



Corporate Compliance Plan

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I. Introduction

MISSION STATEMENT

We care, listen and help. Every day.

Family Service is dedicated and committed to meeting high ethical standards and compliance with all applicable laws in all activities regarding the delivery of services. Family Service adopted this Corporate Compliance Plan (Compliance Plan) to comply with the provisions of the Office of Inspector General of the U.S. Department of Health and Human Services (OIG). This Compliance Plan describes our procedures for detecting and preventing fraud, waste, and abuse.

As is detailed within this Compliance Plan, it is the duty of all of our employees, volunteers, contractors, vendors, and agents to comply with all Family Service policies as applicable to their individual areas of employment or contracts and program service requirements.

This Compliance Plan also advises all of our employees, volunteers, contractors, vendors, and agents of the procedures to be used in reporting non-compliance with such Federal and State laws.

An effective compliance program helps identify and prevent illegal and unethical conduct and demonstrates Family Service's commitment to honest and responsible corporate conduct. The primary purpose of this Compliance Plan is to improve quality, efficiency, effectiveness of client care and privacy and operational activities. This Compliance Plan shall help to organize our resources to detect and resolve payment discrepancies, inaccurate billing and other violation of this Compliance Plan as quickly and efficiently as possible, and to establish and maintain systemic checks and balances to prevent future recurrences of any such findings.

A. Benefits of our Compliance Program

Benefits of our Compliance Program include, but are not limited to, the following:

1. Demonstrates to the employees, volunteers, and community at large our strong commitment to honesty, responsibility, and appropriate ethical conduct.
2. Develops a system to encourage employees and volunteers to report potential problems that may be detrimental to Clients and Family Service.
3. Develops procedures that allow for a thorough investigation of alleged misconduct.
4. Develops procedures for promptly and effectively conducting internal monitoring and auditing which may help to prevent non-compliance.

5. Through early detection and reporting, minimizes the risk of civil damages or penalties, and criminal sanctions.

B. Family Service is committed to the following standards:

1. Ethical and Legal Practices
2. Honest and Responsible Professional Conduct
3. Improving Quality, Efficiency, and Effectiveness of Client Care and Privacy and Operational Activities
4. Investigating Suspected or Actual Instances of Fraud, Waste, Abuse or Unethical Practices
5. Reporting Fraud, Waste, Abuse or Unethical Practices

C. Definitions

Client- Any person who receives services from Family Service, including among others, patients, residents, and guests.

Senior Leadership- Any director or chief level employee.

Executive Leadership- Any chief level employee.

Compliance Program- Our organizational infrastructure and resources devoted to maintaining a culture of ethical conduct and compliance as implemented through this Compliance Plan.

Fraud- An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person. Fraud includes any act that constitutes fraud under applicable Federal or State law. Knowingly or intentionally submitting false claims to any payor for Client services is an act of fraud.

Examples

- To purposely bill for services that were never provided.
- To bill for a service that has a higher reimbursement rate than the service rendered.
- Rounding up of time for services performed.
- Having an unlicensed person perform services that only a licensed professional should render, and billing as if the licensed professional provided the service.
- Billing for an office visit when there was none, or adding additional family members' names to bills.

Waste- The overutilization of services or other practices that result in unnecessary costs.

Examples

- Provider ordering excessive testing.
- Recipient receiving excessive services such as referrals for additional office visits when another appointment is not necessary.
- Provider utilizing supplies excessively or irresponsibly.

Abuse- Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to any Federal/State or other governmental program, such as Medicare or Medicaid, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Abuse also includes Provider practices that result in unnecessary costs to the Federal/State or other governmental program.

Examples

- Services that are billed by mistake.
- Misusing codes - code on claim does not comply with national or local coding guidelines; not billed as rendered.
- Billing for non-covered services.
- Inappropriately allocating costs on a cost report.
- Duplicate billing, and/or balance billing, which occurs when a provider bills Medicaid and bills private insurance, grants, and/or the Client.

False Claims Act- The Federal law that prohibits filing false information to increase the payment received or to avoid a fine or other obligation. Under the federal False Claims Act, it is illegal to file a claim for money from the government that the claimant is not entitled to receive or request.

Whistleblower Protection Act- It is unlawful for an employer to retaliate against any employee for the employee's good faith assistance with an action that is filed under the False Claims Act.

Healthcare Fraud Statute- The Federal law that states "whoever knowingly and willfully executes or attempts to execute a scheme to... defraud any healthcare benefit program... shall be fined under this title or imprisoned not more than 10 years or both." Conviction does not require proof that the violator had knowledge of the law or specific intent to violate the law.

Anit-Kickback Statute- The Federal law that prohibits offering, paying, soliciting, or receiving anything of value (including cash or gifts) to induce or reward referrals for items or services reimbursable by a Federal/State healthcare program or to generate Federal/State healthcare program business.

Stark Statute (Ethical Referral)- The Federal law that prohibits physicians from referring patients to receive “designated health services” payable by Medicare or Medicaid from entities which the physician or an immediate family member has a financial relationship. Designated health services includes, among others:

- Clinical Laboratory Services
- Physical Therapy
- Radiology
- Home Health Services
- Outpatient Prescription Drugs
- Inpatient and Outpatient Hospital Services

The Stark Statute is a strict liability statute and proof of specific intent to violate the law is not required. The Stark Statute prohibits the submission, or causing the submission, of claims in violation of the law’s restrictions on referrals. Penalties for physicians who violate the Stark Statute include fines as well as exclusion from participation in the Federal/State healthcare programs.

Civil Monetary Penalties Law (CMPL)- The Federal law under which the OIG may seek civil monetary penalties and sometimes exclusion for a wide variety of illegal or unethical conduct and is authorized to seek different amounts of penalties and assessments based on the type of violation at issue. Penalties range from \$10,000 to \$50,000 per violation. The CMP’s may also be imposed for violating healthcare laws such as the Anti-Kickback Statute and False Claims Act.

Exclusions- Exclusion refers to the temporary or permanent debarment of an individual or entity from participation in any Federal or State healthcare program.

The OIG is legally required to exclude from participation in all Federal healthcare programs individuals and entities convicted of the following types of criminal offenses:

- Medicaid fraud.
- Patient abuse or neglect.
- Felony convictions for other health care related fraud, theft, or misconduct.
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

Excluded providers may not bill directly for treating Medicare and Medicaid patients, nor may their services be billed indirectly through an employer or group practice. All providers are responsible for ensuring that they do not employ or contract with excluded individuals or entities.

II. Corporate Compliance Code of Conduct

In addition to the general policies and procedures as found in documents such as the Family Service Policies and Procedures and Employee Handbook, the following Corporate Compliance Code of Conduct is addressed specifically for the guidance of staff. The Code of Conduct is given to all new hires and included in new hire training and can be found in related Family Service Employee Condition policies. (EC.24- Code of Ethics and Standards of Conduct & EC.50- Compliance Policy) The statements included in the Code of Conduct are not intended to prescribe a specific response to every conceivable situation, but they are intended to assist staff in determining an appropriate response as situations arise. Whenever an employee has a question about an appropriate response in a given situation, they should consult their immediate supervisor or the Compliance Officer.

1. Family Service will obtain the informed consent and participation of Clients served in decisions about service, care, and/or treatment.
2. Family Services will treat all Clients, colleagues, supervisees, community representatives, and any other person or group whom Family Service engages or serves with courtesy, respect, and good faith.
3. Family Service staff shall maintain high standards of propriety in personal conduct and avoid conflicts of interest.
4. Family Service staff shall not offer, solicit, pay or accept anything of value in exchange for any Client referrals without first obtaining approval from the Compliance Officer. This applies to offering or receiving any money, gifts, free or discounted items or services, professional courtesies, or other arrangements, whether involving cash or in-kind transfers of value, with the intent to induce referrals. This restriction applies to any transactions involving potential referral sources, including transactions with health care providers, vendors, government officials or Clients.
5. Family Service staff shall not waive or discount Client co-pays unless such discount complies with Family Service's Client financial hardship or comparable policy. Family Service staff shall not offer any other discount, gift, free items or service, or other inducements to Clients [who are government program beneficiaries] without first obtaining approval from the Compliance Officer.
6. Family Service will bill only for services rendered and will not tolerate billing practices that misrepresent the services rendered.
7. All services must be accurately and completely documented, and coded and submitted to the appropriate payor in accordance with applicable regulations, laws, contracts and Family Services Policies and Procedures.
8. All services must be provided by a person with the credentials required by applicable regulations and/or contracts.
9. When billing or documentation errors are identified, the documentation and billing systems must be examined to identify any flaws, which must be remedied

in a timely manner at the program level with input from the Compliance Officer and legal counsel, as appropriate.

10. Family Service is responsible for verification of service provision by referring to clinical and medical records for documentation.
11. Family Service staff, volunteers, Business Associates, and vendors are responsible for maintaining confidentiality of all Client and employee protected health information (PHI).
12. Family Service staff, volunteers, and independent contractors may only access confidential information for authorized purposes directly related to their scope of work.

III. Compliance Officer

The Board of Directors and Executive Leadership have tasked the Compliance Officer as the person responsible for overseeing the development and implementation of the Compliance Program and ensuring the appropriate handling of instances of suspected or known illegal or unethical conduct. **The Director of Quality Improvement shall serve as our Compliance Officer.**

| Name | Title | Email Address | Phone Number |
|----------------|---------------------------------|--|--------------------------|
| Michelle Evans | Director of Quality Improvement | mevans@fsabc.org | 215-757-6916 Ext. 212 |

However, in the event that the Compliance Officer is not available, we have designated an alternate contact.

| Name | Title | Email Address | Phone Number |
|------------------|-------------------------|--|--------------------------|
| Kristin DeForest | Chief Operating Officer | kdeforest@fsabc.org | 215-757-6916 Ext. 260 |

A. Duties of the Compliance Officer

- Oversee and monitor the implementation of the Compliance Program.
- Maintain the effectiveness of the Compliance Program.
- Establish methods such as conducting periodic audits, developing effective lines of communication on compliance matters and preparing written standards and procedures that reduce the organization’s vulnerability to fraud/waste/abuse.
- Periodically revise the Compliance Program in light of changes in the needs of the organization, in the law, policies, and procedures of the government.
- Develop, coordinate, and participate in a training program that focuses on the components of the Compliance Program and seeks to ensure that all appropriate employees and management are knowledgeable of, and comply with, pertinent

federal and state standards; and that independent contractors, consultants, and volunteers who furnish health services to our clients are aware of the requirements of the Compliance Program.

- Ensure that the List of the Excluded Individuals and Entities is checked periodically with respect to all employees, prescribers, contractors, volunteers, and members of the Board of Directors.
- Report on a regular basis to Executive Leadership and the Board of Directors on the progress of implementation of the Compliance Plan, investigations, and corrective action.
- Communicate to the Chair or other member of the Board of Directors specific concerns and issues related to the organization's compliance activities or personnel that they in good faith believe need to be brought to the attention of or addressed by the Board of Directors.

IV. Communication and Changes in Compliance Plan

Any modifications of, or amendments to, this Compliance Plan will be distributed in writing (electronically through our secure server or posting on our website) to all employees, volunteers, contractors, vendors, and agents of Family Service, as applicable and appropriate. If the Compliance Officer determines that written distribution is insufficient, in-service training will also be conducted (please refer to section on Education and Training below). The Compliance Plan will be reviewed at least annually and updated as necessary.

V. Education and Training

The proper education and training of employees is a significant element of an effective compliance program. As such, staff will be expected to participate in appropriate training. All non-employees, including Board members, will participate in appropriate training as applicable to their individual areas of contracts and program service requirements.

A. Corporate Compliance Plan

- All current employees will be provided a copy of the Compliance Plan. Each individual will be expected to sign an attestation form indicating that they have read and understood the Compliance Plan. All staff are expected to annually certify receipt and review of the Compliance Plan as well as complete required training as applicable on Ethics and Corporate Compliance via our Learning Management System.
- For new employees, the Compliance Plan will be provided during the orientation process in addition to training on Ethics and Corporate Compliance via our Learning Management System. All new employees will be expected to sign an

attestation form indicating that they have read and understood the Compliance Plan.

- For vendors, consultants, contractors, and other agents the Compliance Plan and any updates will be on the Family Service website - [Family Service \(fsabc.org\)](https://www.fsabc.org). All vendors and contractors who want to do business with Family Service are expected to comply with all elements of the Compliance Plan.

B. Federal and State False Claims Act and Whistleblower Protection

All Family Service employees will be annually trained on, and/or provided with any relevant updates to the Federal False Claims Act and Whistleblower Protection.

Human Resources will maintain a database that shows all employees who have completed training for the year. If any staff member is non-compliant, their supervisor will be informed, and further non-compliance may result in disciplinary action.

C. Health Insurance Portability and Accountability Act (HIPAA)

All Family Service staff will be annually trained on HIPAA and confidentiality. All employees are expected to review, understand, and abide by our Client Services HIPAA Policy [CS.08- Client Records-Privacy, Confidentiality & HIPAA].

Human Resources will maintain a database that shows all employees who have completed their training. If any staff member is non-compliant, the supervisor will be informed, and further non-compliance may result in disciplinary action.

VI. Reporting Requirements

Family Service believes that it is our employees, contractors, and volunteers who best know where/when organizational policy or regulation is not being followed. Therefore, the effectiveness of our Compliance Program depends on the willingness of everyone in all parts and at all levels of our organization to step forward, in good faith, with questions and concerns.

Family Service strongly believes that in all of these cases, resolution of the problem behaviors or actions will result in better care for our Clients. Therefore, each person reporting problems or concerns will be contributing positively to the overall quality of services provided across our organization.

If there is good faith suspicion of possible fraud, waste and/or abuse, or other matter related to the Compliance Program, it is the responsibility of the individual who suspects

such matter to inform their supervisor or the Compliance Officer who they feel may assist in directing the issue/concern to resolution. Family Service expects that the first person informed be our Compliance Officer; however, additional means of reporting are provided. (See procedures for reporting possible non-compliance below).

All reports of possible fraud, waste and abuse, or other matters related to Medicaid or Medicare compliance must be reported to the Compliance Officer who will implement the necessary steps as set forth in the Compliance Plan for investigating the matter. As part of the investigation, the Compliance Officer will maintain a Compliance Investigation Log.

A. Policy

1. Every employee is responsible for doing their job in a manner that is ethical and complies with the laws and regulations that govern our work.
2. Every employee is responsible for seeking supervisory assistance if they have doubts or are unclear about what the right action is to stay compliant. If the employee does not believe their supervisor is correct in their advice, they can go to the Compliance Officer with the question and they will investigate and answer the question.
3. Every employee has a duty to Family Service and to our Clients to report actions or behaviors they in good faith believe violate the *Code of Conduct*, this Compliance Plan, any other Family Service policy, or any applicable law or regulation. Any employee that fails to report misconduct or illegal behavior may be subject to disciplinary procedures up to and including termination.
4. Family Service encourages reporting and investigates all reports to determine the extent of the problem and corrective action(s) needed.
5. Family Service is committed to ensuring that those who do report:
 - Do not suffer any retaliation by their peers or supervisors for their good faith reports or questions.
 - Have the choice of keeping their name confidential in regard to a specific report for as long as the organization can reasonably do so.
 - Have an agreed upon method for determining the status of their report and any subsequent investigation where possible.

B. Procedures

HOW TO REPORT

Employees, contractors, Board members, and volunteers may report at any time to:

1. **COMPLIANCE OFFICER:** Directly to the Compliance Officer, Michelle Evans, via email at mevans@fsabc.org or by calling 215-757-6916, ext. 212. This line will be answered only by the Compliance Officer.

2. VOICE MAIL OR FACE-TO-FACE REPORTS: Voice mail or face-to-face reports to the Compliance Officer.
3. MAIL AND EMAIL: Employees may use mail or email to report problems or concerns. Mail and email can be directed to the Compliance Officer.

compliance@fsabc.org

**Family Service
4 Cornerstone Dr.
Langhorne, PA 19047**

In cases except where the Compliance Officer is the subject of the complaint, supervisors who get employee reports are required to discuss the report with the Compliance Officer. If the Compliance Officer is the subject of the complaint, supervisors are required to discuss the report directly with the COO, who shall report the matter to the Board of Directors.

VII. Enforcement and Discipline

If as the result of an investigation or through monitoring and auditing it is determined that fraud, waste and/or abuse has occurred, or that an individual or program is in violation of policies and procedures set forth in the Compliance Plan, appropriate corrective action shall be take that may include disciplinary action.

A. Discipline Policy and Actions

All employees, contractors, Board members, and volunteers are expected to report any breaches of laws, regulations, policies, and standards that govern our work as well as the Code of Conduct and this Compliance Plan. Upon receipt of such reports, the matter will be investigated by the Compliance Officer or the alternate if the matter implicates the Compliance Officer. Additionally, Family Service, through its ongoing monitoring, may determine a violation may have occurred. In either instance, where a violation is confirmed, appropriate corrective action will be taken.

In order to correct or improve employee performance, Family Service encourages employee counseling as an initial step. However, there may be times when more severe action is appropriate. In these cases, formal disciplinary actions will range from verbal warnings to termination. When disciplinary action other than a verbal warning is proposed, Human Resources will be contacted, and they will provide consultation in accordance with Family Service's Employee Conditions (EC) Discipline Policy (EC.27-Disciplinary Action-Coaching).

The results of an investigation may also lead, but is not limited to, the following:

- Revision of the Compliance Plan to prevent the reoccurrence of misconduct in the area.
- Increasing review and monitoring procedures.
- Retraining employees and contracted professionals.
- Modification of the charges, coding, and billing system(s) where necessary.
- Adjustment to other Family Service policies and procedures.

B. Non-Retaliation Policy [Whistleblower Protection Policy (EC.52)]

To the extent possible, all reports will be handled in a manner that protects the confidentiality of the reporter if they request it. However, there may be circumstances in which confidentiality cannot be maintained. Examples include situations where the problem is known to only a very few people or situations in which the government or one of our other payors or funders must be involved. In most cases, they will require the name of the individual who first brought the problem to the attention of the organization. In all cases, Family Service is determined to ensure that the reporting individual will not suffer from any retaliation for their good faith actions. It is the responsibility of the Compliance Officer to ensure that those reporting in good faith do not suffer any retaliation for doing so.

C. List of Excluded Individuals or Entities

As an organization who is funded, in part, by Federal/State programs, Family Service may not make payments for any items or services which are furnished by an excluded individual or entity or directed or prescribed by an excluded provider. This payment prohibition extends to payment for administrative and management services not directly related to consumer care and coverage of an excluded individual's salary, expense, or fringe benefits. Persons and entities who are listed on the OIG Exclusion Database must receive reinstatement through the OIG to be eligible for reimbursement through Federal/State programs.

1. Family Service shall engage a screening service provider to complete monthly screenings of all employees, vendors, contractors, service providers, and members of the Board of Directors to search for excluded individuals and entities.
 - a. Human Resources submits the names to be screened.
 - i. Payroll information will be used to screen employees and contractors.
 - ii. For any new vendors, the fiscal staff setting up the account will inform Human Resources for inclusion on the list to be screened.
 - iii. The names of all members of the Board of Directors will be provided to Human Resources by the Executive Office

- Administrator for inclusion on the list to be screened. Any relevant changes to this list of individuals will be reported in a timely manner.
- b. The screening service shall provide sanction screening of submitted names
The screening service shall provide sanction screening of submitted names against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), General Services Administration (GSA), System Award Management Exclusion Watchlist (SAM), and all available State Medicaid Agencies.
 - i. The screening service provides a monthly report of its findings and a certificate providing the date of the screening completion.
 - c. Those screened include all employees, vendors, contractors, service providers, and members of the Board of Directors. Volunteers and interns will be asked to self-certify that they have not been subject to any such exclusion, suspension or debarment prior to commencement of their involvement for Family Service.
 - d. If an excluded individual or entity is discovered, Human Resources will immediately notify the Family Service CEO, COO, and Compliance Officer who will immediately self-report the findings to the required and applicable State body.
 - i. A corrective action plan shall be submitted to the applicable State body and will include the following:
 1. Data Analysis – root cause, what, when
 2. Program Analysis – identify operational procedures that contributed to the error
 3. Plan of Correction – how the error will be corrected, moving forward
 4. Implementation – specific timeframe of implementation
 5. Evaluate/Monitor – plan to monitor moving forward
 - e. The Board of Directors shall be informed of the results of such debarment screens and corrective action taken.

VIII. Monitoring and Auditing

Family Service Monitoring and Auditing Procedures are designed to uncover activities that could potentially constitute violations of the Compliance Plan or failure to comply with Federal and State law or other types of misconduct. We understand our obligation to investigate any incidents uncovered to determine:

- That a violation has, in fact, occurred;
- That disciplinary action must be taken; and
- Corrective actions are put into place as required.

All issues reported to the Compliance Officer will be handled in a consistent manner so that the integrity of the Compliance Plan is maintained, and so employees will have confidence in the workings of compliance investigations.

Family Service has a management hierarchy that is designed to properly address employee misconduct through our established lines of supervision. Most day-to-day issues should be handled through this hierarchy.

As part of our effort to implement an effective compliance program, Family Service will periodically conduct routine self-audits of its operations including its billing practices, its written standards, policies, and procedures to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Compliance Program. All personnel are expected to fully cooperate with any such monitoring activities.

IX. Response and Prevention

The goal of the Compliance Program is to prevent and reduce the likelihood of improper conduct. Our response to information concerning possible violations of law or the requirements of the Compliance Plan is an essential component of its commitment to compliance.

A. Investigations

Upon receiving a report or other reasonable indication of suspected non-compliance, the Compliance Officer will initiate prompt steps to investigate the conduct in question and determine whether a material violation of applicable law or the requirements of the Compliance Program has occurred. An investigation will be conducted with one or several of the following:

- In conjunction with Senior Leadership (director-level staff), Quality Improvement, Billing/Fiscal staff, and/or other appropriate staff who may have information about what might have occurred;
- Interviewing of individuals with potential knowledge of the matter;
- Review of the relevant documents, including applicable Family Service policies; and
- Engaging legal counsel, outside auditors, or other experts to assist in the investigation, as needed.

Upon receipt of information concerning alleged misconduct, the Compliance Officer will, at a minimum, take the following actions:

1. Complete a Compliance Report Form
2. Notify the Family Service Executive Leadership (CEO/CFO/COO) and Board of Directors.
3. Ensure that the investigation is initiated as soon as reasonably possible but, in any event, not more than five (5) business days following receipt of the information. The investigation shall include, as applicable, but need not be limited to:
 - a. Interviews of all persons who may have knowledge of the alleged conduct and a review of the applicable laws, regulations, and standards to determine whether a violation has occurred.
 - b. Identification and review of relevant documentation including, where applicable, representative bills or claims submitted to Medicaid/Medicare, to determine the specific nature and scope of the violation and its frequency, duration, and potential financial magnitude.
 - c. Interviews of persons who appear to play a role in the suspected activity or conduct. The purpose of the interviews is to determine the facts surrounding the conduct, and may include, but shall not be limited to:
 - The person's understanding of the applicable laws, rules, and standards;
 - Identification of relevant supervisors or managers;
 - Training that the person received;
 - The extent to which the person may have acted knowingly or with reckless disregard or intentional indifference of applicable laws.
 - d. Preparation of a summary report that (1) defines the nature of the alleged misconduct, (2) summarizes the investigation process, (3) identifies any person who is believed to have acted deliberately or with reckless disregard or intentional indifference of applicable laws, (4) assesses the nature and extent of potential liability and (5) where applicable, estimates the extent of any resulting overpayment by the government.
4. Establish a due date for the summary report or otherwise ensure that the investigation is completed in a reasonable and timely fashion and the appropriate disciplinary or corrective action is taken if warranted.
5. Notify the complainant, if identity is known, that the investigation has been concluded and any necessary follow-up is being addressed.
6. Notify the Board of Directors periodically of the outcome of all such investigations.

B. Corrective Action Plans and Implementation Reviews

Investigations

In the event the investigation identifies employee/contractor misconduct or suspected criminal activity, Family Service and related staff will undertake the following steps:

1. Immediately cease the offending practice. If the conduct involves the improper submission of claims for payment, we will immediately cease all billing potentially affected by the offending practice.
2. Consult with legal counsel, as determined by the CEO, or the Board of Directors to determine whether voluntary reporting of the identified misconduct to the appropriate governmental authority is warranted.
3. If applicable, calculate and repay any duplicate or improper payments made by a Federal or State government program as a result of the misconduct.
4. When appropriate, handle any overpayments through the administrative billing process by informing the billing staff and making appropriate adjustments via software used for billing or such other means as agreed upon by the applicable payor.
5. Initiate disciplinary action, as needed, as noted in 'Section VII – Enforcement and Discipline' of this Compliance Plan.
6. Promptly undertake appropriate training and education to prevent a recurrent of the misconduct.
7. Conduct a review of applicable policies and procedures to determine whether revisions or the development of new policies and/or procedures are needed to minimize future risk of noncompliance.
8. Conduct, as appropriate, follow-up monitoring and audit to ensure effective resolution of the offending practice.

X. Legal Counsel

Legal counsel may be consulted to assist the Compliance Officer; Executive Leadership; and Board of Directors, as needed, to identify and interpret Federal and State laws and regulations in the Compliance Plan.

Legal counsel shall be notified at the discretion of the CEO or the Board of Directors, as applicable, of incidents that have a reasonable cause to support the assertion of non-compliance at which time the Compliance Officer, or their alternate will be responsible for facilitating an investigation. The results of the investigation will be used by legal counsel to provide legal advice to the Compliance Officer, CEO and/or the Board, as applicable.

XI. Conclusion

This Compliance Plan has been prepared to outline the broad principles of legal and ethical business conduct embraced by Family Service. It is not a complete list of legal or ethical questions you might face in the course of business. Therefore, this Compliance Plan must be used together with your common sense and good judgment.

If you are in doubt or have a specific question, you should contact your supervisor or Compliance Officer.