

Corporate Compliance Plan



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Trinity Alliance of the Capital Region, Inc. CORPORATE COMPLIANCE POLICY

I. Corporate Compliance Policy

A. Policy

It has been and continues to be the policy of Trinity Alliance of the Capital Region, Inc. (also referred to as “Trinity Alliance” or “Agency”) to comply with all applicable federal, state, and local laws and regulations, and payer requirements. It is also the Agency’s policy to adhere to the Code of Ethics/Conduct that is adopted by the Board of Directors, the Chief Executive Officer, and the Compliance Committee.

B. Commitment

We have always been and remain committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold our employees, contracted partners, and vendors to these same standards.

Trinity Alliance is committed to maintaining and measuring the effectiveness of our Corporate Compliance policies and standards through monitoring and auditing systems reasonably designed to detect noncompliance by its employees and agents. We shall require the performance of regular, periodic compliance audits by internal auditors and, to the extent required by law, an external audit.

C. Responsibility

All employees, Directors, Board members, independent contractors, volunteers and interns (collectively “affected individuals”) shall acknowledge that it is their responsibility to report any suspected instances of suspected or known noncompliance to the Compliance Officer. Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

D. Code of Ethics and Philosophy

Mission

“To provide services to the community that will support and promote healthy families, adults and children. Our agency is dedicated to improving the neighborhood as a setting for family life, contributing to health and well-being, and promoting education and employment as a means of self-development.”

Vision

"Trinity Alliance of the Capital Region will be recognized for its influential and preeminent role in providing integrated service leadership to the community. In doing so, Trinity Alliance will strive towards responsible growth, sustainability and becoming the community voice for improving quality of life."

Expectations

We ensure that all aspects of consumer care and business conduct are performed in compliance with our mission/vision statement, policies and procedures, professional standards, applicable governmental laws, rules, and regulations, and other payer standards. The Agency expects every person who provides services to our consumers to adhere to the highest ethical standards and to promote ethical behavior. Any person whose behavior is found to violate ethical standards will be disciplined appropriately.

Employees, Directors, Board members, independent contractors, volunteers and interns (otherwise referred to as “staff”, “employees”, “affected individuals”) may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of the Agency. Affected individuals must disclose any circumstances where the employee or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with the Agency; (ii) provides to, or receives from, the Agency any consumer referrals; or (iii) competes with the Agency. Affected individuals may not, without the permission of the Compliance Officer, accept, solicit, or offer anything of value from anyone doing business with the Agency.

Employees are expected to maintain complete, accurate, and contemporary records as required by the Agency. The term “records” includes all documents, both written and electronic, that relate to the provision of the Agency services or provide support for the billing of the Agency services. Records must reflect the actual service provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document, and the reason for the alteration, if not apparent. No person shall ever sign the name of another person to any document. Signature stamps shall

not be used. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to the Compliance Officer so each situation may be appropriately dealt with. The Compliance Officer may be reached at (518) 449-5155 ext. 100. An anonymous or confidential report may be made to the Compliance TIPS LINE at 518-556-6144.

II. Compliance Program Oversight

A. The Role of the Compliance Officer

1. Compliance Officer

The Board of Directors of the Agency designates the Compliance Officer. The Compliance Officer has direct lines of communication with the Chief Executive Officer, the Board of Directors, and appropriate legal counsel.

2. Job Duties

The Compliance Officer is directly obligated to serve the best interests of the agency, consumers and employees. Responsibilities of the Compliance Officer include but are not limited to:

- Developing and implementing compliance policies and procedures (P&P).
- Overseeing and monitoring the implementation of the compliance program.
- Directing the Agency internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management, medical/clinical program personnel, and individual departments regarding policies and procedures and governmental laws, rules, and regulations.
- Updating, periodically, the Corporate Compliance Plan as changes occur within the Agency, within the law and regulations, or governmental and third party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Corporate Compliance Plan.
- Coordinating, developing, and participating in the educational and training program.
- Guaranteeing independent contractors (consumer care, vendors, billing services, etc.) are aware of the requirements of the Agency's Corporate Compliance Plan.
- Actively seeking up-to-date material and releases regarding regulatory compliance.

- Maintaining a reporting system (hotline) and responding to concerns, complaints, and questions related to the Corporate Compliance Plan.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to compliance.
- Coordinating internal investigations and implementing corrective action.

B. The Structure, Duties, and Role of the Compliance Committee

1. Reporting Structure and Purpose

Compliance Committee members are appointed by the Chief Executive Officer and approved by the Board of Directors. Compliance issues are reported by the Compliance Committee to the Chief Executive Officer and Board, where appropriate. The Compliance Committee's purpose is to advise and assist the Compliance Officer with the implementation of the Corporate Compliance Plan.

The Compliance Officer will represent the Compliance Committee at the Board of Directors meetings and will bring any issues and/or concerns the committee deems necessary. The Compliance Committee will also be free to reach out to the Board of Directors directly for any serious issues that need immediate attention.

2. Function

The roles of the Compliance Committee include:

- Analyzing the environment where the Agency does business, including legal requirements with which it must comply.
- Reviewing and assessing existing policies and procedures that address these risk areas for possible incorporation into the Corporate Compliance Plan.
- Working with departments to develop standards and policies and procedures that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate departments relative to compliance matters.
- Developing internal systems and controls to carry out compliance standards and policies.
- Monitoring internal and external audits to identify potential non-compliant issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.

C. Delegation of Substantial Discretionary Authority

1. Requirement

Any employee, Director, Board member, independent contractor, volunteer and intern or prospective employee who holds, or intends to hold, a position with “Substantial Discretionary Authority,” as defined below, for the Agency is required to disclose any name changes and any involvement in non-compliant activities including health care related crimes. An individual with Substantial Discretionary Authority is any employee or Board member who signs checks or bills for services on behalf of the Agency. In addition, the Agency performs reasonable inquiries into the background of such applicants, contractors, vendors, and members of the Board of Directors.

The following organizations may be questioned with respect to potential Affected Individuals:

- a) General services administration: list of parties excluded from federal programs. The URL address is <http://epls.gov/epls/servlet/EPLSSearchMain/2>.
- b) HHS/OIG cumulative sanction report. The URL address is <http://exclusions.oig.hhs.gov/search.html>.
- c) NYS Medicaid Fraud Database. The URL address is <http://www.health.state.ny.us/nysdoh/medicaid/dqprvpg.htm>.
- d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/rasearch.htm#name>).
- e) <https://www.oasas.ny.gov/credentialingverification/verification/home.cfm>

III. Education and Training

A. Expectations

Education and training are critical elements of the Corporate Compliance Plan. Every employee, Director, Board member, independent contractor, volunteer and intern is expected to be familiar and knowledgeable about the Agency’s Compliance Plan and have a solid working knowledge of his or her responsibilities under the plan. Compliance policies and standards will be communicated to all Affected Individuals through required participation in training programs.

B. Orientation

As part of their orientation, each employee, Director, Board member, independent contractor, volunteer and intern shall receive a written copy of the Corporate Compliance Plan, policies, and specific standards of conduct that affect their position.

C. Attendance

All education and training relating to the Corporate Compliance Plan will be verified by attendance and a signed acknowledgement of receipt of the Corporate Compliance Plan and standards.

Attendance at compliance training sessions is mandatory and is a condition of continued employment.

IV. Effective Confidential Communication

A. Expectations

Open lines of communication, which can be anonymous at the callers discretion, between the Compliance Officer and every employee, Director, Board member, independent contractor, volunteer and intern subject to this Plan are essential to the success of our Corporate Compliance Program. Every employee has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

B. Reporting Procedure

If an employee, Director, Board member, independent contractor, volunteer or intern witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Corporate Compliance Plan, he or she should contact the Compliance Officer. Reports may be made in person or by calling the Corporate Compliance TIPS LINE is 518-556-6411, a phone line dedicated to the purpose of receiving such notification, or mailing information to Trinity Alliance of the Capital Region, Inc. – Attn: Corporate Compliance Officer - 15 Trinity Place – Albany, NY 12202. Reports can be made anonymously.

Upon receipt of a question or concern, any supervisor, officer, or director shall document the issue at hand and report to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the Chief Executive Officer.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Code of Ethics/Conduct or its application, the Compliance Officer or designee shall record the facts of the call and the nature of the information sought and respond as appropriate. The Agency shall,

as much as is possible, protect the anonymity of the employee or contractor who reports any complaint or question.

C. Protections

The identity of reporters will be safeguarded to the fullest extent possible and will be protected against retribution. Report of any suspected violation of this Plan by following the above shall not result in any retribution. Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under the Plan is acting against the Agency's compliance policy. Discipline, up to and including termination of employment, will result if such reprisal is proven.

D. Guidance

Any employee, Director, Board member, independent contractor, volunteer and intern may seek guidance with respect to the Corporate Compliance Plan or Code of Ethics/Conduct at any time by following the reporting mechanisms outlined above.

V. Auditing and Monitoring of Compliance Activities

A. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of the Agency's Corporate Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the Compliance Committee, is an integral component of our auditing and monitoring systems. This ongoing evaluation shall include the following:

- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
- Compliance audits of compliance policies and standards; and
- Review of documentation and billing relating to claims made to federal, state, and private payers for reimbursement, performed internally or by an external consultant as determined by Compliance Officer and Compliance Committee.

The audits and reviews will examine the Agency's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), and consumer record documentation reviews.

B. Plan Integrity

Additional steps to ensure the integrity of the Corporate Compliance Plan will include:

- Review with legal counsel of all records of communications and reports by all employees or contractors kept in accordance with this Plan as required by law.
- The Compliance Officer will be notified immediately in the event of any visits, audits, investigations, or surveys by any federal or state agency or authority and shall immediately receive a copy of any correspondence from any regulatory agency charged with licensing the Agency and/or administering a federally or state-funded program or County-funded program with which the Agency participates.
- Establishment of a process detailing ongoing notification by the Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

VI. Detection and Response

Detected noncompliance, through any mechanism, i.e., compliance auditing procedures and/or confidential reporting, will be responded to in an expedient manner. We are dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Corporate Compliance Plan.

A. Violation Detection

The Compliance Officer, Chief Executive Officer, and/or the Compliance Committee shall determine whether there is any basis to suspect that a violation of the Compliance Plan has occurred.

If it is determined that a violation *may have* occurred, the matter shall be referred to legal counsel, with the assistance of the Compliance Officer, who will give proper legal guidance for next steps. This investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged;
- A review of documents; and
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or oral response shall be fully documented.

B. Reporting

At the conclusion of an investigation, the Compliance Officer shall issue a report to the Chief Executive Officer, and Compliance Committee summarizing his or her findings, conclusions, and recommendations and will render an opinion as to whether a violation of the plan has occurred.

The report will be reviewed with legal counsel in attendance. Any additional action will be on the advice of counsel.

The Compliance Officer shall report to the Compliance Committee regarding each investigation conducted.

C. Rectification

If the Agency identifies that an overpayment was received from any third-party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel. It is our policy not to retain any funds which are received as a result of overpayments. In instances where it appears an affirmative fraud may have occurred; appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

D. Record Keeping

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the Chief Executive Officer or legal counsel.

HIPAA information, and all other Compliance records will be retained for seven years.

VII. Whistleblower Provisions and Protections

Trinity Alliance will not take any retaliatory action against an employee if the employee discloses certain information about Trinity Alliance's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that Trinity Alliance is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of patient care.

A. Provisions of the False Claims Act

One of the health care fraud statutes is the False Claims Act. The False Claims Act provides protection to qui tam relators who are discharged, demoted,

suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act.

The Agency will not take any retaliatory action or acts of intimidation against an employee if the employee discloses information about the Agency's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the Agency is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of patient care.

B. Protections under the False Claims Act

If the Agency takes a retaliatory action against the qui tam relator (employee), the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

VIII. Employment with the Agency

A. Due Diligence

Agency will, at all times, exercise due diligence with regard to background and professional license investigations for all prospective employees, including but not limited to those who have authority to make decisions regarding compliance issues, contractors, vendors, and members of the Board of Directors.

B. Policies and Procedures

Trinity Alliance will communicate its compliance standards and policies through required training competencies to all employees, contracted partners, and vendors. We are committed to these efforts through distribution of this Corporate Compliance Policy and our Code of Ethics/Conduct.

C. Performance Evaluation – Supervisory

Trinity Alliance's Corporate Compliance Program requires that the promotion of, and adherence to, the elements of the Corporate Compliance Program be a factor in evaluating the performance of Agency employees and contractors. They will be periodically trained in new compliance policies and procedures. In addition, all managers and supervisors will:

1. Discuss with all supervised employees the compliance policies and legal requirements applicable to their function.
2. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.

3. Disclose to all supervised personnel that the Agency will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

D. Enforcement

This Corporate Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals responsible for failure to detect and/or report noncompliance.

Employees who fail to comply with the Agency's compliance policy and standards, or who have engaged in conduct that has the potential of impairing the Agency's status as a reliable, honest, and trustworthy service provider, will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The Compliance Officer shall maintain a record of all disciplinary actions involving the Corporate Compliance Plan and report at least quarterly to the Board of Directors regarding such actions.

In addition, managers and supervisors will be sanctioned for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided Agency with the opportunity to correct them.

E. No Retaliation.

The Agency shall not retaliate or permit acts of retaliation against its employees, contractors, vendors, or Board members for reporting any non-compliance under this Plan, In addition, the Agency shall not take any retaliatory action or permit acts of intimidation against an employee if the employee discloses information about the Agency's Code of Ethics/Conduct, policies, practices or activities as part of this Corporate Compliance Plan.

Trinity Alliance of the Capital Region, Inc.
CODE OF ETHICS/CONDUCT

Mission and Vision

MISSION

“To provide services to the community that will support and promote healthy families, adults and children. Our agency is dedicated to improving the neighborhood as a setting for family life, contributing to health and well-being, and promoting education and employment as a means of self-development.”

VISION

"Trinity Alliance of the Capital Region will be recognized for its influential and preeminent role in providing integrated service leadership to the community. In doing so, Trinity Alliance will strive towards responsible growth, sustainability and becoming the community voice for improving quality of life."

Intent

Trinity Alliance of the Capital Region, Inc.’s (sometimes referred to as “Trinity Alliance” or “the Agency”) is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and the Code of Ethics/Conduct. To support this commitment, Trinity Alliance will maintain and update as appropriate a written Code of Ethics/Conduct to provide guidance on employee and organizational responsibilities related to compliance. The Code of Ethics/Conduct addresses specific issues related to reimbursement, financial relationships, quality of care, and other critical areas. Trinity Alliance’s Code of Ethics/Conduct applies to all employees, Directors, Board members, independent contractors, volunteers and interns (collectively referred to as “staff”, or “employees”, “Affected Individuals”).

The Code of Ethics/Conduct was approved by Trinity Alliance’s Board of Directors and is a formal statement of the Agency’s commitment to the standards and rules of ethical conduct.

Trinity Alliance is committed to preventing the occurrence of unethical or unlawful behavior, stopping such behavior as soon as possible after discovery, and to discipline employees, Directors, Board members, independent contractors, volunteers and interns who violate the Code of Ethics/Conduct, including those who neglect to report a violation.

All Affected individuals must comply with the Code of Ethics/Conduct, immediately report any alleged violations of wrongdoing, and assist management and compliance personnel in investigating allegations of wrongdoing.

While these standards addressed in the Code of Ethics/Conduct are intended to guide employees in the course of their day-to-day responsibilities, they do not replace any

Agency or program policies and procedures. There may be instances that are not addressed by the Code of Ethics/Conduct or existing policies and procedures, or activities that may conflict with these standards. Employees must seek direction from the Compliance Officer in these instances.

Ethics

It is the policy of Trinity Alliance to observe all Federal, State and Local laws, and regulations applicable to its business and to conduct business with the highest degree of integrity. To accomplish this, all Affected Individuals must obey the laws and regulations and agency policies and procedures that govern their work and always act in the best interest of the people we serve, their families and the Agency.

Guidelines for employees, Directors, Board members, independent contractors, volunteers and interns

- You are expected to keep management staff informed of what you are doing; to document or record all services or transactions accurately; and to be honest and forthcoming with the Agency, regulatory agencies, and internal and external auditors.
- You are expected to comply with the Agency's policies and procedures, accounting rules, and internal controls.
- You are expected to function with honesty in your work for the Agency and with people we serve, providers, suppliers and all others with whom the Agency does business.

Quality Services

It is the policy of Trinity Alliance to detect and prevent fraud, waste, and abuse in Federal healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Administrative Remedies for False Claims (31 USC Chapter 38 §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194), and other New York State laws concerning false statements or claims and employee protections against retaliation. This policy also sets forth the procedures that **Trinity Alliance** has put into place to prevent any violations of Federal or New York State laws regarding fraud or abuse in its health care programs.

This policy applies to all employees, including management, contractors, and agents.

For purpose of this policy, a contractor or agent is defined as:

- Any contractor, subcontractor, agent, or other person who, on behalf of the Agency, furnishes or otherwise authorizes the furnishing of Medicare and/or Medicaid health care items or services, or performs billing or coding functions; or
- Any contractor, subcontractor, agent, or other person who provides administrative or consultative services, goods or services that are significant and material, are

- directly related to health care provision, and/or are included in or are a necessary component of providing items or services of Medicaid-funded programs; or
- Any contractor, subcontractor, agent, or other person who is involved in the monitoring of health care provided by the Agency.
 - The Agency's role is to provide quality services to our consumers. All employees will use a holistic evidence-based practice when providing services to consumers.

Conflict of Interest

Employees and contractors must not allow any outside financial interest, or competing personal interest to influence their decisions or actions taken on behalf of the Agency.

Employees and contractors must avoid any situation where a conflict of interest exists or might appear between their personal interests and those of the Agency. The appearance of a conflict of interest may be as serious as an actual conflict of interest.

Any employee who terminates their employment with the Agency, must wait a minimum of three months before they can receive a referral from the Agency.

Guidelines for Employees Directors, Board members, independent contractors, volunteers and interns

It is a conflict of interest for you to personally take for yourself opportunities that are discovered through the use of Agency property, information or position with the Agency; to use Agency property or information for personal gain; or to compete with the Agency.

There are many types of situations where potential conflicts may arise. You must promptly report any actual or potential conflicts of interest directly to the Compliance Officer.

For at least two years from the date of separation, the employee will not attempt to approach our customers, clients and/or residents for the purpose of personally gaining from competing with Trinity Alliance for their business.

Outside Activities and Employment

- You may not conduct outside activities during work time. Such activities interfere with your regular duties and negatively impact the quality of your work.
- You are a representative of the Agency in your everyday life and must represent the Agency positively in the community.
- Outside employment must not conflict in any way with your responsibilities to the Agency or its consumers. You may not compete against Trinity Alliance, work for its competitors, or have any ownership interest in a competitor.

Use of Agency Funds and Resources

- The Agency's assets are only to be used for the benefit of the Agency and the people

we serve. Assets include funds, equipment, inventory, and office supplies, but also concepts, business plans and strategies, information about people served, financial information, computer property rights, and other business information about the Agency.

- You may not use Agency assets for personal gain or give them to any other persons or entities, except in the ordinary course of business as part of an approved transaction.

Confidentiality

- During your employment, you may acquire confidential information about Trinity Alliance, its staff and people we serve that must be handled in strict confidence and not discussed with outsiders. The protection of confidential business, staff and consumer information is very important.

Business Dealings Between the Agency and Employees

- Trinity Alliance will not be inappropriately influenced by goods or services from any business in which you or your immediate family members have a substantial interest.
- The property and resources of the Agency should only be used for the benefit of the Agency or the people we serve.

Maintenance of Records

Employees and contractors must record and report all agency, consumer and financial information fully, accurately, and honestly. Records include, but are not limited to, records of the people we serve, documentation of services, accounting books or records, financial statements, timesheets or records, expense reports, vouchers, bills, payroll, claims payment records, correspondence, and any other method of communication. Employees or contractors must not omit or conceal any relevant information. All records will be retained for seven years.

Guidelines for Employees, Directors, Board members, independent contractors, volunteers and interns

Many of the Agency forms are legal documents used to prove that a service was provided, to bill for a service to a consumer, to record a job task, or to record specific happenings. You must document accurately and honestly, and only for those services that you provided or those events you were involved in.

Falsification of Records

- You must not make any false entries in any of the Agency's records or in any public record for any reason.

- You may not alter any permanent entries in the Agency’s records.
- You may only approve payments or receipts on behalf of the Agency that are described in documents supporting the transaction. “Slush funds” or similar off-book accounts, where there is no accounting for receipts or expenditures on the agency books, are strictly prohibited.
- You may not create or participate in the creation of any records that are intended to mislead or to conceal anything that is improper.

Expense Records

- You must always charge expenses accurately and to the appropriate cost center or account, regardless of the financial status of the program, project, or contract, or the budget status of a particular account or line item.

Retention of Records

- The retention, disposal, or destruction of records of or pertaining to the Agency must always comply with legal and regulatory requirements and Agency policy.
- You may not destroy records pertaining to litigation or government investigations or audit without express written approval of the Compliance Officer.

Protection of Confidential Information

The Agency has developed policies and procedures to assure that the confidentiality of Agency information and information about the people we serve is protected and released only with the appropriate authorization or for lawful reasons, in addition to purposes of treatment, payment, and operations. All employees, Directors, Board members, independent contractors, volunteers and interns are required to comply with Trinity Alliance’s Privacy Policy. If you have any questions concerning confidential information or the Privacy Policy, contact the Compliance Officer.

Guidelines for Employees, Directors, Board members, independent contractors, volunteers and interns

You must treat all Agency records and information as confidential.

You may not release confidential information without the proper authorization. Confidential information includes not only information about the people that we serve and their families, but also non-public information about the Agency that maybe of use to the Agency’s competitors or harmful to the Agency or its customers if released.

You must protect Agency information and avoid discussing or disclosing Agency information, purposefully or inadvertently (through casual conversation), to any unauthorized person inside or outside the Agency. Furthermore, staff may not share confidential Agency information with anyone, except where required for a legitimate business purpose.

Agency information may not be removed from Agency property without permission from a supervisor or administrator with proper authority over the information. Ask your supervisor if you are not sure whether certain information is confidential.

Termination of Employment

- You may not use any confidential information gained from your employment with the Agency for your or another company's benefit. You may not take copies of any reports, documents, or any other property belonging to the Agency.
- Upon termination of employment with the Agency, you must return all Agency property including, but not limited to, copies of documents, notes, and other records containing confidential information; computer disks; Agency ID; keys and credit cards.

Information Security

- You are responsible for properly using information stored and produced by all of the Agency's computer systems.
- Computers, internet access, email, or other office communications systems are intended for business-related purposes only and not for uses that may be disruptive, offensive, harassing, or harmful to others.
- Do not share your system username or password with another person or allow another to access the computer with your password.
- All employees, Directors, Board members, independent contractors, volunteers and interns are required to comply with Trinity Alliance's information technology and security policies and procedures. If you have any questions concerning information security, contact the Compliance Officer.
- In the best interest of Trinity Alliance, if it is known that a breach has occurred, you must report this to the Compliance Officer immediately.
- In the case of a HIPAA breach, immediate notification will be sent out to all parties involved.

Fair Dealing

Conducting business with providers, contractors, suppliers, people we serve, and competitors may pose ethical problems. Affected Individuals are expected to deal fairly with providers, contractors, people we serve, and competitors.

The Code of Ethics/Conduct and the following guidelines are intended to help you make appropriate, responsible and correct decisions in these and all matters:

Kickbacks and Rebate

- Kickbacks and rebates in cash, credit, or other forms are prohibited. They are not only unethical, but in many cases, illegal.

Gifts and Gratuities and Entertainment

- You may not solicit money, gifts, gratitude, or any other personal benefits or favors of any kind from providers, contractors, producers, accounts, or people we serve and their families.
- You must not offer or accept entertainment that is not a reasonable addition to a business relationship but is primarily intended to gain favor or to influence a business decision.

Agreements With Contractors and Vendors

The Agency must ensure that any agreements with contractors and vendors clearly and accurately describe the services to be performed or items to be purchased. Performance standards, and the applicable compensation, if any, must be reasonable in amount, not be excessive in terms of industry practice and must equal the value of the services rendered.

Improper Use of Funds or Assets

Use of the Agency's funds or assets for any improper purpose is strictly prohibited. If you are aware of or have reason to believe that funds or assets are being improperly used, you must report this immediately to the Compliance Officer.

Federal and State Programs

Trinity Alliance is committed to complying with the laws and regulations that govern the federal and state programs that it administers. Policies and procedures, the Compliance Program, and this Code of Ethics/Conduct are developed to provide guidance in your day-to-day work. You must abide by the policies and procedures and the standards set by the Agency.

Governmental Investigations

There may be times that the Agency is asked to cooperate with an investigation by a federal or state governmental agency, or to respond to a request for information. A request may be formally addressed to the Agency or an individual within the Agency. Employees and contractors must report any requests for information or cooperation with an investigation to the Compliance Officer immediately.

Political Activities and Contributions

Because the Agency is a non-profit organization, it is prohibited from engaging in any political campaign activities and a "substantial" amount of lobbying.

Guidelines for Employees, Directors, Board members, independent contractors, volunteers and interns

Agency funds and resources, including your work time, may not be used for political contributions or activities.

You may not act as a representative of the Agency in any political campaign activity. In expressing your personal political views or support or opposition of a candidate for public office, it must be very clear that you are expressing your personal view, support, or opposition as an individual and not a representative of the Agency.

Laws and regulations prohibit a “substantial” amount of lobbying. There are allowances for the Agency to advocate its position on public issues. To ensure that the Agency does not violate any laws or regulations, or risk losing its tax-exempt status, you must seek prior approval from the Compliance Officer before engaging in any lobbying activities. The Compliance Officer may need to consult with legal counsel on the matter and will need to record the amount of time spent in lobbying activities.

Employment Environment

Trinity Alliance is committed to creating a safe and professional workplace where employees and others are treated with respect and without regard to their race, sex, age, religion, national origin, color, marital status, disability, or other protected characteristics. Business integrity, teamwork, trust, and respect are the Agency’s most important values. Unlawful discrimination or harassment of any sort violates these values. All Agency employees must exhibit and promote respect, integrity, trust, and teamwork in the workplace and must comply with this policy prohibiting discrimination and harassment in all facets of the Agency’s work.

Guidelines for Employees, Directors, Board members, independent contractors, volunteers and interns

All employees are required to support the Agency’s commitment to a safe and professional work environment and to demonstrate appropriate behavior in the workplace.

All employees are prohibited from joking about another employee’s race, sex, age, religion, national origin, color, marital status, disability, or other protected characteristics.

All employees are prohibited from considering someone’s race, color, religion, sex, national origin, age, disability, or other protected characteristic in making decisions about hiring, placement, assignment of duties, training, promotion, termination, compensation, benefits and other work terms.

Sexual harassment is prohibited. Sexual harassment includes any form of unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual or sex-based nature.

You are responsible for understanding the Agency’s policy prohibiting discrimination and sexual harassment. You should consult with an appropriate administrator if you have

questions about your right to a workplace free from unlawful harassment or discrimination or if you have questions about your duty to avoid discrimination.

Seeking Guidance and Reporting Violations

Employees, Directors, Board members, independent contractors, volunteers and interns must report any actual or suspected fraudulent dealings, waste and abuse of services, or any violations of this Code of Ethics/Conduct, any applicable law or regulation, or any Agency policy and procedure to the Compliance Officer. A Compliance Hotline is also available for confidential or anonymous reporting of such issues. The Compliance TIPS LINE is (518) 556-6411.

When an actual or suspected violation of this Code of Ethics/Conduct, any applicable law or regulation, or any Agency policy and procedure is reported to any Agency employee, it must be promptly referred to the Compliance Officer. Steps will be taken to protect confidentiality and anonymity, when appropriate and warranted. The Agency will not tolerate any form of retaliation against a person who makes a good-faith report in accordance with this Code of Ethics/Conduct.

All Affected Individuals must cooperate fully and honestly in any investigation into a reported violation of this Code of Ethics/Conduct, any applicable law or regulation, or Agency policy, procedure, or practice.

Corrective Action and/or Discipline

Any employee or contractor who violates or knowingly fails to report any violation of this Code of Ethics/Conduct, any applicable law or regulation, or Agency policy, procedure, or practice is subject to appropriate disciplinary action, up to and including termination.

Disciplinary action may range from a warning to suspension or discharge, depending upon the nature of the incident and the relevant surrounding circumstances.

Your Responsibilities

- ✓ Attend required training, and read and understand Trinity Alliance's Corporate Compliance Plan, Corporate Compliance Policies and Procedures, and Code of Ethics/Conduct.
- ✓ Follow the Agency's Code of Ethics/Conduct and abide by all policies and procedures, guidelines, and Federal and State laws and regulations.
- ✓ Be alert to any situation that could violate the Agency's Code of Ethics/Conduct, policies and procedures, guidelines, and/or federal and state laws and regulations.
- ✓ Promptly report any issues, concerns, violations or suspected violations to the Compliance Officer, or the Chief Executive Officer.

**Trinity Alliance of the Capital Region, Inc.
Code of Ethics/Conduct**

I acknowledge having read Trinity Alliance of the Capital Region, Inc.'s Code of Ethics/Conduct and fully understand the expectations written within this document. It is understood that any employee or contractor who violates or knowingly fails to report any violation of this Code of Ethics/Conduct, any applicable law or regulation, or Agency policy, procedure, or practice is subject to appropriate disciplinary action, up to and including termination.

Name (Printed or typed)

Title

Signature

Date

Policy and Procedure: *Corporate Compliance*

Topic: *Conflict of Interest*

Purpose:

All employees, Directors, Board members, volunteers and interns (“staff”, employees”) of Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy is established to ensure that services and business activities are conducted in an objective manner and are not motivated by desire for personal or financial gain.

Policy:

1. Employees and Board members are required to disclose any actual or potential conflict of interest and seek guidance on how to handle the situation.

Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise (1) an employee or Board member’s business judgment; (2) delivery of services; or (3) ability for an employee to do his or her job. An actual or potential conflict of interest occurs when an employee or Board member is in a position to influence a decision that may result in a personal gain for that employee, Board member, or for a relative as a result of business dealings. For the purpose of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

2. Business dealings with outside entities should not result in *unusual gain* for those entities, Trinity Alliance, Board member, or an employee. Unusual gain refers to gifts, bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit the Board member, Trinity, the employee, or all that would reasonably be determined to influence the employer, employee, or both.
3. The materials, products, designs, plans, ideas, and data are the property of the Agency and should never be given to an outside firm or individual except through normal channels with appropriate prior authorization. Any improper transfer of material or disclosure of information, even though it is not apparent that an employee has personally gained by such action, is prohibited.
4. Employees are not allowed to benefit from Trinity Alliance’s program(s) in which they work. Trinity Alliance will refer the employee to another organization to receive similar services.

If an employee qualifies for a Trinity Alliance program outside of the program in which they work, the employee will be allowed to utilize these services. If no other service exists outside of Trinity, employee can use Trinity services.

Procedures:

1. An employee or Board member with potential conflicts of interest will promptly address the issue with the Compliance Officer. Management staff will consult with the Compliance Officer before responding to a concern or question about a potential conflict of interest.
2. Board members and employees must disclose any potential conflicts of interest upon hire and when a potential conflict arises.
3. Board members and employees will complete a Conflict of Interest Disclosure Form (attached to this Policy) to report any potential conflict of interest.
4. Members of management and the Board of Directors will complete a Conflict of Interest Disclosure Statement annually.
5. Board members and employees must seek guidance and approval from the Compliance Officer prior to pursuing any business or personal activity that may constitute a conflict of interest.
6. Outside employment may not interfere with the employee's ability to perform his or her job with Trinity Alliance. In addition, the Agency employees may not compete against Trinity Alliance, work for its competitors, or have any ownership interest in a competitor.
7. The Compliance Officer will investigate any violations of this policy.
8. For at least two years from the date of separation, the employee will not attempt to approach our customer, clients and/or residents for the purpose of personally gaining from competing with Trinity Alliance for their business.

Trinity Alliance of the Capital Region, Inc. Conflict of Interest Disclosure Statement

The conflict of interest policy includes a provision which sets forth standards of conduct expected and requiring Board members, management, and employees to disclose all interests which could result in a conflict.

In accordance with Trinity Alliance of the Capital Region Inc.'s (sometimes referred to as "Trinity Alliance" or "the Agency") Conflict of Interest Policy, a conflict of interest is defined as: Any situation in which financial or other personal considerations may compromise or appear to compromise (1) an employee's business judgment; (2) delivery of services; or (3) ability for an employee to do his or her job. An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of business dealings.

Please complete and return the enclosed conflict of interest disclosure statement. Please be assured that the disclosure requirements are intended to provide the Board and management with a systematic and ongoing method of disclosing and ethically resolving potential conflicts of interest. Although it is impossible to list every circumstance giving rise to a possible conflict of interest, the following will serve as a guide to the types of activities that might cause conflicts and that should be fully reported:

I. Outside Interests

- A. To hold, directly or indirectly, a position or a financial interest in any outside concern from which the individual has reason to believe the Agency secures goods or services (including the services of buying or selling stocks, bonds, or other securities), or that provides services competitive with the system.
- B. To compete, directly or indirectly, with the Agency in the purchase or sale of property or property rights, interests, or services.

II. Outside Activities

- A. To render directive, managerial, or consultative services to any outside concern that does business with, or competes with the services of the Agency, or to render other services in competition with the Agency.

III. Inside Information

- A. To disclose or use information relating to the Agency's business for the personal profit or advantage of the individual or his/her immediate family.

IV. Gifts, Gratuities, and Entertainment

A. To accept gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of, the Agency - under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of his/her duties.

- ✓ I have been provided with a copy of Trinity Alliance of the Capital Region Inc.’s Conflict of Interest Policy.

- ✓ I hereby state that I, or members of my immediate family, have the following affiliations or interest and have taken part in the following transactions that, when considered in conjunction with the position with or relation to the Agency, might possibly constitute a conflict of interest. (Check “None” where applicable)

1. Outside Interests

Identify any interests, other than investments, of yourself or your immediate family, as described in paragraph A of the Conflict of Interest Disclosure Statement – I. Outside Interests.

() None

() Yes, I have a potential and/or Conflict of Interest

If Yes, please explain:

2. Investments

List and describe, with respect to yourself or your immediate family, all investments that might be within the category of “financial interest”, as described in paragraph A of the accompanying document.

() None

() Yes, I have a potential and/or Conflict of Interest

If Yes, please explain:

3. Outside Activities

Identify any outside activities, of yourself or your immediate family, as described in paragraph B of the Conflict of Interest Disclosure Statement – II. Outside Activities.

() None

() Yes, I have a potential and/or Conflict of Interest

If Yes, please explain:

4. Other

List any other activities in which you or your immediate family are engaged that may be regarded as constituting a conflict of interest as described in the Conflict of Interest Disclosure Statement.

() None

() Yes, I have a potential and/or Conflict of Interest

If Yes, please explain:

5. I hereby certify that neither I nor any member of my immediate family have accepted gifts, gratuities, or entertainment that might influence my judgment or actions concerning the business of the Agency, except as listed below:

() None

() Yes, I have a potential and/or Conflict of Interest

If Yes, please explain:

6. The following circumstances may possibly violate the Code of Ethics/Conduct:

None

Yes, I have a potential and/or Conflict of Interest

If Yes, please explain:

7. List any family members employed by Trinity Alliance of the Capital Region, Inc. or serving as a member of the Trinity Alliance of the Capital Region Inc.'s Board of Directors.

Name	Relationship
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8. All entities in which I or, to the best of my knowledge, a Relative or any other Related Party (as defined in the Policy) related to me holds a position as a director, trustee, officer, owner (either as a sole proprietor or partner), member, or employee and with which the Organization has a relationship: (list name of Relative or other Related Party (if relevant), name of entity and position held):

Name	Relationship
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9. All entities that have entered or, to the best of my knowledge, may enter into a transaction, agreement or other arrangement with the Organization and in which I or, to the best of my knowledge, a Relative or any other Related Party related to me has an interest and whether such interest is a financial interest: (list name of Relative or other Related Party (if relevant), name of entity and nature of interest:

Name	Relationship
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10. Any transaction in which the Organization is a participant and in which I have a conflicting interest:

I hereby agree to report to management or the Compliance Officer any future situation that may result in a conflict of interest.

Name (Printed or typed)

Title

Signature

Date

Policy and Procedure: *Corporate Compliance*
Topic: *Business Courtesies for Referrals*

Purpose:

Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) recognizes that there are legitimate and lawful reasons to accept or provide reasonable business courtesies. However, in healthcare, business courtesies pose a risk for conflict of interest or fraud and/or abuse related to anti-kickback laws and regulations. The Anti-Kickback law prohibits the offer of payment, solicitation, or receipt of any form of remuneration for the referral of Medicare or Medicaid recipients.

The purpose of this policy is to assure that the Agency complies with federal Anti-Kickback laws. The policy provides guidance for providing business courtesies.

For the purpose of this policy, the following definitions apply:

- **Business Courtesies:** Business courtesies include items of value given to another free of cost. Examples include gifts, entertainment, and/or the Agency sponsored or hosted social events.
- **Immediate Family Member:** An immediate family member of a person includes:
 - The person’s spouse;
 - Natural or adoptive parent, child, or sibling;
 - Stepparent, stepchild, stepbrother, or stepsister;
 - Father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law;
 - Grandparent or grandchild; and
 - Spouse of a grandparent or grandchild.
- **Potential Referral Source:** A potential referral source includes a physician, dentist, or chiropractor who could reasonably be a source of referral of patients to the Agency for services or treatment.

Policy:

1. It is the policy of Trinity Alliance of the Capital Region, Inc. that gifts, entertainment, and other benefits will not be provided to potential referral sources and/or to his or her immediate family, except as permitted by this policy.
2. These guidelines only pertain to relationships with individuals and entities outside Trinity Alliance of the Capital Region, Inc., it does not pertain to actions between the Agency and its employees nor actions among Trinity Alliance of the Capital Region, Inc. employees.
3. Any business courtesies involving physicians or other individuals or entities in a position to refer patients or services to Trinity Alliance of the Capital Region, Inc. must strictly

follow the Agency policies and be in conformance with all federal and state laws, regulations, and rules regarding these practices.

Procedures:

1. Trinity Alliance's employees, Directors, Board members, independent contractors, volunteers and interns may not offer a potential referral source and his or her immediate family members business courtesies unless the following criteria are met:
 - The business courtesy is not based, directly or indirectly, on the volume or value of referrals or other business generated by the potential referral source;
 - The business courtesy does not consist of cash or the equivalent of cash;
 - The business courtesy is not solicited by the potential referral source or the referral source's practice or employees;
 - The business courtesy must not exceed the amount listed at http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/CPI-U_Updates.html (this amount changes annually based on the Consumer Price Index) in value or cause the total value of business courtesies extended to the potential referral source or immediate family to exceed said amount for the calendar year;
 - The business courtesy does not violate the federal Anti-Kickback statute or any state or federal law governing claims submission; and
 - The business courtesy is not extended to a physician group.
2. All employees must receive prior approval from the Compliance Officer before extending business courtesies to potential referral sources and/or their immediate family members. The Compliance Officer will record any business courtesy extended to a potential referral source or his/her immediate family members on the "Gifts and Entertainment Log" in the form attached to this Policy. The Compliance Officer will ensure that the aggregate value of business courtesies does not exceed \$338 in a calendar year.

3. Examples of Gifts and Entertainment that must be recorded and tracked on the Gifts and Entertainment Log include, but are not limited to:

- Dinner with a Potential Referral Source and/or his or her Immediate Family Member;
- Gifts or flowers to a Potential Referral Source or his/her Immediate Family Member;
- Tickets for sporting or cultural events to a Potential Referral Source and/or his or her Immediate Family Member; and
- Paying for a Potential Referral Source's continuing medical education costs.

Policy and Procedure: *Corporate Compliance*

Topic: *Employee, Board, and Independent Contractor Compliance Training*

Purpose:

The development and implementation of regular, effective education and training seminars is an integral part of the compliance program. Compliance education is divided into two general components. First, all employees, Board members, and independent contractors must receive an introduction to the compliance program. Second, those parties whose work is linked to identified risk areas should receive specialized compliance education pertaining to their function and responsibilities.

Policy:

1. All employees, Board members, and independent contractors will receive training related to the organization's overall compliance program.
2. Employees in identified risk areas, independent contractors, and members of the Board of Directors will receive more detailed education related to their function and responsibilities.
3. Attendance at training sessions is mandatory and is a condition of continued employment or contracting. Options will be made available to those who are not able to attend the annual training due to scheduling issues. There will be multiple options available throughout the year.

Procedures:

1. The Compliance Officer is responsible for developing the compliance education curriculum and monitoring and ensuring that compliance training and orientation meet the policy standards on this subject.
2. Compliance education seminars must include an explanation of the structure and operation of the compliance program. They will introduce the Compliance Officer to the organization.
3. Compliance education seminars, at a minimum, will include information on the following aspects of the compliance program:
 - Code of Ethics/Conduct and other related written guidance;
 - False Claims Act;
 - Whistleblower Provisions;
 - New York False Claims Act;
 - Communication channels (name of Compliance Officer, reporting mechanisms, Hotline);

- Organizational expectations for reporting problems and concerns; and
- Non-retaliation policy.

Specialized areas for education will include, but not be limited to, the following:

- Improper or fraudulent billing for services;
 - Preparation of inaccurate or incorrect cost reports;
 - Misuse of Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) funds;
 - Payment or receipt of remuneration or gifts in return for client referrals;
 - Government and private payor reimbursement principles; and
 - Government initiatives related to the services provided by the Agency.
4. Comprehensive education materials will be developed to facilitate the compliance sessions and ensure that a consistent message is delivered to all employees, Board members, and independent contractors. Education protocols and materials must be standardized, so as to evidence that everyone attending a seminar receives the same instruction.
 5. As part of his or her initial orientation, each employee, independent contractor, and Board member shall receive a training session within the first thirty (30) days of employment or contracting. Each employee, Director, Board member, independent contractor, volunteer and intern will receive an introduction to Trinity Alliance’s compliance program and objectives, and a written copy of the Code of Ethics/Conduct, compliance plan, and compliance policies. Each new employee will sign an acknowledgement form (attached to this Policy) that they are aware of and will abide by the Compliance Program and Code of Ethics/Conduct.
 6. All existing employees, Directors, Board members, independent contractors, volunteers and interns will receive a training session at least once per year that includes a review of the existing Compliance Program, the Code of Ethics/Conduct, and any applicable policies and procedures. The session will also focus on any changes in Federal or State laws and regulations.
 7. All education and training relating to the Compliance Program will be verified by attendance and a signed acknowledgement of receipt of training. The individual conducting the training will take attendance at all training sessions through the use of a sign-in sheet that records the date, start and end time of the session, and the content of the material presented. The Compliance Officer will maintain a file of attendance forms for all training sessions.
 8. Employees, independent contractors, and Board members will be provided with the opportunity to seek clarification or more information on any aspect of the compliance program. Trainers who are not able to answer specific questions will arrange for follow-up to be conducted by the Compliance Officer.

9. Only properly trained individuals will be used to provide compliance education and training seminars. Compliance program trainers must be knowledgeable of the (a) compliance program; (b) applicable Federal laws and regulations; (c) requirements of the Federal Sentencing Guidelines; (d) relevant organization policies/procedures; (e) operations of the compliance program; and (f) content of the Code of Ethics/Conduct.
10. The Compliance Officer is responsible for coordinating with management to ensure that specialized compliance education occurs in identified risk areas.
11. Managers shall assist the Compliance Officer in identifying areas that require specific training and are responsible for communication of terms of the compliance plan to all independent contractors doing business with the Agency.
12. Trinity Alliance will ensure that the Compliance Officer has sufficient opportunities to receive training on compliance issues.
13. The Compliance Officer is also responsible for submitting periodic reports to the Compliance Committee and Board of Directors on all education seminars related to the compliance program.

**Trinity Alliance of the Capital Region, Inc.
Acknowledgement Form - Compliance Training**

Date of Training: _____ **Time of Training:** _____
Location: _____ **Instructor:** _____

Contents

- **Trinity Alliance of the Capital Region Inc.’s Compliance Plan**
- Code of Ethics/Conduct
- Federal and State Regulatory Enforcement Agencies and Their Functions
- Regulatory History
- False Claims Act
- NY False Claims Act
- Whistleblower Provisions and Non-retaliation Policy
- Expectations for Reporting Problems and Concerns
- Communication Channels (including name of Compliance Officer and methods to report)

- ✓ I acknowledge that I have attended Compliance training on this date. I have been provided with the opportunity to ask any questions that I may have.
- ✓ I acknowledge that I have received and read a copy of the Compliance Plan and the Code of Ethics/Conduct.
- ✓ I understand that I must comply with the Compliance Plan, the Code of Ethics/Conduct, all laws, regulations, policies and procedures, and guidance provided.
- ✓ I understand that I must report any instances of possible violations of the Compliance Plan, the Code of Ethics/Conduct, laws, regulations, and policies and procedures to the Compliance Officer.
- ✓ I understand that Trinity Alliance of the Capital Region, Inc. maintains a hotline for confidential or anonymous reporting of possible violations of the Compliance Plan, the Code of Ethics/Conduct, laws, regulations, and policies and procedures.
- ✓ I understand that my failure to comply with the Compliance Plan, the Code of Ethics/Conduct, laws, regulations, and policies and procedures or to report possible violations may result in disciplinary action, up to and including termination.

Print Name _____ Title _____

Signature _____ Date _____

**Trinity Alliance of the Capital Region, Inc.
Compliance Training – Attendance**

Date of Training: _____
Time of Training: Start: _____ End: _____
Location: _____
Instructor: _____

Contents

- **Trinity Alliance of the Capital Region Inc.’s Corporate Compliance Plan**
- Code of Ethics/Conduct
- Federal and State Regulatory Enforcement Agencies and Their Functions
- Regulatory History
- False Claims Act
- NY False Claims Act
- Whistleblower Provisions and Non-retaliation Policy
- Expectations for Reporting Problems and Concerns
- Communication Channels (including name of Compliance Officer and methods to report)
- Questions and Answers

Attendance

Note: Each employee must also sign an acknowledgement of attendance.

Print Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Policy and Procedure: *Corporate Compliance*

Topic: *Employee, Board, and Contractor/Vendor Exclusion Screening*

Purpose:

Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, Trinity Alliance will conduct appropriate screening of key providers, employees, independent contractors, and business vendors to ensure that they have not been sanctioned by a Federal or State law enforcement, regulatory, or licensing agency.

Policy:

1. It is the policy of Trinity Alliance of the Capital Region, Inc. not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally sponsored health care programs, such as Medicare and Medicaid.
2. Trinity Alliance of the Capital Region, Inc. will conduct exclusion (sanction) screening of all current and proposed employees, Board members, and contractors.
3. Trinity Alliance of the Capital Region, Inc. will verify that individual contractors and entities that provide and/or perform services for the Agency have not been the subject of adverse governmental actions and/or excluded from the Federal or State healthcare programs.
4. Trinity Alliance of the Capital Region, Inc. will verify that any physician or other healthcare practitioner ordering or prescribing goods or services under a federally sponsored healthcare program, such as Medicaid, has not been excluded from participation from Federal or State healthcare programs.
5. An annual audit of employment applications and business entities with which Trinity Alliance of the Capital Region, Inc. enters into a contractual relationship will be conducted by the Compliance Officer to verify that this policy is enforced. A report of this audit will be made to the Compliance Committee and Board of Directors, along with any recommendations for remedial actions or improvement to the process as part of the annual compliance report.

Procedures:

A list of all vendors will be prepared for and reviewed by the CEO on a monthly basis, and new vendors added. Vendors with no further relationship with Trinity will be removed. The final vendor list will be forwarded to Commercial Investigations for the completion of all Exclusion Checks.

Applicable to Employees and Board Members:

1. Trinity Alliance will conduct exclusion checks to verify that all employees and Board members have not been excluded from Federal or State healthcare programs. An exclusion check is a search of the following sources to determine if the individual or entity's name appears on any of the lists:
 - U.S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
 - The System for Award Management's (SAM) Excluded Parties List available on the website at <https://www.sam.gov>
 - For New York State Agencies only: the NYS Medicaid Fraud Database available on the NYS Office of the Medicaid Inspector General website at <http://www.omig.ny.gov/index.php/fraud/medicaid-terminations-and-exclusions>
 - <https://www.oasas.ny.gov/credentialingverification/verification/home.cfm>
2. An exclusion check will be performed on all applicants for employment as part of the pre-employment screening process. If the exclusion check indicates that any individual has been excluded from Federal or State healthcare programs, the applicant will not be offered employment.
3. An exclusion check will be performed for potential Board members as part of the screening process. If the exclusion check indicates that a potential Board member has been excluded from Federal or State healthcare programs, the individual will not be considered for Board affiliation.
4. The Compliance Officer will ensure that exclusion screening is conducted on all employees and Board members at least monthly.
5. The Compliance Officer will maintain the results of all exclusion checks.
6. If any Agency employee or Board member is charged with a criminal offense related to healthcare, or is proposed or found to be subject to exclusion from Federal healthcare programs, the employee must be removed from direct responsibility or involvement in any federally funded healthcare program while the matter is pending. If the matter results in conviction or exclusion, Trinity Alliance will immediately terminate the employee's or Board member's affiliation with the Agency.
7. In addition to exclusion screening, the credentials of medical/healthcare and other professionals employed by Trinity Alliance will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individuals that might impair his or her performance of duties, or fiduciary responsibilities on behalf of the Agency. The process is applicable to all employees for which the license/certification is required for the performance of their duties. The screening and

verification will be conducted as part of the hiring process and at least annually thereafter.

Applicable to Contractors/Vendors:

1. A comprehensive list of vendors will be maintained and reviewed on a monthly basis for vendors who have continued affiliation with Trinity Alliance. All vendors who continue a relationship with the agency will have an exclusion check run by Commercial Investigations on a monthly basis. Those vendors that were one-time service providers will not be run for exclusion on an ongoing basis.
2. If the exclusion check indicates that a contractor/vendor has been excluded from Federal or State healthcare programs, the contract will not be executed. An exclusion check is a search of the following sources to determine if the individual or entity's name appears on any of the lists:
 - U.S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov> and
 - The System for Award Management's (SAM) Excluded Parties List available on the website at <https://www.sam.gov>
 - For New York State Agencies only: the NYS Medicaid Fraud Database available on the NYS Office of the Medicaid Inspector General website at <http://www.omig.ny.gov/index.php/fraud/medicaid-terminations-and-exclusions>
3. All contracts entered into by Trinity Alliance will contain a certification that the contractor/vendor and its employees and subcontractors are not excluded by the Federal or State government.
4. The Compliance Officer shall assure that an exclusion check of the contractor/vendor is conducted prior to entering a business contract with the vendor and at least monthly thereafter.
5. If the exclusion check indicates that a contractor/vendor has been excluded from Federal or State healthcare programs, the contract will be terminated.
6. The Compliance Officer shall maintain the results of all exclusion checks.

Applicable to Physicians and Other Healthcare Practitioners:

1. Trinity Alliance will verify that all instances in which physicians and healthcare practitioners order or prescribe Medicaid or Medicare funded goods or services have not been excluded from participation in a Federal or State healthcare program.

2. The Compliance Officer shall assure that an initial exclusion check is conducted on each practitioner who prescribes or orders Medicaid or Medicare funded goods or services. An exclusion check is a search of the following sources to determine if the individual or entity's name appears on any of the lists:
 - U.S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov> and
 - The System for Award Management's (SAM) Excluded Parties List available on the website at <https://www.sam.gov>
 - For New York State Agencies only: the NYS Medicaid Fraud Database available on the NYS Office of the Medicaid Inspector General website at <http://www.omig.ny.gov/index.php/fraud/medicaid-terminations-and-exclusions>
3. The Compliance Officer shall assure that exclusion screening is conducted on, at minimum, an annual basis thereafter.
4. If the exclusion check indicates that a practitioner has been excluded from Federal or State healthcare programs, the services or goods will not be billed to Medicaid or Medicare.
5. The Compliance Officer shall maintain the results of all exclusion checks.

Policy and Procedure: *Corporate Compliance*
Topic: *Enforcement of Compliance Standards*

Purpose:

Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and the Agency’s Code of Ethics/Conduct. To support this commitment, Trinity Alliance has developed procedures for disciplinary actions to be taken for violations of the Compliance Program and/or Code of Ethics/Conduct by employees Directors, Board members, independent contractors, volunteers and interns (referred hereafter as “affected individuals”).

Policy:

1. Affected Individuals who, upon investigation, are found to have committed violations of applicable laws and regulations, the Compliance Program, the Code of Ethics/Conduct, or the Agency’s policies and procedures will be subject to appropriate disciplinary action, up to and including termination.
2. The following actions may result in disciplinary action:
 - Authorization of or participation in actions that violate the law, regulations, and Compliance Program, including the Code of Ethics/Conduct, and all related policies and procedures;
 - Failure to comply with Agency’s policies governing the prevention, detection, or reporting of fraud and abuse;
 - Failure to report a violation by a peer or subordinate;
 - Failure to cooperate in an investigation;
 - Retaliation against an individual for reporting a possible violation or participating in an investigation; and
 - Failure to act as an honest, reliable, and trustworthy service provider.
 - Encouraging, directing, facilitating or permitting non-compliant behavior.
3. Discipline will be appropriately documented in the disciplined employee’s personnel file (or in the independent contractor’s file), along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during regular and promotional evaluations.

4. The Compliance Officer and Director of Human Resources will be responsible for assuring that disciplinary actions related to non-compliance with the law, regulations, and Compliance Program, including the Code of Ethics/Conduct, are consistent with actions taken in similar instances of non-compliance.

Procedures:

1. The Agency shall apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment (or arrangement with an independent contractor). Some infractions may rise to the level of termination.
2. To the extent possible, disciplinary action will be taken in accordance with the Agency's Employee Handbook.
3. When the determination is made that a compliance violation has occurred, the Compliance Officer will notify the Chief Executive Officer and the individual's supervisor or representative for independent contractors. If appropriate, the Compliance Officer may notify the Board or the Compliance Committee before the next regularly scheduled meeting when a full report of compliance-related disciplinary actions would normally be presented.
4. The Compliance Officer and Director of Human Resources shall work in collaboration with the appropriate supervisor/manager in determining disciplinary action related to an instance of non-compliance. The Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.
5. The Compliance Officer and/or Director of Human Resources shall consult with the Compliance Committee, the Chief Executive Officer, and Inside or Outside Legal Counsel, as necessary to determine the appropriate disciplinary action to be taken.
6. The Director of Human Resources is responsible for reporting disciplinary actions taken as a result of violations of Trinity Alliance's Code of Ethics/Conduct and/or Compliance Program to the Compliance Officer.
7. The Compliance Officer will maintain a written record of disciplinary actions, including verbal warnings, and will reference these records when necessary to ensure consistency in application of disciplinary measures.
8. The Compliance Officer shall maintain a record of all disciplinary actions, including verbal warnings, related to compliance violations and report regularly to the Compliance Committee and not less than annually to the Board of Directors, regarding such actions.

9. The Compliance Officer will reference the record of disciplinary actions as necessary to ensure consistency in the application of disciplinary measures related to compliance violations.

Policy and Procedure: *Corporate Compliance*
Topic: *False Claims Act and Whistleblower Provisions*

Purpose:

Trinity Alliance of the Capital Region, Inc. is committed to prompt, complete, and accurate billing of all services provided to individuals. Trinity Alliance and its employees, contractors, and agents shall not make or submit any false or misleading entries on any claim forms. No employee, Director, Board member, independent contractor, volunteer or intern shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that results in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

It is the policy of Trinity Alliance to detect and prevent fraud, waste, and abuse, and provided quality of service in Federal healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Administrative Remedies for False Claims (31 USC Chapter 38 §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194), and other New York State laws concerning false statements or claims and employee protections against retaliation. This policy also sets forth the procedures that Trinity Alliance has put into place to prevent any violations of Federal or New York State laws regarding fraud or abuse in its health care programs.

This policy applies to all employees, including management, contractors, and agents.

For purpose of this policy, a contractor or agent is defined as:

- Any contractor, subcontractor, agent, or other person who, on behalf of the Agency, furnishes or otherwise authorizes the furnishing of Medicare and/or Medicaid health care items or services, or performs billing or coding functions; or
- Any contractor, subcontractor, agent, or other person who provides administrative or consultative services, goods or services that are significant and material, are directly related to health care provision, and/or are included in or are a necessary component of providing items or services of Medicaid-funded programs; or
- Any contractor, subcontractor, agent, or other person who is involved in the monitoring of health care provided by the Agency.

Overview of Relevant Laws:

The False Claims Act (31 U.S.C. §§ 3729-3733)

The False Claims Act is a Federal law designed to prevent and detect fraud, waste, and abuse in Federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of \$5,000 to \$10,000 for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim.

Some examples include:

- Knowingly making false statements;
- Falsifying records;
- Submitting claims for services never performed or items never furnished;
- Double-billing for items or services;
- Using false records or statements to avoid paying the Government;
- Falsifying time records used to bill Medicaid; or
- Otherwise causing a false claim to be submitted.

Whistleblower or “Qui Tam” Provisions

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or whistleblower provision.

The Government, or an individual citizen acting on behalf of the Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the U.S. Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

Employee Protections

The False Claims Act prohibits discrimination by Trinity Alliance against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorney fees.

Administrative Remedies for False Claims (31 USC Chapter 38. §§3801-3812)

This Federal statute allows for administrative recoveries by Federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information, or omits material information. The agency receiving the claim may impose a monetary penalty of up to \$5,500 per claim and damages of twice the amount of the original claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also unlike the False Claims Act, the determination of whether a claim is false, and imposition of fines and penalties is made by the administrative agency, and not by prosecution in the Federal court system.

New York State Laws

A. Civil and Administrative Laws

New York State False Claims Act (State Finance Law §§187-194)

The New York State False Claims Act closely tracks the Federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may be responsible for the government's legal fees.

The Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit. The New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

Social Service Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment, or other fraudulent scheme or device. The State or the local Social Services district may recover up to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within five years, a penalty up to \$7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

Social Service Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's and the person's family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

B. Criminal Laws

Social Service Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Service Law § 366-b, Penalties for Fraudulent Practices

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which he/she is legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor.

Penal Law Article 155, Larceny

The crime of larceny applies to a person who, with intent to deprive another of property, obtains, takes, or withholds the property by means of a trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This law has been applied to Medicaid fraud cases.

Penal Law Article 175, Written False Statements

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an agency's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class A misdemeanor or a Class E felony.

Penal Law Article 176, Insurance Fraud

This Article applies to claims for insurance payment, including Medicaid or other health insurance. The six crimes in this Article involve intentionally filing a false insurance claim. Under this article, a person may be guilty of a felony for false claims in excess of \$1,000.

Penal Law Article 177, Health Care Fraud

This Article establishes the crime of Health Care Fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health Care Fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.

New York Labor Law §740

An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official.

This law offers protection to an employee who:

- discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy, or practice of the employer that is in violation of law, rule, or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions);
- provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such violation of a law, rule, or regulation by the employer; or
- objects to, or refuses to participate in, any such activity, policy, or practice in violation of a law, rule, or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. The law allows employees who are the subject of a retaliatory action to bring a suit in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health care provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

New York Labor Law §741

Under this law, a health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If the employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health care provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

Policy:

1. Trinity Alliance of the Capital Region, Inc. will provide training/education in this policy and procedure to all its employees, Directors, Board members, independent contractors, volunteers and interns. This training will be provided to all new employees as part of the new employee orientation.
2. Trinity Alliance of the Capital Region, Inc. will perform billing activities in a manner consistent with the regulations and requirements of third party payors, including Medicaid and Medicare.
3. Trinity Alliance of the Capital Region, Inc. will conduct regular auditing and monitoring procedures as part of its efforts to assure compliance with applicable regulations.
4. Any employee, contractor, or agent who has any reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the practice according to Trinity Alliance of the Capital Region Inc.'s Reporting of Compliance Concerns and Non-Retaliation Policy and Procedure.
5. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.

6. Any employee, Director, Board member, independent contractor, volunteer or intern who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.

Procedures:

1. The Compliance Officer will ensure that all employees and agents receive training/education related to the contents of this policy and the False Claims Act. The Compliance Officer will ensure that records are maintained to document the receipt of training.
2. The Compliance Officer will assure that this policy and procedure is attached to any contract with outside contractors or agents and is communicated to vendors (as defined by this policy).

NOTE: Include the process for notification to vendors as defined by this policy (i.e., letter, posting on website, etc.).

Policy and Procedure: *Corporate Compliance*
Topic: *Internal Auditing and Monitoring*

Purpose:

Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) developed and implemented a compliance program in an effort to establish, in part, effective internal controls that promote adherence to applicable Federal and State laws and requirements. An important component of the compliance program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.

Trinity Alliance of the Capital Region, Inc. recognizes the need for internal controls, but also realizes that resources are limited. Therefore, this policy focuses on the Agency’s resources to effectively and efficiently audit and monitor risk areas.

Policy:

1. Trinity Alliance of the Capital Region, Inc. will conduct ongoing auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, clinical operations, and service provision.
2. The senior management team will ensure that ongoing auditing and monitoring is properly conducted, documented, and reported.
3. The Compliance Officer will be responsible for oversight of the Agency’s internal auditing system and is authorized to delegate auditing duties to other Agency personnel, accountants, consultants, and attorneys, as necessary and appropriate.

Procedures:

1. On an annual basis, the Compliance Officer, in conjunction with the Chief Executive Officer, senior management, and Compliance Committee, will determine the scope and format of routine audits of Trinity Alliance’s operations. The Compliance Officer will include all scheduled audits on a work plan that is shared with the Compliance Committee and the Board of Directors.
2. The Compliance Officer will recommend and facilitate auditing and monitoring of the identified risk areas related to compliance with laws and regulations, as well as Agency policies, procedures, and standards of conduct. (Risk areas may be identified through the regular course of business, external alerts, or internal reporting channels.)

3. The Compliance Officer will facilitate all audits of financial processes or systems with the Controller. The audits will serve to ensure that internal controls are in place so that:
 - Generally Accepted Accounting Principles (GAAP) are followed; and
 - Federal, State, and local laws, regulations, and requirements are met.
4. The Compliance Officer will facilitate all audits of operational and programmatic areas with Agency's Directors in charge of each program. The audits will serve to evaluate, at minimum, the following:
 - Compliance with laws, regulations, and related policies and procedures governing Agency's programs and operations;
 - Fraud and abuse issues;
 - Third party billing practices;
 - Service delivery and documentation practices;
 - Employment practices;
 - Conflict of Interest;
 - Contract review;
 - Employee, independent contractor, and Board compliance training and education; and
 - Compliance Plan and related policies.
5. The audits and reviews will examine the Agency's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), clinical record reviews to support claims for reimbursement, and documentation reviews. The Compliance Officer will conduct and/or oversee compliance reviews with assistance from management staff and/or quality assurance/internal audit staff with the requisite skills to carry out the audit. Whenever feasible, the Compliance Officer will seek to have audits conducted by Trinity Alliance employees who are not involved in the delivery of services subject to the audit.
6. The Compliance Officer will determine the sample size and sample criteria prior to each audit. All review tools used will be standardized throughout the Agency and approved by the Compliance Officer.

7. Each Agency program will conduct a review of its compliance with applicable regulations and quality measures on a quarterly basis. Senior management staff shall be responsible to identify needs for internal auditing of specific issues under their oversight.
8. A written report of audit findings will be forwarded to the Compliance Officer and Program Director within seven days from the completion of the internal audit.
9. Within thirty days of receipt of the written report of findings, the Program Director will submit a written Plan of Corrective Action to the Compliance Officer for review. The Program Director is responsible to ensure that corrective measures are implemented and monitored for effectiveness.
10. The Compliance Officer will ensure that a post-audit review is scheduled to occur within six months of the completion dates specified in the Plan of Corrective Action.
11. The results of all internal auditing and monitoring activities, including records reviewed, audits results, and corrective actions, will be recorded and maintained by the Compliance Officer.
12. Any correspondence from any regulatory agency charged with administering a funded program received by any department of the Agency will be copied and promptly forwarded to the Compliance Officer for review and subsequent discussion by the Compliance Committee.
13. Program management will immediately notify the Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority. Results (oral or written) of any visits, audits, investigations, or surveys will be forwarded to the Compliance Officer promptly upon receipt by Agency personnel.
14. The Compliance Officer will be responsible to report to the Compliance Committee on the general status of compliance reviews, the outcome of compliance auditing and monitoring, and the corrective actions taken. The reporting will occur at the first regularly scheduled Compliance meeting after the conclusion of the audit.
15. The Compliance Officer will be responsible to report the results of auditing and monitoring activities and corrective actions at least annually to the Board of Directors. The report will also include an assessment of any compliance risks to the Agency.
16. On a year-to-year basis, the Compliance Officer will benchmark audit results and compare results of similar audits to determine whether improvement is occurring.
17. On an annual basis, the Compliance Officer will monitor the effectiveness of the Compliance Plan and will update compliance policies and procedures, as necessary, to comply with regulatory changes or industry trends. The Compliance Officer will provide a report of this review to the Compliance Committee and the Board of Directors.

Policy and Procedure: *Corporate Compliance*
Topic: *Investigation and Resolution of Compliance Issues*

Purpose:

Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) implemented a Compliance Program in an effort to establish a culture within the organization that promotes prevention, detection, and resolution of misconduct. This is accomplished, in part, by establishing communication channels for employees to report problems and concerns. Employees, Directors, Board members, independent contractors, volunteers and interns (referred to as “employees”) are encouraged to report issues via the traditional chain of command, Human Resources, Compliance Hotline, or directly to the Compliance Officer. Therefore, the Compliance Officer is responsible for responding to compliance issues that are raised through the various communication channels. This policy is designed to establish a framework for managing and responding to compliance issues that are raised to the Compliance Officer.

Policy:

Trinity Alliance of the Capital Region, Inc. will respond to reports or reasonable indications of suspected non-compliance by commencing a prompt and thorough investigation of the allegations to determine whether a violation has occurred.

Employees who report non-compliance related issues or concerns to the Compliance Officer or the Compliance Hotline will be politely redirected to the appropriate department or individual. In instances where the employee seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or individual while maintaining the request for confidentiality/anonymity.

Procedures:

1. The Compliance Officer will conduct or oversee the conduction of all internal investigations involving compliance-related issues and shall have the authority to engage inside legal counsel/outside legal counsel or other consultants, as needed. The Compliance Officer will consider whether the investigation should be conducted under attorney/client privilege.
2. Before conducting an investigation of any compliance-related issue, the Compliance Officer shall ensure a full understanding of the relevant laws, regulations, and government issuances.
3. Upon report or notice of alleged non-compliance, the Compliance Officer will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative technique. The Compliance Officer should: (a) conduct a

fair impartial review of all relevant facts; (b) restrict the inquiry to those necessary to resolve the issues; and (c) conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue.

4. If deemed appropriate, the Compliance Officer will recommend the cessation of internal activities that may be the cause of, or contribute to, the alleged non-compliance.
5. If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible noncompliance of any criminal, civil, or administrative law to warrant further investigation, the issue should be turned over to legal counsel. A memorandum to this effect should be directed to legal counsel with a copy to the Chief Executive Officer. The memorandum should state whether legal counsel or the Compliance Officer will be leading the investigation. All documents produced during the investigation by legal counsel to be possibly protected from disclosure should include the notation: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."
6. The Compliance Officer, in consultation with legal counsel, the Chief Executive Officer, and the Compliance Committee, will evaluate the violation to determine if a voluntary self-disclosure of the violation is appropriate. In the event that voluntary disclosure is appropriate or required, the Compliance Officer will consult with external counsel on the notification of appropriate government officials, private payors, or other entities. Notification shall be made within a reasonable time period from date of discovery and may include restitution of monies paid by the applicable Federal or State agency, payor, or other entity.
7. For investigations that do not involve legal counsel, the Compliance Officer will determine what personnel possess the requisite skills to examine the particular issue(s) and will assemble a team of investigators, as needed. The Compliance Officer will also decide whether the Agency has sufficient internal resources to conduct the investigation or whether external resources are necessary.
8. The Compliance Officer shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation. The Compliance Officer will consider the need for an audit of billing practices and determine the scope of interviews.
9. The Compliance Officer will maintain all notes of the interviews and review of documents as part of the investigation file.
10. The Compliance Officer should ensure that the following objectives are accomplished:
 - Fully debrief complainant;
 - Notify appropriate internal parties;
 - Identify cause of problem, desired outcome, affected parties, applicable guidelines, and possible regulatory or financial impact;

- Provide a complete list of findings and recommendations;
 - Determine the necessary corrective action measures, (e.g., policy changes, operational changes, system changes, personnel changes, training/education); and
 - Document the investigation.
11. Upon receipt of the results of the investigation, depending upon the scope and severity of the identified violations, the Compliance Officer may consult with inside legal counsel/outside legal counsel, the Chief Executive Officer, and/or the Compliance Committee to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions; (b) the completeness, objectivity, and adequacy of recommendations for corrective actions; and/or (c) further actions to be taken as necessary and appropriate.
 12. Upon conclusion of the investigation, the Compliance Officer will organize the information in a manner that enables the Agency to determine if an infraction did, in fact, occur. The Compliance Officer will track the investigation, responsible parties, and due dates in a compliance log. The log will include the resolution of the investigation as closed or fully resolved.
 13. The Compliance Officer will be responsible for reporting the results of all investigations to the Chief Executive Officer, Compliance Committee, and the Board.
 14. The Compliance Officer or Program Director will inform the reporter, if known, of the conclusion of the investigation and the outcome, if appropriate.

Policy and Procedure: *Corporate Compliance*
Topic: *Reimbursement Practices and Billing Errors*

Purpose:

Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) is committed to accuracy and integrity in all its billing, coding, and other reimbursement operations. To reinforce this commitment, the Compliance Officer is responsible for general oversight of billing, coding, and other reimbursement operations in accordance with this policy.

Policy:

Trinity Alliance of the Capital Region, Inc. is committed to ensuring that its reimbursement practices comply with all federal and state laws, regulations, guidelines, and policies. The Agency prohibits the intentional submission for reimbursement any claim that is false, fraudulent, or fictitious. Furthermore, the Agency is committed to ensuring against the accidental submission of any claim that is false or inaccurate.

This commitment includes a policy of ensuring accurate billing of claims for services that are actually rendered and deemed medically necessary. This policy and the following procedures were adopted to ensure that general guidance is available for all employees.

Procedures:

1. The Compliance Officer is responsible for ensuring that all reimbursement and billing procedures contained in this policy are integrated into the operations of the organization.
2. All employees will receive compliance training that will reinforce the following policies:
 - Anyone who has knowledge of a problem related to reimbursement (e.g., submission of a claim that is false or contains false information) must report that problem to management (employees can report directly to management or use the hotline).
 - Failure to report a known problem related to reimbursement will subject an employee to disciplinary action.
 - Inaccurate claims submission may subject Trinity Alliance, involved employees, and other representatives to civil or criminal penalties.

3. Anyone reporting a problem or concern in good faith will be protected by the non-retaliation policy.
4. The Compliance Officer is responsible for ensuring that the Code of Ethics/Conduct provides adequate general guidance concerning appropriate reimbursement practices.
5. The Compliance Officer is responsible for making sure that the employee compliance training program includes interactive training on reimbursement practices.
6. The Compliance Officer will ensure that specialized training is provided to all reimbursement personnel as part of their new employee orientation.
7. All services rendered to individuals shall be documented in a proper and timely manner so that only accurate and properly documented services are billed.
8. Claims will be submitted only when appropriate documentation supports the claim and only when such documentation is maintained for audit and review. The documentation, which may include service recipients' records, shall include the identity and title or professional certification of the individual providing or ordering the service.
9. Each Agency program will develop and maintain written procedures for the documentation of services. Procedures will include, at a minimum, the following:
 - Attendance records;
 - Receipt and maintenance of service/treatment plans;
 - Service documentation requirements specific to the respective program;
 - Definition of contemporaneous documentation;
 - Attestation and review prior to submission to billing personnel; and
 - The forms used for documentation and billing purposes.
10. The Compliance Officer must approve the billing and documentation procedures and/or any revisions to procedures or forms before implementation.
11. Each Agency program will conduct an annual review of its documentation practices to verify that practices conform to the written procedures. Results of the review will be presented to the Compliance Officer by the end of the fourth quarter of the calendar year.
12. Program and reimbursement staff shall use their best efforts to communicate effectively and accurately with each other to assure compliance and avoid the potential for billing irregularities and/or errors.

13. The Compliance Officer is responsible for responding, in a timely manner, to all problems, concerns, or questions related to reimbursement practices. The Compliance Officer is also responsible for ensuring that appropriate remedial actions are taken for any irregularities uncovered.
14. If a billing error is discovered, the billing error should be immediately reported to the Chief Financial Officer and the Compliance Officer.
15. The billing error will be recorded by the Program Director/Manager through the completion of a Void/Adjustment Claim Form (attached to this Policy). The following information will be recorded on the Form:
 - Service Recipient's Name and Medicaid (or other payer identification number);
 - Date(s) of services and units;
 - Type of service;
 - Change requested (void, add, adjust); and
 - Reason for the change.

Completed forms will be forwarded to the Program Administrator for review and signature and then forwarded to Chief Financial Officer and Executive Director.

The Chief Financial Officer will ensure that the adjustment is made and recorded on the Void/Adjustment Claim Form. The completed Form will be maintained in the finance office and a copy forwarded to the Compliance Officer for follow-up and tracking.

16. The Compliance Officer is responsible for the investigation of any billing errors or irregularities. Appropriate steps will be taken to prevent recurrence.
17. Any overpayment received as a result of such a billing error will be promptly repaid to the appropriate payer, with interest, if appropriate. All Medicare and Medicaid overpayments must be reported and returned to the payer within sixty days of identification of the overpayment.
18. A report of irregularities, the results of investigations, and the remedial actions will be recorded on the compliance log and reported to the Compliance Committee on a quarterly basis, and at least annually to the Board of Directors.
19. The Compliance Officer will work with the responsible management staff overseeing the reimbursement functions to verify on an annual basis that all reimbursement and billing manuals and materials are current and accurate.

20. The reimbursement department will conduct an annual review of internal billing, claims processing, and reimbursement to verify that all billing activities conform to current policies and procedures of the organization.
21. The Compliance Officer will conduct an annual audit and review of the reimbursement activities to evidence that all billing staff have been trained in proper billing and coding procedures and validate that management properly verified reimbursement procedures and practices. A report on the results of this review will be made annually to the Compliance Committee.

VOID CLAIM FORM

The following claim(s) need to be voided or adjusted:

Program: _____
Service Recipient: _____
Date(s) of Service: _____
Units (#, half/full, etc.): _____

REASON (check one and explain):

- Clerical Error or Billing Log _____
- Keying Error in Bus. Office _____
- Documentation doesn't support claim (details below):

How was the error discovered? _____

Submitted by: _____	Date: _____
Compliance Officer Notified? By: _____	Date: _____
Program Administrator: _____	Date: _____
Director of Finance: _____	Date: _____
Chief Executive Officer Notified? By: _____	Date: _____

Business Office Use – Please attach copies of backup and return to Director of Finance (or other title) once void is complete.

\$\$ Amount: \$ _____	
Date Voided: _____	Date \$\$ Recouped: _____
Invoice # _____	Receipt #: _____
Accounting Manager. (<i>or other title</i>) Signature _____	Date: _____

Reviewed by:

Director of Finance: _____	Date: _____
Compliance Officer _____	Date: _____

Policy and Procedure: *Corporate Compliance*

Topic: *Reporting of Compliance Concerns and Non-Retaliation/Non-Intimidation*

Purpose:

Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State requirements, as well as the Agency’s ethical and business policies.

To promote this culture, Trinity Alliance of the Capital Region, Inc. established a compliance reporting process and a strict non-retaliation/non-intimidation policy to protect employees and others who report problems and concerns in good faith from retaliation. Any form of retaliation or retribution can undermine the compliance resolution process and result in a failure of communication channels in the Agency.

Policy:

1. All employees, Directors, Board members, independent contractors, volunteers and interns have an affirmative duty and responsibility for promptly reporting any known or suspected misconduct, including actual or potential violations of laws, regulations, policies, procedures, the Agency’s Compliance Plan, or the Agency’s Code of Ethics/Conduct.
2. The “open-door policy” will be maintained at all levels of management to encourage employees to report problems and concerns.
3. Trinity Alliance maintains an anonymous Compliance Hotline. Employees may report their compliance concerns anonymously or confidentially to the Compliance Officer through use of the Compliance TIPS LINE which is 518-556-6411.
4. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
5. Any employee, Director, Board member, independent contractor, volunteer or intern who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
6. Employees cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action.

Procedures:

Procedures that apply to all employees

1. Knowledge of misconduct, including actual or potential violations of laws, regulations, policies, procedures, or the Agency's Code of Ethics/Conduct, must be immediately reported to management, Director of Human Resources, the Compliance Officer, or the Compliance Hotline.
2. Employees have the same reporting obligations for actual or suspected violations committed by the Agency's vendors or subcontractors.
3. Confidentiality will be maintained unless the matter is turned over to law enforcement. Employees should be aware that Trinity Alliance is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.
4. Employees, Directors, Board members, independent contractors, volunteers and interns may report their compliance concerns confidentially to the Compliance Hotline and provide his or her identity. Callers should be aware, however, that it may not be possible to preserve anonymity if they identify themselves, provide other information that identifies them, the investigation reveals their identity, or if they inform others that they have called the Compliance Hotline.
5. If the caller wishes to make the report anonymously to the Compliance Hotline, no attempt will be made to trace the source of the call or identify of the person making the call.
6. The Compliance Hotline number will be published and visibly posted in a manner consistent with employee notification in locations frequented by Agency employees, Directors, Board members, independent contractors, volunteers and interns.
7. Trinity Alliance will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith regarding a practice that the individual believes may violate the Agency's Compliance Plan, Code of Ethics/Conduct, its Compliance Policies and Procedures, or any of the laws, rules, or regulations by which the Agency is governed. "Good faith" means that the individual believes that the potential violation actually occurred as he or she is actually reporting.
8. Trinity Alliance strictly prohibits its employees from engaging in any act, conduct, or behavior that results in, or is intended to result in, retaliation against any employee, Director, Board member, independent contractor, volunteer or intern for reporting his or her concerns relating to a possible violation of the Agency's Compliance Plan, Code of Ethics/Conduct, its Compliance Policies and Procedures, or any of the laws, rules, or regulations by which the Agency is governed.

9. If an employee believes in good faith that s/he has been retaliated against for reporting a compliance complaint or concern or for participating in any investigation of such a report or complaint, the employee should immediately report the retaliation to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates, specific events, the names of any witnesses, and the location or name of any document that supports the alleged retaliation.
10. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or the Compliance Hotline.

Procedures that apply to management (which includes executives, directors, managers, and supervisors)

1. Any member of management who receives a report of a violation or suspected violation will immediately notify the Compliance Officer and complete a Compliance Issue Report Form (attached to this Policy). The completed Form will be forwarded to the Compliance Officer.
2. Management must take appropriate measures to ensure that all levels of management support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:
 - Meet with department staff and discuss the main points within this policy; and
 - Provide all department staff with a copy of this policy.

Procedures that apply to the Compliance Officer

1. The Compliance Officer will ensure that all reports of violations or suspected violations are recorded on the Compliance Issue Report Form.
2. The Compliance Officer will determine the scope of the reported issue and make a determination regarding the course of action, including the investigation process and notifications to be made. (Refer to Investigation of Compliance Issues Policy.)
3. The Compliance Officer will be responsible for the investigation and follow-up of any reported retaliation against an employee for reporting a compliance concern or participating in the investigation of a compliance concern.
4. The Compliance Officer will report the results of an investigation into suspected retaliation to the governing entity deemed appropriate, such as the Compliance Committee or the Board of Directors.

**Trinity Alliance of the Capital Region
Compliance Issue Report Form**

Today's date (date report filed): / /

Your name: _____ Title/Position: _____

Department/Program Contacted _____

Mode of Contact:

- | | | |
|--|--|--|
| <input type="checkbox"/> Report to Supervisor | <input type="checkbox"/> Hotline | <input type="checkbox"/> Email |
| <input type="checkbox"/> Compliance Officer | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Agency line |
| <input type="checkbox"/> Letter or Note | <input type="checkbox"/> Staff Meeting | <input type="checkbox"/> Compliance Training |
| <input type="checkbox"/> Letter to Board or CEO/Executive Director | | <input type="checkbox"/> Other _____ |

Source of Report:

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Employee, Independent Contractor | <input type="checkbox"/> | Vendor/Subcontractor |
| | <input type="checkbox"/> Board Member | |
| <input type="checkbox"/> Service Recipient/Family Member | <input type="checkbox"/> Other Provider | <input type="checkbox"/> Other |
- _____

Contact Confidentiality Status:

- Anonymous Confidential _____ Name

_____ Phone

Type of Report:

- Suspected Violation/Misconduct Regulatory Inquiry Agency P&P Inquiry Ethical Business Practice

Is this a question about the Compliance Program? Yes _____ No _____ If yes, indicate question here:

Is this a suspected violation of the Compliance Program? Yes _____ No _____

If yes, answer the questions below: *(Attach additional sheets if necessary.)*

Please describe in as much detail as possible, the violation: *(Please be specific where the violation may have occurred)*

When did this occur? _____ / _____ / _____ Were you directly involved? _____

If yes, describe what you did: _____

Who else was directly involved? (*Names and positions, if known*):

1. _____
2. _____
3. _____

Is there any documentation or other evidence of the alleged violation? *Please describe/list or attach:*

Has the reporter discussed this issue with anyone else within Agency? *Please list by name and position:*

1. _____
2. _____
3. _____

Has the reporter discussed this with others outside the Agency? *Please identify by name and relationship:* _____

Completed by: _____

Date: _____ Title: _____

Forward completed form to Compliance Officer

For Use by Compliance Officer:

Follow Up:

Reported to Compliance Officer: _____ By: _____ Date: _____ Time: _____

Reported to Chief Executive Officer: _____ Date: _____

Reported to Compliance Committee: _____ Date: _____

Reported to Board: _____ Date: _____

Actions Taken:

- Immediate Response Provided Internal investigation initiated; assigned to: _____
- Researched regulations External investigation; Entity _____
Date _____
- Researched Agency P&P Referred to legal counsel _____
Date: _____
- Responded to reporter; date _____

Summary of Action Taken:

Final Disposition of Compliance Officer:

Classification: _____

Compliance Report Log Number: _____

Completed by:

Compliance Officer Name	Signature	Date
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**Trinity Alliance of the Capital Region
Compliance Issue Log**

number	Date received	Source	Type	Program	Summary	Date Resolved	Disposition	Date of Committee Review

Type of Report:

- Question
- Documentation Issue
- Billing Issue
- Missing Funds/Misuse of Funds
- Confidentiality
- Human Resource Issue
- Alleged Retaliation
- Violation of Code of Conduct
- Other

Source:

- Staff
- Supervisor
- Hotline
- Other Provider
- Customer /Family
- Anonymous letter
- Other

Policy and Procedure: *Corporate Compliance*
Topic: *Response to Governmental Investigations*

Purpose:

Federal and State law enforcement and regulatory agencies routinely conduct interviews to gather information during audits, inquiries, and investigations. It is important that Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) responds to any official requests for information consistently and appropriately. Therefore, this policy is established to provide guidance on how to handle any unannounced visits by government representatives. This policy does not address visits by regulatory agencies to perform program certification or quality assurance functions.

Policy:

1. Trinity Alliance of the Capital Region, Inc. is committed to appropriately responding and not interfering with any lawful audit, inquiry, or investigation.
2. Employees will remain courteous and professional when dealing with investigators or agents.

Procedures:

1. Announcement of an impending visit by any government investigator or auditor should be immediately reported to the Chief Executive Officer, who is responsible to notify the Compliance Officer and legal counsel as identified in the Compliance Plan.
2. Procedures for handling the receipt of a search warrant or subpoena are covered by separate policies. Please refer to specific policies.

Visits to any of Trinity Alliance of the Capital Region Inc.’s facilities:

1. If an individual arrives at any Agency facility and identifies himself or herself as a government auditor, investigator, or other representative, treat him or her with respect and courtesy. Request identification (do not attempt to photocopy credentials, as this is a violation of Federal law) and the reason for the visit.
2. Ask the individual to wait in an unused office or a location where business is not conducted.
3. Immediately contact the Chief Executive Officer, who will contact the Compliance Officer and legal counsel identified in the Compliance Plan. The Chief Executive Officer will identify one employee to be responsible for responding to the agent’s questions.

4. Await direction from legal counsel. Do not submit to questioning or an interview. Do not provide documents or other information.
5. Refer to policy on Search Warrants, if applicable.
6. Other than providing information to direct the agents to information requested, do not submit to any form of questioning or interviewing.

Visits to any location outside Trinity Alliance of the Capital Region, Inc. (e.g., personal residence):

Note: Employees are free to speak to government investigators or auditors; however, you are not required to submit to questioning. The following is provided as general information regarding off-site visits:

1. Individuals have the right to decline an interview or to postpone an interview until they have had an opportunity to seek legal counsel or other advice.
2. Employees who agree to be interviewed should always be truthful. If they do not know the answer to a question, they should say so.
3. Employees should report any off-site visits by government agents, investigators, or auditors to the Chief Executive Officer. The Chief Executive Officer will notify the Compliance Officer and legal counsel identified in the Compliance Plan.
4. Refer to policy on Search Warrants, if applicable.

Policy and Procedure: *Corporate Compliance*
Topic: *Search Warrants*

Purpose:

A search warrant permits agents to immediately seize documents and other types of information. The execution of a search warrant can be seriously disruptive and frightening for many employees. Furthermore, if not handled properly, an organization subject to a search warrant may compound its problems. Therefore, Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) has established this policy to advise all employees how to appropriately respond to an official search warrant.

Policy:

1. Employees will remain courteous and professional when dealing with agents executing a search warrant.
2. Employees will not interfere with the lawful execution of a search warrant.
3. The senior staff member present is responsible for contacting the Chief Executive Officer who will contact the Compliance Officer and legal counsel identified in the Compliance Plan and carry out the response procedures.

Procedure:

1. Obtain and record the name of the lead agent and the agency they represent. *Do not attempt to photo copy the credentials of an agent – it is a violation of Federal law.*
2. Request to view and photocopy the search warrant document.
3. Immediately contact the Chief Executive Officer and provide him/her with details of the search warrant. The Chief Executive Officer will contact the Compliance Officer and legal counsel identified in the Compliance Plan and provide details of the search warrant. The Chief Executive Officer will identify one employee to be responsible for responding to the agent’s questions.
4. Request an “inventory list” of the documents and items seized by the agents. Ensure that it is detailed enough to properly identify the documents and items taken by the agents. Maintain a separate record of the areas searched, listing the documents/items seized from the area.
5. Other than providing information to direct the agents to information requested, do not submit to any form of questioning or interviewing.
6. Always remain present while the agents are conducting the search.

Senior Management Responsibilities

The Chief Executive Officer will carefully examine the search warrant (with legal counsel, if possible) to:

- Determine the specific areas or locations it covers;
- Ensure that it is being executed during the hours indicated on the document (most warrants should limit the hours they can be executed, e.g., “daylight hours”);
- Ensure that it has not expired (all warrants should have an expiration date); and
- Ensure that it is signed by a Judge (all warrants should be signed by a Judge).

Politely object if there is any overt flaw in the search warrant (as described above) or if the agents are searching anything deemed to be outside the scope of the warrant. Do not interfere should agents proceed and search. Note the fact for legal counsel to support a future protest.

Policy and Procedure: *Corporate Compliance*
Topic: *Subpoenas*

Purpose:

A subpoena is an official demand for testimony or the disclosure of documents or other information. They may originate from law enforcement or administrative agencies. Every subpoena requires a careful legal review prior to response. In view of this and the serious legal implications of the receipt of a subpoena, Trinity Alliance of the Capital Region, Inc. (sometimes referred to as “Trinity Alliance” or “the Agency”) has established standing policies and procedures to ensure that legal counsel reviews any subpoena immediately and coordinates the Agency’s response.

Policy:

This policy refers only to subpoenas related to Trinity Alliance business matters.

The Agency is committed to full compliance with any lawful subpoena. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.

Procedures:

1. If a subpoena related to Agency business is received, either in person or via the mail, it must be delivered immediately to the Chief Executive Officer.
2. If delivered in person, the senior staff on duty must be provided with any information obtained during the service of the subpoena (e.g., the name, title, and telephone number of the serving agent/investigator, information provided by the agent/investigator).
3. Provide the agent/investigator with direction or information so they may deliver the subpoena to the appropriate or requested individual. Do not volunteer information to an agent/investigator or submit to any form of questioning or interviewing.
4. The Chief Executive Officer shall be immediately notified of the receipt or delivery of a subpoena. The Chief Executive Officer will promptly notify the Compliance Officer and determine who is most qualified and available to assist legal counsel in responding to the subpoena.
5. Await direction from legal counsel.