

HPCMO is committed to conducting its business in a lawful and ethical manner. All HPCMO employees, managers, and subcontract entities must meet the highest standards of legal and ethical conduct and must become familiar with and comply with all applicable State and Federal legal requirements and with HPCMO policy and procedures. HPCMO is committed to complying with the requirements of Section 6032 of the Federal Deficit Reduction Act of 2005 and all other federal and state laws listed in Appendix A prohibiting fraud, waste, and abuse in seeking reimbursement under the Medicaid programs and to preventing and detecting fraud, waste, or abuse in the organization. The Corporate Compliance Plan and any other policies will be revised as necessary to comply with state and federal regulations promulgated pursuant to the requirements of Section 6032 of the Deficit Reduction Act of 2005 and the State Medicaid Plan.

C. RESPONSIBILITY

It is the responsibility of every member of the Organization's staff, including its leadership, supervisors, administrators, office personnel and Care Managers to comply with policies and procedures implemented under this Compliance Plan. It is the responsibility of all Staff Members to identify compliance issues that may expose the Organization to liability for fraud or abuse under federal or state law or to other legal liability, so that such compliance issues may be promptly and appropriately addressed. Failures to comply with this Compliance Plan will be met with consistent and appropriate remedial and disciplinary action.

In addition to compliance with this plan, Staff Members are expected to comply with all other policies and procedures of HPCMO, including, but not limited to, policies governing OSHA compliance, HIPAA compliance and other compliance with the law, policies governing employment practices, and policies governing care management and administrative operations.

D. OBJECTIVES:

This Compliance Plan outlines the means by which HPCMO will meet ethical and legal obligations and its own high standards of integrity and quality, and by which it will foster a culture of compliance. If implemented as intended, this Compliance Plan will:

- Promote the Organization's commitment to accurate submission of all claims to reimbursement programs in conjunction with the Organization's pledge of honest and responsible conduct.
- Provide an effective internal control that promotes adherence to and compliance with applicable federal and state reimbursement laws and regulations, and government and private health care reimbursement program requirements.
- Promote the prevention, detection and resolution of instances of conduct that may not conform to federal or state laws and regulations, government or private health care reimbursement program requirements, or the Organization's ethical and business Code of Conduct.
- Define responsibilities and establish accountability for compliance with federal and state laws and regulations and government and private health care reimbursement program requirements and sustain a culture in which ethical conduct is recognized, valued and exemplified.
- Educate Staff Members about the proper standards and procedures used in billing and coding to minimize billing mistakes and ensure early detection of any erroneous claims.
- Provide a process through which Staff Members may identify and confidentially report to the Organization potential fraud, waste, abuse and noncompliance with federal and state laws and regulations, or government or private health care reimbursement program requirements.
- Create a centralized source for the distribution of information on applicable federal and state laws, and government and private health care reimbursement program requirements.
- Minimize, through early detection and reporting, any potential loss to the government from erroneous claims, as well as reduce the Organization's potential exposure to damages and penalties that might result from improper activities.

E. BENEFITS

Implementation of this Compliance Plan as intended and full participation by Staff Members will assure the Organization's long-term success and will offer many benefits, including:

- The development of effective internal procedures to ensure compliance with laws and regulations, payment policies and coding rules.
- Improved client record documentation.
- Improved education for Staff Members.
- Reduction in the denial of claims.
- More streamlined operations through better communication and more comprehensive policies.
- The avoidance of potential liabilities arising from noncompliance.
- Reduced exposure to penalties.

HPCMO Corporate Compliance Plan is comprised of the following components:

- Code of Conduct
- Corporate Compliance Officer
- Board Compliance Officer
- Corporate Compliance Committee
- Corporate Compliance Reporting Line
- Training Program
- Monitoring and Auditing Process
- Corporate Compliance Reporting Process
- Policy and Procedures regarding investigations
- Policy and Procedures regarding disciplinary actions

II. CODE OF CONDUCT

HPCMO is committed to conducting its business lawfully and ethically. To assure that the Organization's Staff Members adhere to high standards of legal and ethical conduct, and to assure uniformity in standards of conduct, the Organization has established this Code of Conduct as part of its Compliance Plan.

This Code of Conduct establishes the general policies and procedures with which all Staff Members must comply. These policies and procedures are applicable to the Organization's relationships with government authorities and with private companies and individuals. Any doubts as to the propriety of a particular situation, whether or not the situation is described within this Code of Conduct or the Compliance Plan, should be submitted to the individual's immediate supervisor or the Organization's Compliance Officer.

This Code of Conduct is intended to assist the Organization in carrying out its mission, including to remind all Staff Members of their obligation to:

1. Hold paramount the safety, health, and welfare of the public in the performance of professional duties.
2. Act in such a manner as to uphold and enhance personal and professional honor, integrity, and the dignity of the profession.
3. Treat with respect and consideration all persons, regardless of race, religion, gender, sexual orientation, maternity, marital or family status, disability, age, or national origin.
4. Engage in carrying out HPCMO's mission and vision in a professional manner and in compliance with applicable laws and regulations.
5. Collaborate with and support other professionals in carrying out HPCMO's mission.
6. Build professional reputations on the merit of services and refrain from competing unfairly with others.
7. Recognize that the chief function of HPCMO at all times is to serve the best interest of its constituency.
8. Accept as a personal duty the responsibility to keep up to date on emerging issues and to conduct themselves with professional competence, fairness, impartiality, efficiency, and effectiveness.
9. Respect the structure and authority of the board of directors and uphold and implement policies adopted by the board of directors.
10. Keeps the community informed about issues affecting it.
11. Conduct organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.
12. Exercise whatever discretionary authority they have under the law to carry out the mission of the organization.
13. Serve with respect, concern, courtesy, and responsiveness in carrying out the organization's mission.

14. Demonstrate the highest standards of personal integrity, honor, truthfulness, honesty, and fortitude in all activities in order to inspire confidence and trust in such activities and uphold the dignity of the profession.
15. Avoid any interest or activity that is in conflict with the conduct of their official duties and responsibilities, or the mission and vision of HPCMO.
16. Respect and protect confidential and proprietary information and access the same only in the performance of official business duties.
17. Strive for personal and professional excellence, including through continuing education, and encourages the professional developments of others.

It is the policy of HPCMO that all employees and board members will hold the highest standards of ethics. Any employees deemed to have violated this ethics policy will be held responsible and may be disciplined up to and including possible termination of employment. Any board members deemed to violate this ethics policy will be held accountable and this may be grounds for a motion to remove the board member from the Board of Trustees.

Although the Code of Conduct provides a framework to guide business conduct, it does not cover every situation. Employees should contact their immediate supervisor or the Corporate Compliance Officer if they need assistance in understanding or interpreting this Code or any law, regulation, policy, or procedure that affect them.

KEY AREAS:

1. Conflict of Interest
2. Discrimination and Harassment
3. Gifts and Gratuities
4. Equal Opportunity Employer
5. Wage and Hours
6. Record Retention
7. Immigration and Employment
8. Confidentiality
9. Kickbacks
10. State and Federal Anti-Kickbacks
11. False Claims
12. Billing and Reimbursement
13. Substance Abuse
14. Non-Retaliation/Whistleblower
15. Anti-Trust and Unfair Competition
16. Books and Accounts
17. Fraud
18. Improper influence on Conduct of Audits

1. Conflict of Interest and Disclosure

Staff Members are expected to avoid engaging in any activity that might interfere or appear to interfere with the independent exercise of professional or business judgement, such as a Staff Member's personal interest conflict with the best interests of HPCMO or its clients or business partners.

A conflict of interest may arise if personal interests or outside activities influence, or appear to influence, the ability to make objective decisions related to job responsibilities, or to act in a manner that is in the best interests of HPCMO. Conflict of interests arise when a person is in a position to derive personal benefit from actions or decisions made in their official capacity. Although it would be difficult to provide an exhaustive list of examples, some examples include having a financial relationship or investment interest in a business vendor doing business with the Organization, familial relationships on the Board of Trustees or the workplace, a manager having a romantic relationship with a Staff Member who reports to the manager, or vice versa or receiving a gift from any entity or individual that could be viewed as trying to influence a decision on behalf of HPCMO.

Staff Members with decision making authority, including the CEO, COO, Compliance Officer, members of the Board of Trustees, managers and supervisors, and others who make decisions on behalf of or that affect the Organization must disclose actual and potential conflicts of interest to the Compliance Officer or CEO. Failure to disclose a conflict of interest will lead to disciplinary action, up to and including termination. All actual and potential conflicts will be reviewed and appropriate actions taken.

2. Discrimination and Harassment

HPCMO is an equal opportunity employer and has a policy of zero tolerance of workplace discrimination and harassment, including sexual harassment in the workplace.

Non-Harassment Policy

HPCMO implements policies that prohibit harassment of one employee by another employee, manager, supervisor or any other non-employees present in the workplace on the basis of any legally protected category including, but not limited to, a person's race, color, religion, creed, age, gender, pregnancy, national origin, ancestry, citizenship, affectional or sexual orientation, genetic information, marital status, domestic partnership/civil union status, liability for service in the armed forces of the United States, veteran status, handicap or disability, or atypical hereditary cellular or blood trait. Harassment is defined as verbal or physical conduct that denigrates or show hostility or aversion toward an individual because of that individual's membership in any protected group (i.e. race, age, national origin, ancestry or disability)

Harassment of employees occurring in the workplace, or in other settings in which employees may find themselves, such as business trips or business meetings, or HPCMO's sponsored events and other occasions, will not be tolerated and that:

- Has the purpose or effect of creating an intimidating, hostile, or offensive work environment
- Has the purpose or effect of unreasonably interfering with the individual's performance
- Otherwise adversely affects the individual's employment opportunities

Any employee who feels that he/she is a victim of such harassment should immediately report it to their supervisor. Should you prefer not to discuss this matter with your supervisor, or should your supervisor be absent or otherwise unavailable, you should report the matter to the Director of Human Resources or the Compliance Officer. No retaliatory action will be taken against any employee who makes a good faith complaint of harassment and/or assists in the handling or investigation of a complaint in good faith. Employee complaints of harassment by managers and supervisors will be investigated in a fair and objective manner.

Sexual Harassment Policy

It is the policy of HPCMO to provide a work environment free of sexually harassing conduct which extends to the conduct of clients, guests, visitors, vendors, and other persons who enter the facility. No person may engage in this type of conduct, as defined in this policy, while engaged in any HPCMO- sponsored activity or function, or while on the HPCMO property.

Sexual harassment has been defined by federal, state and/or local regulations as a form of sexual discrimination. Sexual harassment can consist of unwelcome sexual advances, requests for sexual favors, display of derogatory pictures or drawings, or other physical or verbal conduct by a supervisor or co-worker that unreasonably interferes with an employee's work performance or creates an intimidating work environment. The following list of prohibited conduct is not intended to be exhaustive since it is impossible to determine all circumstances that may arise. It is illegal and against the policies of HPCMO for any employee, male or female, to sexually harass another employee by:

- Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of sexual nature a condition of an employee's continued employment.
- Making an individual, either male or female, an object of any unwelcomed advances in the course of his or her employment
- Making submission to or rejection of such conduct the basis for employment decisions affecting the employee
- Creating an intimidating, hostile, or offensive working environment by such conduct.

While it is not easy to define precisely what harassment is, it does include slurs, epithets, threats, derogatory comments, unwelcome jokes and teasing.

The sex of an employee cannot and will not be used as a factor by any supervisor when making any employment performance decisions affecting employees of HPCMO.

Violations by an employee of this policy will result in disciplinary actions up to and including termination.

3. Gifts and Gratuities

Receiving Gifts from Youths and their Families:

Youths and their families may occasionally wish to give gifts to Staff Members as a token of appreciation. By accepting such gifts, however, Staff Members may create expectations of favored status or preferential treatment to the Youths or families. Accordingly, Staff Members must consider the circumstances before accepting any gift and must consult with the Compliance Officer before accepting any gift that could be considered extraordinary or otherwise unreasonable under the circumstances. Under no circumstance may a Staff Member solicit gifts from Youths or their families, business vendors or others doing business with HPCMO. The Organization may, from time to time, adopt policies and procedures concerning gifts from clients and families, or rule on any specific gift of which it becomes aware.

Receiving Business Courtesies from Referral Sources:

Business courtesies may not be solicited under any circumstances. No Staff Member may accept anything of value from someone doing business with HPCMO if the business courtesy is offered or appears to be offered in exchange for any type of favorable treatment or advantage or is for or to influence the referral of Youths or other reimbursable business from or to the Organization. Staff Members must never give to or receive from any vendor or potential vendor any bribe, kickback or unusual payment. Federal and state laws and regulations specifically prohibit the offer or acceptance of a bribe, kickback or other thing of value in exchange for or to induce a referral or other business.

A Staff Member can accept a gift or gratuity in the following limited situations:

Any gifts or gratuities that confer a direct or indirect benefit to children/families and of insubstantial value (i.e., less than \$50.00). Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments to employees should not be accepted. Individuals gifts of minimal value (i.e., less than \$25.00) are permissible as long as the gifts are related to work (e.g., pens and notepads) and will foster the care manager-child/family relationship. Employees must notify their supervisor immediately of any gifts they have been offered and/or received.

Subsidies to underwrite the costs of continuing education, conferences, or professional meetings can contribute to the improvement of child/family care and therefore are permissible. Since the giving of a subsidy directly to a provider by a business representative may create a relationship

that may influence the use of the company's products, any subsidy should be made directly to the conference's sponsor, who, in turn, can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the provider attending the conference.

Subsidies from industry should not be accepted directly or indirectly to pay for the cost of travel, lodging, or other personal expenses of providers attending conferences or meetings, nor should subsidies be accepted to compensate for a provider's time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting.

No gifts should be accepted if there are conditions attached. For example, a provider should not accept gifts if they are given in relation to the provider's referral practices

If a situation arises that is in conflict with this policy, the immediate supervisor and Compliance Officer should be notified immediately.

Giving Business Courtesies to Youths or Referral Sources:

HPCMO does not seek to gain an improper advantage by offering business courtesies such as entertainment, meals, or free services to Youths, referral sources or purchasers of the Organization's services. Staff Members should not offer any type of business courtesy to a referral source or a client for the purpose of obtaining favorable treatment or advantage. To avoid even with the appearance of impropriety, Staff Members must not provide any referral source or Youth with gifts or promotional items more than minimal value or less than \$25.00.

Professional Courtesies for Staff Members:

HPCMO may, from time to time, adopt policies concerning professional courtesies/discounts for Staff Members of the Organization, as well as other individuals. It is imperative that any such policy be carefully applied because the policy and the actual courtesies extended must comply with federal and state law requirements.

4. Equal Opportunity Employer

HPCMO is an Equal Opportunity Employer and we select people based on skill, training, ability, attitude, and character. We adhere to the following:

1. HPCMO will comply with all relevant and applicable provisions of state and federal discrimination laws.
2. HPCMO will not discriminate against any qualified employee or job applicant because of race, creed, color, national origin, ancestry, age, gender, sexual orientation, marital status, and familial status, liability for service in the Armed Forces of the United States, disability, or nationality.

3. HPCMO will investigate instances of alleged discrimination and will take appropriate corrective action.

5. Wage and Hours

As an employer, HPCMO is required to comply with all applicable wage and hour laws, and other laws governing the employment relationship. Employees are entitled to receive fair and equitable wages and benefits in connection with the work performed for HPCMO, and employees may receive overtime pursuant to applicable HPCMO policies. Employees should report any suspected violation of the wage and hour laws, or other related provisions, to their supervisor or to the Compliance Officer. Employees should not be subject to retaliation or adverse employment action for making such a report. Employees are encouraged to bring any concerns or dissatisfaction in this regard to the Compliance Officer.

6. Record Retention

The corporate records of Hudson Partnership Care Management Organization (hereafter the “Organization”) are important assets. Corporate records include essentially all records you produce as an employee, whether paper or electronic. A record may be as obvious as a memorandum, an e-mail, a contract, or a case study, or something not as obvious, such as a computerized desk calendar, an appointment book, or an expense record. The law requires the Organization to maintain certain types of corporate records, usually for a specified period of time. Failure to retain those records for those minimum periods could subject you and the Organization to penalties and fines, cause the loss of rights, obstruct justice, spoil potential evidence in a lawsuit, place the Organization in contempt of court, or seriously disadvantage the Organization in litigation. The Organization expects all employees to fully comply with any published records retention or destruction policies and schedules, provided that all employees should note the following general exception to any stated destruction schedule: If you believe, or the Organization informs you, that Organization records are relevant to litigation, or potential litigation (i.e., a dispute that could result in litigation), then you must preserve those records until the Chief Financial Officer (CFO) determines the records are no longer needed. That exception supersedes any previously or subsequently established destruction schedule for those records. If you believe that exception may apply, or have any question regarding the possible applicability of that exception, please contact the CFO. From time to time the Organization establishes retention or destruction policies or schedules for specific categories of records in order to ensure legal compliance, and also to accomplish other objectives, such as preserving intellectual property and cost management. Several categories of documents that bear special consideration are identified below. While minimum retention periods are suggested, the retention of the documents identified below and of documents not included in the identified categories should be determined primarily by the application of the general guidelines affecting document retention identified above, as well as any other pertinent factors.

- a. Tax Records. Tax records include, but may not be limited to, documents concerning payroll, expenses, proof of deductions, business costs, accounting procedures, and other documents concerning the Organization's revenues. Tax records should be retained for at least **six years** from the date of filing the applicable return.
- b. Employment Records/Personnel Records. State and federal statutes require the Organization to keep certain recruitment, employment, and personnel information. The Organization should also keep personnel files that reflect performance reviews and any complaints brought against the Organization or individual employees under applicable state and federal statutes. The Organization should also keep all final memoranda and correspondence reflecting performance reviews and actions taken by or against personnel in the employee's personnel file. Employment and personnel records should be retained for **six years**.
- c. Board and Board Committee Materials. Meetings minutes should be retained in perpetuity in the Organization's minute book. A clean copy of all Board and Board Committee materials should be kept for no less than **three years** by the Organization.
- d. Press Releases/Public Filing. The Organization should retain permanent copies of all press releases and publicly filed documents under the theory that the Organization should have its own copy to test the accuracy of any document a member of the public can theoretically produce against that Organization.
- e. Legal Files. Legal counsel should be consulted to determine the retention period of particular documents, but legal documents should generally be maintained for a period of ten years.
- f. Marketing and Sales Documents. The Organization should keep final copies of marketing and sales documents for the same period of time it keeps other corporate files, generally three years. An exception to the three-year policy may be sales invoices, contracts, leases, licenses, and other legal documentation. These documents should be kept for at least three years beyond the life of agreement.
- g. Development/Intellectual Property and Trade Secrets. Development documents are often subject to intellectual property protection in their final form (e.g., patents and copyrights.) The documents detailing the development process are often also of value to the Organization and are protected as a trade secret where the Organization:
 1. derives independent economic value from the secrecy of the information; and
 2. the Organization has taken affirmative steps to keep the information confidential.
 The Organization should keep all documents designated as containing trade secret information for at least the life of the trade secret.
- h. Contracts. Final, execution copies of all contracts entered into by the Organization should be retained. The Organization should retain copies of the final contracts for at least three years beyond the life of the agreement, and longer in the case of publicity filed contracts.
- i. Electric Mail. E-mail that needs to be saved should be either: (1) printed in hard copy and kept in the appropriate file; or (2) downloaded to a computer file and kept electronically

or on disk as a separate file. The retention period depends upon the subject matter of the e-mail, as covered elsewhere in this policy.

- j. Client Records (Child/Family Records). The Organization should keep all client records for at least seven (7) years past the date of termination of services. These records should include all aspects of the client records including, but not limited to, progress notes, evaluation, correspondences, releases, and any third-party information that is obtained with release as a course of providing services. No employee, other than the Director of Finance, CEO, or Clinical Director is permitted to destroy any part of the official client record, even after seven years has elapsed.

Failure to comply with this Document Retention Policy may result in punitive action against the employee, including suspension or termination. Questions about this policy should be referred to the Director of Finance or the CEO, who are in charge of administering, enforcing, and updating this policy.

7. Immigration and Employment Restrictions

HPCMO is not permitted to employ anyone who is not a United States citizen, unless that person has an appropriate visa or other documentation that allows him or her to legally work at HPCMO. If HPCMO violates federal immigration laws, there could be significant civil or criminal liability. It is the policy of HPCMO to fully comply with immigration laws. Any concerns regarding immigration issues should be brought to the attention of the Human Resource Department or the Compliance Officer.

HPCMO may not employ any person that has been convicted of any of the following offenses: crime against a child, including endangering the welfare of a child and child pornography under N.J.S.2C:24-4, and child molestation as set forth in N.J.S.2C:14-1 et seq.; abuse, abandonment or neglect of a child under R.S.9:6-3; endangering the welfare of an incompetent person under N.J.S.2C:24-7; sexual assault, criminal sexual contact or lewdness under N.J.S.2C:14-2 through N.J.S.2C:14-4; assault; death by auto; robbery; the manufacture, transportation, sale, possession, or habitual use of controlled dangerous substance; murder under N.J.S.2C:11-3 or manslaughter under N.J.S.2C:11-4; stalking under P.L.1992, c.209 (C.2C:12-10); kidnapping and related offenses, including criminal restraint; false imprisonment; interference with custody; criminal coercion; or enticing a child into a motor vehicle, structure or isolated area under N.J.S.2C:13-1 through 2C:13-6; arson pursuant to N.J.S.2C:17-1. or causing or risking widespread injury or damage which would constitute a crime of the second degree under N.J.S.2C:17-2; terroristic threats pursuant to N.J.S.2C:12-3; crimes involving fraud or misrepresentation; an attempt or conspiracy to commit any of the above crimes or offenses, or conviction of any and all laws of similar nature.

8. Confidentiality

HPCMO adheres to and respects the confidential rights of all the clients served by the Care Management Organization (CMO). Records are retained in accordance with all county, state, and federal laws and regulations. HPCMO will maintain the privacy and integrity of clients receiving services.

Securing of Client's Confidentiality:

1. A hard copy of records should be kept on the premises of the agency in locked file drawers.
2. Client records must not be taken from the office and must not be left unattended and/or in the open on desks or other spaces.
3. All confidential information, and any document that contains a client's name, must be shredded prior to disposal. At the end of each workday, all confidential papers will be deposited in the designated container.
4. Confidential documents contain general information that is but available to the public or are documentation in which specific client information is cited or has not been removed. In cases of doubt, documents should be deemed confidential.
5. A release of information must be signed by the client/family allowing CMO staff to release or obtain information pertaining to the client.
6. Clients will be informed of the limits and potential limits of confidentiality during orientation, reinforced during intake/assessment and as needed. Limits where confidentiality might be breached include:
 - a. The client is believed to be a danger to him/herself, i.e., the client's mental state is such that he/she might deliberately or accidentally cause harm to him/herself.
 - b. The client is believed to be a danger to others, e.g., the client has made a direct threat to harm someone else and there is reasonable possibility that the client will carry out the threat.
 - c. The Care Manager knows or believes that the child abuse has occurred.
 - d. HPCMO will follow all federal and state guidelines pertaining to release of information to the criminal justice system.

All HPCMO employees will maintain all client information as confidential. No HPCMO employee will release or compromise this information in any manner. HPCMO employees will ensure that they are aware of HIPAA regulations and will abide by these regulations.

Employment with HPCMO assumes an obligation to maintain confidentiality, even after leaving our employment. Any violation of confidentiality seriously injures HPCMO's reputation and effectiveness. Therefore, employees should not discuss HPCMO's business with anyone who does not work for us, and never discuss HPCMO's business with anyone who does not have a direct association with the transaction. Even casual remarks can be misinterpreted and repeated,

so employees should develop the personal discipline necessary to maintain confidentiality. If employees are questioned by someone outside the organization and are concerned about the appropriateness of giving them certain information, employees are not required to answer; rather, as politely as possible, refer the request to a supervisor or the CEO. No one is permitted to remove or make copies of any HPCMO records, reports, or documents without prior management approval.

The protection of confidential business information is vital to the interests and the success of HPCMO. Such confidential information includes, but is not limited to, the following examples:

- Computer programs and codes
- Any and all of a client's identifying information
- Consumer/Client records (both electronic and hardcopy)
- Financial information
- Pending projects and proposals

If any HPCMO employee has any concerns regarding the confidentiality of client's information, the employee will immediately discuss this matter with their supervisor to gain guidance.

All HPCMO employees must agree to and sign the "Assurance of Confidentiality Agreement".

Violation of a client's confidentiality by any HPCMO employee may result in disciplinary action in accordance with HPCMO policies.

9. Kickbacks

The following standards are applicable for use by HPCMO employees, subcontracted agency employees, and any provider agencies working with HPCMO clients in the development and implementation of financial transaction with clients.

Financial transaction for the purpose of this policy is defined as any exchange of money or goods for money or goods between two or more parties.

- a. Engaging in certain activities with respect to Financial Transaction(s) with clients is prohibited. These prohibitions shall include the following:
 - Borrowing money from clients.
 - Engaging in any Financial Transaction with clients: (i.e., unauthorized loans, purchases, etc.)
 - Selling to clients, including inviting sales persons to meet with clients; and
 - Coercing any client to make a purchase or loan.
- b. Any employee in violation of this policy is subject to disciplinary actions up to termination.

- c. Any agency provider in violation of this policy is subject to an investigation of the matter which could result termination of the Memorandum of Understanding with HPCMO and no longer using services from the provider in violation.
- d. Provider agencies are expected to abide by this policy as well as the Department of Children and Families Policy: DCF.P-Misc.07-2007.

10. State and Federal Anti-Kickbacks

The solicitation or giving of any fee, commission, compensation, gift, gratuity, or other thing of value by any employee from or to any governmental agency shall be reported in writing forthwith to the Corporate Compliance Officer. No employee may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, expressed or implied, to any governmental officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any governmental agency or any instrumentality thereof, or with any person, firm, or entity with which he or she is employed or associated or in which he has an interest. Any relationships subject to this provision shall be reported in writing forthwith to the Corporate Compliance Officer. No employee shall influence, or attempt to influence or cause to be influenced, any governmental officer or employee in his or her official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee. No employee shall cause or influence, or attempt to cause or influence, any governmental officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the provider agency or any other person.

11. False Claims

HPCMO is committed to complying with all state and federal statutes:

Federal False Claims Act, 31 U.S.C. § 3729-3733
New Jersey False Claims Act, P.L. 2007, Chapter 265
Health Care Claims Fraud Act, N.J.S. 2C:21-4.2 and 4.3

Federal Law prohibits HPCMO from filing a claim for services that were not rendered; were not rendered as described in the child's record; were rendered but were not necessary; or contains information that the employee knows is false.

HPCMO is committed to ensuring that all claims for payment are proper, that that accurately reflect the services necessarily delivered, and that they comply with existing billing and coding bulletins, advisories and guidelines. If you are certain as to a particular charge or billing practice, or if you believe the documentation supporting a bill may be inadequate, you should contact your supervisor for guidance, or contact the Compliance Officer immediately. If you seek guidance and you remain concerned about any aspect of the billing, you should bring that

concern directly to the Compliance Officer. *Refer to Medicaid Compliance Policy and Federal Deficit Reduction Act Policy.*

It is HPCMO's intention to comply with all payer requirements, across the board. Where the requirements themselves are unclear, as they occasionally are, you or your supervisor may seek guidance from the payer directly. In order to help establish the advice you were given, you should carefully document that advice, including the name of the payer representative, and the time, date, and place of the communication. You should then forward copies of that advice, together with any relevant correspondence, to your supervisor for review, and to the Compliance Officer.

Given the number of customers serviced by HPCMO, and the occasional ambiguous, complex, or conflicting rules, there may well be times when you discover an error in a previously submitted bill. You should immediately report that error to your supervisor, so that it may be rectified. If you feel you are unable to make such a report to your supervisor, for any reason, or if appropriate corrective action is, in your judgment, not taken, you should contact the Compliance Officer immediately.

12. Billing and Reimbursement

HPCMO is committed to ensuring that its billing and reimbursement practices comply with all federal and state laws, regulations, guidelines, and policies. All bills and claims shall be accurate and shall reflect current payment methodologies. They shall be delivered in a timely and efficient manner.

All employees should be familiar with and follow HPCMO's billing policies and procedures. All employees should be careful to properly charge and bill for services provided. Billing for services not provided can be considered a "false claim" and could result in financial penalties. Employees should never bill solely to be paid if the service or item was not provided or documented. HPCMO employees will be committed to timely, complete, and accurate billing and only bill for services or items that were actually provided. HPCMO employees will correct any inaccuracies in billing in a timely manner and alert the payer and submit refund as required by applicable law and policies. *Refer to Medicaid Compliance policy and Billing for Care Management Services.*

It is a violation of the Code to:

- Bill for services not provided
- Alter forms to obtain payment
- Engage in a pattern of duplicate billing to obtain reimbursement to which HPCMO is not entitled
- Offer, pay, solicit, or receive any kickback, bribe, or rebate

- Misrepresent services rendered, identity of the person receiving services, date of services, or frequency, duration, or description of the services
- Bill for non-covered services as covered services
- Intentionally submit incorrect, misleading, or fraudulent information to any payer
- Intentionally falsify, destroy, or withhold records relating to the billing and claims submission function
- Fail to maintain client confidentiality in accordance with applicable federal and state laws as part of the billing and claims submission process.

All employees shall use his/her best efforts to prevent errors, improprieties, or suspicious circumstances in billing and submitting claims that might violate federal or state law and regulations; *Federal False Claims Act, 31 U.S.C. § 3729-3733*; *New Jersey False Claims Act, P.L. 2007, Chapter 265*; *Health Care Claims Fraud Act, N.J.S. 2C:21-4.2 and 4.3* and shall report any such violations to the appropriate manager.

13. Substance Abuse

HPCMO has a vital interest in providing safe and healthful working conditions for all employees and in maintaining a high standard of quality programs. HPCMO is, therefore, committed to maintain a workplace free from the influence of drugs and alcohol.

HPCMO prohibits the unauthorized use, possession, sale, distribution, or manufacture of an illegal drug, controlled substance, or alcohol on HPCMO property, in a company supplied vehicle, or during working hours. The storing of alcohol, or any illegal drug or controlled substance whose use is unauthorized; or drug paraphernalia in a desk, automobile, or other repository on Agency premises is also prohibited.

Employees are required to notify their supervisor of any criminal drug offense occurring in the workplace no later than five (5) days after such conviction. After notification from the employee, HPCMO will take appropriate personnel action, which may include suspension, termination, or referral to a treatment program for further assessment and recommendations.

To be employed at HPCMO, all employees must agree to and sign the Substance Abuse Policy Acknowledgement/Release. Any employee found to be in violation of this drug and alcohol policy may be subject to serve disciplinary action, including discharge for a first offense, at the Agency's sole discretion.

As part of being a drug- free workplace, HPCMO will perform drug testing at the time of hire and reserves the right to perform drug testing of employees at any time. In addition to the purpose of maintaining a drug- free workplace, HPCMO performs drug testing because HPCMO employees drive Agency vehicles and often transport HPCMO clients.

Any HPCMO employee who exhibits behaviors outlined in the Staff Impairment Policy may be requested to immediately obtain a drug screening. If an employee refuses to consent to a drug screening, it will be considered a violation of this policy.

Policy Violations:

The following are violations of HPCMO's substance abuse policy:

1. The unauthorized use, possession, or manufacture of an illegal drug, controlled substance, or alcohol on organization premises, in an organization-supplied vehicle, or during working hours
2. The sale or attempted sale, distribution, or manufacture of an illegal drug or alcohol on or off organization premises
3. Reporting to work, or being at work, with alcohol or illegal drugs in their system (body)
4. Storing alcohol, any illegal drug, controlled substance which use is unauthorized, or drug paraphernalia, in a desk, automobile, or other repository on organization premises
5. Refusal to submit to a search of person or property for drug or alcohol possession when requested by management
6. Conviction of a criminal drug offense for a violation occurring in the workplace; or failure to notify the organization of such conviction within five days after the conviction

Assistance in Overcoming Alcohol and Drug Problems:

Early recognition and treatment for alcohol or drug abuse are important for successful rehabilitation and for reduced personal, family, workplace, and social disruption. HPCMO encourages the earliest possible diagnosis and treatment for alcohol and drug abuse. The decision to seek diagnosis and accept treatment is the employee's responsibility. If the employee is voluntarily requesting assistance, the employee may do so without jeopardizing continued employment, provided requests are made in a timely fashion, the employee is not out from work for more days than he/she has accrued, and provided he/she strictly adheres to the terms of treatment and counseling program. This program must require, at a minimum, the cessation of any use of alcohol or drugs. Employees must be drug free when returning to work at HPCMO.

Inspections:

HPCMO, at any time during working hours, may request to conduct an inspection of property and personal effects. This would be done for the purpose of determining whether there are, or have been, violations of the Substance Abuse Policy. If an employee refuses to consent to inspection, it will be considered a violation of this policy.

Consequences for Violation of this Policy:

Violation of the Substance Abuse Policy may result in severe disciplinary action, including discharge for the first offense, at HPCMO's sole discretion. In addition, HPCMO may, at its

discretion, refer such an employee to a treatment and counseling program for alcohol or drug abuse.

HPCMO will promptly terminate any employee who uses alcohol or illegal drugs while undergoing HPCMO-required counseling and treatment for alcohol or drug use. Employees who undergo counseling and treatment for substance and/or alcohol abuse, who continue to work, must meet all other established standards of conduct and job performance.

14. Non-Retaliation

Retaliation against any person who reports, in good faith, an accusation of discrimination or harassment of any kind, or who assists with the investigation or resolution of a claim, is strictly prohibited. Also, retaliation against any person who reports in good faith an actual or perceived violation of the Corporate Compliance Code or other applicable laws, regulations, or policies is strictly prohibited.

15. Antitrust and Unfair Competition

Antitrust Issues:

Antitrust laws are designed to ensure that competition exists and to preserve the free enterprise system. As this is a highly complex area, and this policy cannot cover all situations in which antitrust laws may apply, employees should take special care in this area, and promptly refer any questions to the Corporate Compliance Officer.

Examples of actions that violate the antitrust law, and that must not be engaged in under any circumstances, include entering into or negotiating an agreement with one or more competitors to: (a) fix prices at any level or to fix other terms of service; (b) allocate customers or markets; or (c) boycott a supplier or customer. In addition, employees must refrain from engaging in unfair practices that might restrict competition. For example, employees must refrain from any discussion of pricing schemes or market divisions with competitors.

Marketing and Advertising:

HPCMO shall offer factual, fully informative, and non-deceptive information in all its marketing and advertising. Marketing and advertising may be used to educate the public, provide information to the community enhance awareness of the services offered by the agency, and recruit employees. All marketing and advertising materials will accurately reflect the services available and the level of licensure and certification of both the agency and any individual employee. HPCMO shall not be used for commercial or promotional advertising purposes by outside organizations or entities unless expressly permitted by the CEO.

Competitors:

Employees should not provide HPCMO business information to a competitor, unless the provision of this information is necessary to consummate a *bona fide* business relationship or to serve a *bona fide* particular child/family jointly. Employees should not obtain information about a competitor's business directly from the competitor unless this information is necessary to consummate a *bona fide* business relationship or to serve particular children/families jointly.

Contract Negotiations:

HPCMO will comply with all applicable disclosure rules and regulations honestly and completely. Employees involved in the negotiation of a contract must ensure that all the data generated, supplied, and represented is accurate, current, and complete. Failure to follow these guidelines may result in civil or criminal liability for the agency, the involved employee, and any managers or supervisors who condone such a practice. The agency will not contract to obtain services or products from any individual or company that has been convicted of a criminal offense related to health care and/or is listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federally funded health care programs. No employee shall participate in any contract negotiation where there is a conflict of interest.

Proprietary Information:

No employee shall disclose any information, secret, confidential technology, proprietary information, customer lists, or trade secrets of HPCMO, or its business, to the press, any third party, or the general public. Furthermore, all employees shall retain in strict confidence any information, secret, confidential technology, proprietary information, customer lists, of trade secrets of HPCMO or its business.

16. Books and Accounts

All HPCMO payments and other financial transactions must be properly authorized by the designated party as set forth in HPCMO's financial policy and procedures manual, and be accurately and properly recorded in the agency's books and records in accordance with Generally Accepted Accounting Principles (GAAP), and established corporate accounting policies and procedures. No false, incomplete, or unrecorded corporate entries shall be allowed. No undisclosed or unrecorded corporate funds shall be established for any purpose, nor shall HPCMO's funds be placed in any personal or non-corporate account. All corporate assets must be properly protected, and asset records must be regularly compared with actual assets, with proper action taken to reconcile any variances. All payments must be justified by supporting documentation in accordance with HPCMO's internal financial controls.

17. Fraud

HPCMO is committed to the elimination of fraud, to the rigorous investigation of any suspected cases of fraud, and, where fraud or other criminal act is proven, to ensure that wrongdoers are appropriately sanctioned. If an employee believes they have good reason to suspect a colleague or other person of a fraud or an offense involving HPCMO or a serious infringement of HPCMO's rules such as:

- Theft of HPCMO property
- Abuse of HPCMO property or abuse of a position or trust; or
- Deception or falsification of records (e.g., fraudulent time or expense claims)

The employee should report such unethical actions to the Compliance Officer.

18. Improper Influence on Conduct of Audits

No director or officer, or any other person acting under the direction thereof, shall directly or indirectly take any action to coerce, manipulate, mislead, or fraudulently influence any public or certified public accountant engaged in the performance of an audit or review of the financial statements of HPCMO if that person knows, or should know, that such action, if successful, could result in rendering HPCMO's financial statements materially misleading. Any person who believes such improper influence is being exerted should contact the Compliance Officer to report such action.

Types of conduct that could constitute improper influence include, but are not limited to, directly or indirectly:

- Offering or paying bribes, or other financial incentives, including future employment or contracts for non-audit services
- Providing an auditor with an inaccurate or misleading legal analysis
- Threatening to cancel or canceling existing non-audit or audit engagements if the auditor objects to HPCMO's accounting
- Seeking to have a partner removed from the audit engagement because the partner objects to HPCMO's accounting
- Blackmailing
- Making physical threats

ADMINISTRATRATION OF THE COMPLIANCE PLAN

1. The Compliance Officer

Rachel Worthington has been selected as the HPCMO Corporate Compliance Officer (the “Compliance Officer”) to aid in identifying any potential areas of non-compliance through audits, to assist in investigating areas of concern raised by employees, Board Members, or by others, and to remedy any deficiencies. The Compliance Officer is responsible for overseeing the development and implementation of policies and procedures that govern HPCMO’s compliance efforts, informing individuals of this Compliance Plan, and for providing any necessary training. These policies and procedures will be reviewed at least annually and revised if necessary. The Compliance Officer’s work will be confidential and privileged to the extent permitted by law. If requested, the Compliance Officer also will make all reasonable efforts to protect the identity of the reporting individual. When the Compliance Officer completes any necessary investigation or implements any necessary steps to address the problems detected, the Compliance Officer will, whenever appropriate, inform the reporting individual of the result of the investigation and of any action taken concerning the issue presented.

The Compliance Officer reports directly to the CEO of HPCMO.

2. Board Compliance Officer

A Board Compliance Officer, who is a member of the HPCMO Board of Trustees, is appointed by the Board of Trustees to actively participate in the Corporate Compliance Committee.

3. Corporate Compliance Committee

An executive-level Corporate Compliance Committee provides oversight of the Corporate Compliance Plan. HPCMO will designate certain Directors and/or employees to serve on the Corporate Compliance Committee. The Corporate Compliance Committee’s charge is to assist the Compliance Officer in the administration of the Plan, including, without limitation, the investigation of complaints, as requested by the Compliance Officer or the CEO.

4. Corporate Compliance Reporting Line

A Corporate Compliance Reporting Line has been created through which those affiliated with HPCMO may report any suspected or potential violation of the law or deviation from compliance standards. Correspondence through this line will be treated confidentially, to the extent possible. The Compliance Officer and/or designee will investigate all correspondence and ensure that proper follow-up actions are taken.

5. Employee Training

HPCMO recognizes the importance of communicating its Corporate Compliance Plan to all employees. It is the intent of HPCMO to require its employees to participate in training programs annually. Training may include lectures, workshops, case studies, videos, classes, and other modalities. The Compliance Officer, in conjunction with other HPCMO employees and consultants, will be responsible for training. All employees must attend and successfully complete compliance training. All new hires must also be appropriately trained as part of the orientation program provided to new employees of HPCMO.

Employees will receive training that is specific to their job responsibilities and to their obligations under this Plan. Examples of some of the topics to be addressed by HPCMO training programs are as follows:

- HPCMO Compliance Plan (including the Code of Conduct and HPCMO Policies and Procedures as they pertain to general compliance issues)
- Submission of accurate claims for services rendered to state and federal health care program beneficiaries
- Personal obligation of each individual involved in the billing process to ensure that billings are accurate
- Applicable reimbursement statutes, regulations, and program requirements and directives
- Legal sanctions for improper billings
- Examples of proper and improper billing practices
- HIPAA Compliance
- Proper response to government investigations
- Sexual harassment and discrimination

The Compliance Officer, in conjunction with other HPCMO employees and/or consultants, will periodically update HPCMO's training procedures to ensure that all sessions and materials are reflective of the most recent developments and decisions in the law. All employees will certify their participation in HPCMO's training programs. Employees who refuse or otherwise fail to participate in HPCMO training programs will be subject to disciplinary action.

6. Monitoring and Auditing

HPCMO will implement steps to monitor compliance with the Corporate Compliance Plan. This will include external audits and internal monitoring to determine whether the Corporate Compliance Plan is being adhered to and whether it is successfully serving its intended purpose.

Each section of the Corporate Compliance Plan will be monitored continuously for operational effectiveness. All contracts and Memorandums of Understanding with providers will also be monitored for compliance with the Plan. The Compliance Officer will verify that those

employees assigned specific duties by the Plan have, in fact, carried out and completed those duties.

The Compliance Officer may recommend to the CEO or Compliance Committee that independent accounting firms/consultants be retained to review areas of HPCMO's operations or billing procedures to determine whether they meet the requirements of the Plan.

The monitoring and auditing procedures will include, at a minimum, internal and/or external audits of appropriate departments to assess levels of compliance with the Corporate Compliance Plan and HPCMO's Policies and Procedures relating to proper billing submission, procurement, employee policies, and marketing.

Specific audits that may be initiated include:

- Reviews of documentation including certification for all billings to Medicaid.

Audits will be performed on a regular basis as determined by HPCMO and any external auditor retained by HPCMO. HPCMO will retain the audits reports.

If any audit reveals that there has been any billing, claims submission, coding, or other violation of HPCMO Policies and Procedures, the Compliance Officer may consult with counsel regarding the various questions raised by the report. Among the issues that may be addressed when a violation is reported are the following:

- Should an internal investigation be conducted?
- Should counsel conduct the investigation?
- Should a disclosure be made to the appropriate government agency?
- In the case of a billing violation, should arrangements be made for repayment of an overpayment?
- Do employees need separate counsel?

Any evidence of fraud, waste or abuse in Medicaid resulting from a false claim/billing violation will be reported to the appropriate Medicaid authorities in order to rectify the fraud, waste or abuse and all necessary arrangements will be made for repayment.

Compliance Review Guidelines

1. *Regulatory Compliance (NJAC 10:49 Chapter 73)*

- Referral of clients/children
 - Closed loop-appropriateness is managed by the CSA
 - No eject, No reject policy is required of the CMO's
- Timeliness
 - Initial telephone contact with family within 24 hours of referral
 - Initial face to face within 72 hours of referral confirmed by signature of guardian and youth over 14 on consent for services
 - Initial ISP (Family Crisis Plan) within 7 days of referral submitted to the CSA
 - Initial Comprehensive ISP (30 Day ISP) within 30 days of referral
 - Includes Strengths and Needs Assessment
 - Attendance Sheet is signed by Guardian and youth over 14
 - Comprehensive ISP reviewed at least every 90 days
 - Strength and Needs Assessment completed for each Comprehensive ISP
 - Attendance sheet is signed by Guardian and youth if over 14
- PE Application
 - Must be completed within 30 days of enrollment
 - Eligibility must be maintained

2. *Billing*

- Medicaid or 3560 is current
- Care Management is authorized for the month that is billed (indicates that plan is current)
- Activity is documented appropriately via progress notes in CYBER

3. *Contract Deliverables*

- Child is maintained in the least restrictive living situation (including accurate documentation in CYBER)
- Length of Stay in Detention Post-Disposition
- Improvement in academic attendance, achievement, and behavior as indicated by SNA
- Improvement in caregiver strengths as indicated by SNA
- Improvement in emotional/behavioral needs indicated by SNA
- Improvement in risk behaviors as indicated by SNA
- Contacts
 - Monthly face to face visit(s) with youth
 - Monthly face to face visit(s) with parent(s), caretaker(s), or 2 collateral contacts

- Weekly collateral contacts with service providers/members of the Child and Family Team

4. *Documentation*

- Progress Notes
 - Entered within 72 hours of contact
 - Notes are accurate, objective and detailed
 - Notes reflect one of the federally mandated activities:
 - Assessment
 - Treatment Planning
 - Referral and related activities
 - Evaluation and monitoring of the plan
 - CFT Meeting notes are documented identifying attendees, domains discussed, and action required
- Diagnosis
 - Axis I Diagnosis is entered in the electronic designated record set

5. *Conflict of Interest*

- Policy in place for both Board and Staff
- Self-Referral

6. *Business Relationships*

- MOU's are current and signed by the CEO and Provider annually
- Rates for services are included and available for reference
- Contracts are drawn for In-Home Services and approved by the COO prior to service delivery
- Only providers with current MOU's will be utilized for flex fund services

Compliance Review Form- Appendix B

7. Corporate Compliance Reporting System

It is the obligation of each HPCMO employee to report conduct he or she knows or reasonably believes to be criminal in nature or a violation of this Plan. It is recommended that employees begin locally with their immediate supervisor. However, employees can also report a known or suspected violation to the Compliance Officer. All reports must contain sufficient information for the immediate supervisor, Compliance Officer, or her designee to investigate the concerns raised.

HPCMO will provide a Reporting Line as a means for employees to provide information to the Compliance Office. Reports of suspected wrongdoing may be made by contacting the Compliance Officer, a member of the Committee, or in writing via the Reporting Line. The Compliance Officer, Corporate Compliance Committee, or other individuals designated by the CEO will investigate any and all information received.

Information and records relating to reports made to the Compliance Officer will be handled as follows:

- Allegations of violations of the Plan will be recorded by the Compliance Officer on a form that will be maintained in the Compliance Officer's office. Names, dates, and the identity of witnesses with information will be included in these forms. All such information will, to the extent possible, be kept confidential and will be accessible only to the Compliance Officer and the members of the Corporate Compliance Committee. All Corporate Compliance Committee papers other than form discussed above will refer to the reporter by an identifying code only.
- The Compliance Officer, in conjunction with the Corporate Compliance Committee and legal counsel where appropriate, will determine the steps for handling the information, including making a determination whether the alleged wrongdoing violates state or federal law, violates the Compliance Plan, poses a risk to the general public, or otherwise jeopardizes HPCMO in any way. The Compliance Officer in conjunction with legal counsel will also recommend to the CEO what remedial action and/or disciplinary action should be taken.
- The Compliance Officer will be responsible for all internal investigations. HPCMO will make a thorough, fair, and impartial internal investigation of reported and perceived errors, abuses, and violations. Internal investigations will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. All HPCMO employees and agents must fully cooperate with internal investigations. HPCMO is committed to fairness with respect to all persons involved. Internal investigations will be conducted in a professional and expeditious manner. When HPCMO or its agents complete an internal investigation, HPCMO will, to the extent appropriate, inform the person reporting the alleged violation of the results of the investigation and of the determination by HPCMO.
- The Compliance Officer will make reports, on a regular basis, of all allegations of wrongdoing to HPCMO's CEO, the Corporate Compliance Committee, and the Board of Directors, including the results of investigations and remedial action taken.

- The Compliance Officer will ensure that all records relating to the reports of wrongdoing are secured and preserved, and also will ensure, to the extent applicable, that the attorney-client privilege and attorney-work product doctrine are preserved,
- The Compliance Officer's office will ensure that the reporting system offers employees opportunities to report wrongdoing after work hours, so that employees can contact the Compliance Officer's office from home. This will include providing employees the opportunity to meet with the Compliance Officer.
- The Compliance Officer cannot promise confidentiality to an employee providing information because it is always a possibility that HPCMO may be compelled to report the employee's information to the authorities, thus disclosing the employee's name. However, to the extent possible, the employee's identity will be kept confidential.

HPCMO will not discipline an employee solely on the basis that the employee reported conduct he or she either knew, or reasonably believed, to be criminal in nature or a violation of this Plan. However, an employee will be disciplined if HPCMO concludes that the employee has knowingly fabricated a report of wrongdoing to either protect himself or herself or others, or to injure another

8. Investigation of a Potential Violation

The Compliance Officer shall begin a detailed investigation of all relevant matters, including suspected but unproved matters, when he or she receives sufficient information to act on a suspected violation. All employees are required to cooperate fully with such investigations. Appropriate corrective action will be taken, if necessary, and to the extent it is appropriate to do so, finding will be communicated back to the reporting person and his or her supervisor. Investigations may warrant investigation by an independent person such as auditors and/or attorneys.

Whistle-Blower Protection:

HPCMO is committed to complying with all state and federal protection laws:
Conscientious Employee Protection Act, N.J.S. 34:19-1; Federal False Claims Act, 31 U.S.C. § 3729-3733

HPCMO will protect whistle-blowers as defined below:

- HPCMO will use its best effort to protect whistle-blowers against retaliation. Whistle-blowing complaints will be handled with sensitivity, discretion, and confidentiality to the extent allowed by the circumstances and the law. Generally this means that whistle-blower complaints will only be shared with those who have a need to know so that

HPCMO can conduct an effective investigation, determine what action to take based on the results of any such investigation, and in appropriate cases, with law enforcement personnel. (Should disciplinary or legal action be taken against a person or persons as a result of a whistle-blower complaint, such persons may also have the right to know the identity of the whistle-blower.)

- Employees, consultants, and directors of HPCMO may not retaliate against to whistle-blower for informing management about an activity which that person believes to be fraudulent or dishonest with the intent or effect of adversely affecting the terms or conditions of the whistle-blower's employment, including but not limited to, threats of physical harm, loss of job, punitive work assignments, or impact on salary or fees. Whistle-blowers who believe that they have been retaliated against may file a written complaint with the Compliance Officer and the CEO. Any complaint of retaliation will be promptly investigated and appropriate corrective measures taken if allegations of retaliation are substantiated. This protection from retaliation is not intended to prohibit supervisors from taking action, including disciplinary action, in the usual scope of their duties and based on valid performance-related factors.
- Whistle-blowers must be cautious to avoid baseless allegations.

9. Enforcement and Discipline

HPCMO recognizes the necessity to enforce the standards and procedure of its Compliance Plan and to discipline those who violate the Plan or negligently fail to detect an offense. The Compliance Officer will recommend to the CEO disciplinary action for those who fail to adhere to the standards of this Plan. The recommendation for disciplinary action may include a recommendation for termination. The decision to execute such action(s) will rest with the CEO.

Guidelines Regarding Disciplinary Action for Violating the Plan

Where an employee does not comply with the Plan, HPCMO may take disciplinary action against such employee. Depending on the facts and circumstances of each case, HPCMO may take one or more of the following actions:

- Place the employee on probation
- Suspend the employee
- Terminate employment
- Refer the employee for criminal prosecution
- Demand that the employee reimburse HPCMO for any losses or damages resulting from the violation

Where a subcontract entity or consultant does not comply with the Plan, HPCMO may:

- Terminate the applicable professional service agreement with the subcontract entity or consultant
- Refer the subcontract entity or consultant for criminal prosecution
- Demand that the subcontract entity or consultant reimburse HPCMO for any losses or damages Resulting from the violation
- Take any other actions that may be permitted by law or by HPCMO's agreement with the subcontract entity or consultant.

If a director, officer, or supervisor or higher violates the Plan, such individual will be subject to disciplinary action if such individual:

- Knows that any employee is considering or plans to engage in conduct that is prohibited by the Plan and such individual does not report it in accordance with the Plan
- Knows that any employee has engaged in conduct that is prohibited by the Plan and such individual does not report it in accordance with the Plan
- Fails to be aware that anyone who reports to such individual has engaged in conduct that is prohibited by the Plan, when proper management and supervision would have brought the prohibited conduct to such individual's attention

As with all matters involving investigations and discipline, HPCMO intends to be fair and treat people with dignity. If an employee is charged with violating the Plan, such employee will be given an opportunity to explain his or her actions to the Compliance Officer, in accordance with applicable policies, before disciplinary action is taken.

HPCMO will also take disciplinary action against:

- Anyone who deliberately fails to report a violation or who deliberately withholds relevant and material information about a violation of the Plan
- A violator's supervisor, to the extent that the circumstances of the violation reflect inadequate supervision or lack of diligence
- Any supervisor who directly or indirectly retaliates against someone who reports a violation of the Plan
- Any supervisor who encourages anyone else to retaliate against someone who reports a violation of the Plan
- Any employee who retaliates against another employee who makes a report under the Plan
- Anyone who knowingly falsely accuses someone of violation the Plan

Violations of the Plan are not the only basis for taking disciplinary action with respect to employees. HPCMO has certain policies, procedures, and performance criteria that govern

employees' actions. Questions about these policies, procedures and/or performance criteria, can be discussed with an applicable supervisor or Compliance Officer.

Revised and approved on September 9, 2020

Robyn L. Gorman, MA, LPC
Chief Executive Officer

APPENDIX A

FEDERAL AND STATE STATUTES RELATED TO SECTION 6032 OF THE DEFICIT REDUCTION ACT OF 2005

- ✓ Federal False Claims Act, 31 U.S.C. § 3729-3733
- ✓ Federal Program Fraud Civil Remedies Act, 31 U.S.C. § 3081-3812
- ✓ New Jersey Medicaid Assistance and Health Services Act-Criminal Penalties, N.J.S. 30:4D-17(a)-(d)
- ✓ New Jersey Medicaid Assistance and Health Services Act-Civil Remedies, N.J.S. 30:4D-7h; N.J.S. 30:4D-17(e)-(i); N.J.S. 30:4D-17.1.a
- ✓ Health Care Claims Fraud Act, N.J.S. 2C:21-4.2 and 4.3; N.J.S. 2C:51-5
- ✓ Conscientious Employee Protection Act, N.J.S. 34:19-1 et seq.
- ✓ New Jersey False Claims Act, P.L. 2007, Chapter 265, as amended by P.L. 2009, Chapter 265

APPENDIX B

**COMPLIANCE REVIEW
FORM**

CHILD ID: _____ **Date of Enrollment:** _____
CM: _____ **Reviewer/Date:** _____

Regulatory Compliance-Paper Record			<u>Correction</u>
Face Sheet is available and complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CSOC ROI is signed by guardian and current w/in 6 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HPCMO ROI is signed by guardian and current w/in 1 year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Notice of Privacy Practices signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CFT Attendance Sheet/Confidentiality Statement for 30 Day ISP is available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CFT Attendance Sheet/Confidentiality Statement for 90 Day ISP is available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current ISP Acknowledgement Receipt is signed and filed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Regulatory Compliance-CYBER Record			<u>Correction</u>
Referral Information is available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Progress Note documents initial 24 hour contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Progress Notes document face to face contact within 72 hours of referral.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Initial Family Crisis Plan is completed within 7 days of referral	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Initial Comp 30 Day ISP is completed within 30 days of referral	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Initial Strengths and Needs Assessment is completed and available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Demographic information on face sheet is complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Billing-CYBER			<u>Correction</u>
Enrollee is Medicaid eligible and/or has completed NJFamily Care application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Care Management is authorized for most recent month billed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mental Health diagnosis is entered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Identification of third party insurance is included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Individual Service Plan Development-CYBER			<u>Correction</u>
JCR is available for youth in OOH Treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ISP is current and approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current SNA is complete and available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CFT members are indicated in the ISP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Family Vision is described	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Strengths are identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Authorizations are available for services identified in the plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Ongoing Monitoring & Service Coordination-CYBER			<u>Correction</u>
Face to face visits w. youth/family documented and meet guidelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Collateral Contacts are documented and meet guidelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Progress notes reflect one the mandated activities: Assessment, Treatment Planning, Referral, Evaluation/Monitoring of ISP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Reviewer
Signature

Informed Consent for Telehealth

Definition of Telehealth:

Telehealth involves the use of electronic communications to enable Hudson Partnership CMO staff to connect with youth and their families using interactive and audio communications.

Telehealth includes the practice of discussing private information between Care Manager, youth and their guardian, and team members about services provided to the individual.

I understand that I have the following rights with respect to Telehealth:

1. The laws that protect the confidentiality of my personal information as it applies to telehealth. As such, I understand that the information disclosed to me during the course of the meeting, i.e. CFT, FTF, etc is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including but not limited to, reporting child abuse and/or an expressed threat of violence toward an ascertainable victim. I also understand that the dissemination of information from the telehealth interaction to other entities (outside my treatment team) shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw from telehealth at any time, without it affecting my right to future services.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the Care Manager, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons and/or the electronic storage of my personal information could be unintentionally lost. I understand that in choosing to participate in telehealth, I am agreeing to participate using video teleconferencing technology.
4. I understand that the use of Zoom and Microsoft Teams systems are not 100% secure and may have issues with wifi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision by this youth and/or guardian to use these systems for telehealth services. I will not hold HPCMO or its staff liable for gathering or use of client information by these service providers.
5. I understand that use of any other system such as Facebook or What's App are not permitted. If another system other than Zoom and Microsoft Teams need to be utilized, then I will inform my Care Manager.

Consent for the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my Care Manager and all my questions have been answered to my satisfaction.

I have read this document with my Care Manager carefully and understand the risk and benefits related to the use of telehealth services and have my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth for services under the terms described herein.

By giving my verbal consent, I hereby state that I have read, understood and agree to the terms of this document.

Youth Signature (if ages 14 and older)

Parent/Guardian Signature

Date