



Cardinal McCloskey  
COMMUNITY SERVICES

**CARDINAL MCCLOSKEY  
COMMUNITY SERVICES  
COMMITMENT TO COMPLIANCE  
HANDBOOK**

**CODE OF CONDUCT  
AND  
COMPLIANCE PROGRAM SUMMARY**

**2017**

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## **MISSION STATEMENT**

Cardinal McCloskey Community Services (“CMCS” or the “Organization”) strives to protect, empower and promote independence for at risk children and families and those with developmental disabilities through quality community based services.

## **OUR SERVICES**

CMCS is a multi-service, human service agency that provides a wide range of services in Westchester, Rockland, and the five boroughs of New York City. CMCS serves children and youth from the most economically deprived communities in the greater New York area, as well as adults with developmental disabilities and families who are at-risk. The organization does not discriminate based on race, creed, color, national origin, ancestry, sex, gender, age, disability, religion, marital status, sexual orientation, gender identity or expression, military or veteran status, alienage or citizenship status, genetic predisposition or any other characteristic protected by applicable law.

## **SCOPE OF THE COMPLIANCE PROGRAM**

The Compliance Program applies to all affected individuals (referred to herein as “Personnel” and defined below). The Compliance Program is applicable to Personnel across the full spectrum of CMCS programs and services, including Foster Care/Children’s Services, the Developmental Disabilities Division, the Early Childhood Education Division (e.g., Head Start), and the McCloskey Cares Family Clinic.

## **COMMITMENT TO COMPLIANCE**

Cardinal McCloskey Community Services is committed not only to providing children/consumers/clients with high quality and caring services, but also to providing those services pursuant to the highest ethical, business, and legal standards, including Federal health care program requirements (e.g., the Medicare and Medicaid Programs). These high standards apply to our interactions with everyone with whom we deal. This includes our children/consumers/clients, the community, other healthcare providers, companies with whom we do business, government entities to whom we report, and the public and private entities from whom reimbursement for services is sought and received. In this regard, all Personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety. While the legal rules are very important, we must hold ourselves up to even higher ethical standards.

In short, we do not and will not tolerate any form of unlawful or unethical behavior by anyone associated with the Organization. We expect and require all Personnel to be law-abiding, honest, trustworthy, and fair in all of their business dealings. To ensure that these expectations are met, the Organization has prepared a comprehensive Code of Conduct and standards of conduct.

The Code of Conduct and standards in this Commitment to Compliance Handbook (the “Handbook”) are designed to assist you in navigating the various compliance obligations of the highly regulated industry in which we do business. By adhering to the Code of Conduct and standards, you enable the Organization to continue to achieve its goal of providing excellent service to our children/consumers/clients in a legal and ethical fashion.



Because of the importance of the Compliance Program, we require that all Personnel cooperate fully. All Personnel will be given a copy of this Handbook. You will be required to review and become familiar with its contents. In addition, the Organization will provide you with formal training regarding the Code of Conduct and Compliance Program operations and policies. The Compliance Program standards and policies will be maintained by the Compliance Officer and are available to all Personnel upon request. These documents are also available on the CMCS intranet and printed copies can be found at all locations.

## **COMPLIANCE RESPONSIBILITIES**

### **A. RESPONSIBILITY OF THE GOVERNING BODY**

The governing body for the Organization is responsible for overseeing the operation of the Compliance Program and for ensuring that processes are in place so that the Organization can operate in compliance with all federal and state laws, rules and regulations. The Board of Directors will maintain a direct reporting relationship with the Compliance Officer and receive appropriate reports from the Compliance Officer and senior management as to the operation of the Compliance Program, identification of potential issues, and the formulation of annual work plans based on appropriate risk assessments. All Board members will receive periodic training, either on an informal or formal basis, as to basic compliance principles (including a review of the fraud and abuse laws and regulations), the Board’s responsibilities and the specific risk areas that need to be addressed by the Compliance Program.

### **B. RESPONSIBILITIES OF DEPARTMENT DIRECTORS, SUPERVISORS AND MANAGERS**

All program directors, supervisors and managers have the responsibility to help create and maintain a work environment in which ethical concerns can be raised and openly discussed. They are also responsible to ensure that the Personnel they supervise: understand the importance of the Code of Conduct, standards, and policies; are aware of the procedures for reporting suspected wrongdoing; and are protected from retaliation or intimidation if they come forward with information about such suspected wrongdoing.

### **C. RESPONSIBILITY OF ALL EMPLOYEES**

All employees are expected to comply and be familiar with all federal and state laws, rules, and regulations that govern their job within the Organization. All employees are also expected to comply with this Code of Conduct, the Code of Conduct standards set forth herein, and any

applicable compliance standards and policies. Employees must, upon new hire and annual orientation, sign and date an acknowledgement that they received training on the Compliance Program, a copy of the Commitment to Compliance Handbook and information regarding false claims acts and whistleblower protections.

#### **D. RESPONSIBILITIES OF CONTRACTORS AND OTHER PROVIDERS**

All persons and entities with which the Organization contracts will receive a copy of this Handbook (or a summary of it) and will be asked to cooperate with the Compliance Program. This includes individual physicians, physician groups, vendors, contractors, and other healthcare providers. Contractors are subject to the Compliance Program to the extent their contracted responsibilities are applicable to the Organization's compliance risk areas.

### **DEFINITIONS**

1. ***"Compliance Committee"*** means the groups of senior managers designated by the Organization to coordinate with and assist the Compliance Officer in overseeing and executing various aspects of the Compliance Program.

2. ***"Compliance Officer"*** means the individual designated by the Organization to maintain day-to-day responsibility of the Compliance Program.

3. ***"Compliance Program" or "the Program"*** means the comprehensive program and policies and procedures implemented by the Organization, which together, set forth the standards of conduct that all Personnel are expected to follow in their employment or course of dealings with the Organization.

4. ***"Federal health care program"*** means any plan or program that provides health benefits whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government, and includes certain State health care programs. Examples include, but are not limited to: Medicare, Medicaid, Veterans' programs and the State Children's Health Insurance Programs. The Federal Employees Health Benefits Program is not included in this definition.

5. ***"Good faith participation in the Compliance Program"*** includes, but is not limited to the following:

- Reporting actual or potential compliance issues to appropriate Personnel (e.g., the Compliance Officer);
- Cooperating or participating in the investigation of compliance issues;
- Assisting with or participation in self-evaluations and audits;
- Assisting with or participation in remedial actions / resolution of compliance issues;

- Reporting potential fraud, waste or abuse to appropriate State or Federal entities; and
- Reporting instances of retaliation or intimidation.

6. **“Organizational experience”** means the:

- Knowledge, skill, practice and understanding the Organization has in operating the compliance program;
- Identification of any issues or risk areas in the course of internal monitoring and auditing activities;
- Experience, knowledge, skill, practice and understanding of the Organization’s participation in Federal health care programs (e.g., the Medicare and Medicaid programs) and the results of any audits, investigations, or reviews; or
- Awareness of any issues the Organization should have reasonably become aware of for the categories of service we provide.

7. **“Personnel”** means all persons who are affected by CMCS’ compliance risk areas, including employees; the Chief Executive Officer; senior administrators and managers; contractors, agents, subcontractors, independent contractors (“Contractors”); Policy Council members; the governing body; and corporate officers.

8. **“Risk Areas”** may change from time-to-time based on organizational experience. However, the Compliance Program continually addresses the following risk areas:

- Billings and payments;
- Medical necessity and quality of care;
- Governance;
- Mandatory reporting;
- Ordered services;
- Credentialing;
- Contractor, subcontract, agent or independent contract oversight, and
- Other risk areas that are or should reasonably be identified through organizational experience.

## **REPORTING REQUIREMENTS**


All Personnel must abide by the Program and are required to report suspected misconduct, violations of Federal or State law or regulation, complaints regarding internal operations, fraud, waste and abuse, use of federal funds, possible violation of the Compliance Program and other compliance-related concerns. Personnel may report to the Compliance Officer, the Director of Compliance, another member of senior management, or to their supervisor. Supervisors and/or other members of the Organization's management must immediately inform the Compliance Officer of any compliance-related reports that they receive. In cases in which the Compliance Officer is alleged to be involved, report to the President/CEO. Personnel may also report issues to the Compliance Hotline or the EthicsPoint Internet Connection.

Disclosure is required if any Personnel have knowledge of any potential violations of criminal, civil or administrative law related to the Federal health care programs. Personnel are also required to raise any compliance issues or questions about the Organization's Program, policies, conduct, practice or procedures. CMCS encourages self-reporting of one's own wrong-doing and will consider self-reporting as it determines appropriate disciplinary action.

1. **Confidential Reporting.** All reports of potential compliance issues (whether reported to the Compliance Officer or submitted via the Compliance Hotline or the EthicsPoint Internet Connection, will be kept confidential. The identity of Personnel who report potential compliance issues will be kept confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the NY State Medicaid Fraud Control Unit (MFCU), the Office of Medicaid Inspector General (OMIG) or law enforcement or if disclosure is a requirement in connection with a legal proceeding.
2. **Anonymous Reporting.** Personnel may report anonymously, if they so choose. To report anonymously, please use the Hotline or the EthicsPoint Internet Connection. Anyone making an internal anonymous report must realize that the person conducting or coordinating the investigation will not be able to ask questions of the person reporting, nor advise the person of the outcome.
3. **Follow Up.** If the report is not made anonymously, the point person (i.e., the Compliance Officer or the President/CEO) will notify the complainant that the concern has been received and will be reviewed and investigated as appropriate. The point person will also explain that depending on the issue, he or she may not be able to tell the person making the report of the outcome (for example, personnel matters are private matters). The point person will offer to keep the complainant informed of progress, if appropriate.



4. **No Retaliation or Intimidation for Reporting.** Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct is strictly prohibited. Acts of retaliation or intimidation should be immediately reported to the Compliance Officer or to the Hotline, and, if substantiated, the individuals responsible will be disciplined appropriately. Simply put, there shall be no intimidation or retaliation for good faith reporting of actual or possible violations of the Program, Code, Code of Conduct standards, other policies or federal and/or state laws and regulations. Personnel who intentionally file false reports, however, will be subject to appropriate disciplinary action.

<b>CONTACT INFORMATION</b>	
<b>Compliance Officer</b> <b>Kamlesh Singh</b>	<b>(914) 997-8000 x171</b>
<b>Director of Corporate Compliance/Privacy Officer</b> <b>Irene Roman</b>	<b>(914) 997-8000 x 137</b>
<b>Compliance “Hotline”</b>	<b>(866) 437-3557</b> 
<b>EthicsPoint Internet Connection</b>	<a href="http://www.CMCS.ethicspoint.com"><u>http://www.CMCS.ethicspoint.com.</u></a>

## **THE CODE OF CONDUCT**

The Organization has adopted the following Code of Conduct as a central part of our Compliance Program. The Code of Conduct was approved by CMCS' Policy Council and the Board of Directors and is a formal statement of the Organization's commitment to the standards and rules of ethical conduct. Everyone must adhere both to the spirit and the language of the Code, maintain a high level of integrity in their conduct, and avoid any actions that could reasonably be expected to adversely affect the integrity or reputation of the Organization. Compliance with the Code of Conduct is a condition of employment, and violation of the Code's compliance standards (as discussed herein) will result in discipline being imposed, up to and including, possible termination of employment or association with the Organization.

- **Honesty and Lawful Conduct.** We expect and require all Personnel to be law-abiding, honest, trustworthy, and fair in all of their business dealings. Personnel associated with the Organization must avoid all illegal conduct. No person should take any action that he or she believes violates any statute, rule, or regulation. In addition, Personnel must comply with the Code and compliance standards, policies and procedures, strive to avoid the appearance of impropriety, and never act in a dishonest or misleading manner. Personnel must obey the laws and regulations that govern their work and always act in the best interest of the children/consumers/clients we serve, their families and the Organization.



- **Cooperation with the Compliance Program.** We require everyone to cooperate fully with the Compliance Program because the Program is effective only if everyone works together to ensure its success and understands the requirements under the law and the Code. In particular, all programs and Personnel must cooperate with all inquiries concerning improper business, documentation, coding or billing practices, respond to any reviews or inquiries, and actively work to correct any improper practices that are identified.
- **No Intimidation or Retaliation.** It is absolutely forbidden for Personnel to intimidate, retaliate or otherwise conduct reprisals against anyone who has in good faith reported a suspected violation of a law or regulation, the Code of Conduct, Code of Conduct Standards, or any Compliance Program policies or procedures. It is also forbidden for Personnel to intimidate, retaliate or otherwise conduct reprisals against anyone for other good faith participation in the Program, such as participation or cooperation in an investigation of such matters or reported to governmental officials, e.g., in accordance with New York Labor Law Sections 740 or 741.<sup>1</sup> Retaliatory actions violate this Code and will not be tolerated. If however, a person knowingly or willfully fabricates an allegation of wrongdoing or makes an allegation that is not based on actual knowledge or with reasonable

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<sup>1</sup> For information regarding these laws, see the Appendix to the Whistleblower, Non-Intimidation and Non-Retaliation Policy.

cause to suspect wrongdoing, then the Organization shall have good cause to investigate, discipline, and/or terminate employment or association with the person who made the fictitious report.

## **CODE OF CONDUCT STANDARDS**

The Code of Conduct provides a high-level overview of the expectations that the Organization has for its Personnel. Because Personnel will be responsible for complying with this Code, the Organization has adopted the following standards of conduct (“Standards”) that all Personnel are expected to follow. These Standards outline and summarize the basic concepts underlying the Organization’s Code of Conduct and the structure of its Compliance Program (which is summarized in this Handbook). These Standards must be carefully reviewed and closely followed by all Organization Personnel. Supplemental information relating to these Standards will be provided through periodic formal and informal training and educational programs.

### **A. STANDARDS RELATING TO QUALITY OF SERVICES/MEDICAL NECESSITY**

The Organization is fully committed to providing the highest quality of services in accordance with all applicable laws, rules and regulations. As part of this commitment, the Organization will ensure that necessary quality assurance systems are in place and functioning effectively.

1. **Quality of Care Principles.** In keeping with the Organization’s mission and values, the following quality of care and services principals have been incorporated into the Organization’s Compliance Program:

- All children/consumers/clients will have access to admission and treatment without regard as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or sponsorship.
- The Organization will protect and promote the rights of each child/consumer/client, including, but not limited to, the right to respect, privacy, a dignified existence, self-determination, and the right to participate in all decisions about their own care.
- The Organization will conduct appropriate background checks pursuant to federal and state law (which may include, but is not limited to, criminal convictions and/or exclusion from participation in any Federal health care program) on all Personnel.
- The Organization will conduct routine checks to ensure that all practitioners employed by, or contracted on behalf of, the Organization have the proper

Employees are responsible for immediately reporting to the VP of Human Resources if the employee is convicted of a felony or misdemeanor crime. Any employee who is excluded from or sanctioned by a Federal health care program, including either the Medicare or Medicaid program, must immediately report that fact to the Compliance Officer. Failure to comply will result in disciplinary action up to and including suspension without pay and/or discharge.

credentials, licensure, experience and expertise required to discharge their responsibilities.

- The Organization will provide care that conforms to acceptable clinical and safety standards and that is reasonable and medically necessary for the treatment of the child/consumer/client.
- The Organization will continuously strive toward a culture of safety and quality care.

The Compliance Officer receives reports concerning quality of care issues and is made aware of any deficiencies found through the quality assurance process or resulting from state survey activity.

In addition, the Organization has established protocols for reviewing complaints from consumers/clients and families, and addressing issues which may arise.

2. Additional Standards of Conduct for Employees Working with Children and Vulnerable Individuals. The following additional standards of conduct apply:

- You are expected to respect each child, individual and family and refrain from stereotyping based on gender, race, ethnicity, culture, religion or disability.
- You are expected to supervise children and vulnerable individuals at all time, and ensuring no child or vulnerable individual will be left alone or unsupervised while in your care.
- You are expected to only use positive methods of guidance and no corporal punishment, emotional abuse, physical abuse or humiliation will be used.
- You are expected not to use isolation, food, reward or denial as a method of discipline.

**B. STANDARDS RELATING TO DOCUMENTATION, BILLING AND PAYMENTS**

The Organization is committed to conducting the billing and collection process with integrity. We, therefore, adhere to current and applicable billing and documentation laws, regulations and guidelines to facilitate the proper documentation, coding and billing of claims.

- **Appropriate Documentation.** Personnel must document accurately and honestly, and only for those services that you provided or those events you were involved in. The Organization has a “zero tolerance” policy for falsification of any document.
  - You must not make any false entries in any CMCS records or in any public record for any reason.
  - You may not alter any permanent entries in CMCS records.



- You may only approve payments or receipts on behalf of CMCS that are described in documents supporting the transaction. Keeping fictitious accounts, where there is no accounting for receipts or expenditures on the Organization's 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
- **Billing - Generally.** In conformity with the Organization's mission and values, bills will only be submitted based upon a child/consumer/client's clinical condition, services actually rendered, and sufficient and adequate documentation of such services. All Personnel responsible for billing will be trained in the appropriate rules governing billing and documentation and will follow all regulations governing billing procedures. Personnel are prohibited from engaging in any form of up-coding of any service in violation of any law, rule, or regulation. The Organization takes all reasonable steps to ensure that our billing software reliably and accurately codes and bills all services according to the most recent federal and state laws and regulations.
- **Compliance with Federal and State Laws Regarding the Submission of Claims.** Personnel must comply with all applicable federal and state laws and regulations governing the submission of billing claims and related statements. A detailed description of: (i) the Federal False Claims Act; (ii) the Federal Program Fraud Civil Remedies Act; (iii) state civil and criminal laws pertaining to false claims; and (iv) the whistleblower protections afforded under such laws is provided to all Personnel.

### C. STANDARDS RELATING TO MANDATORY REPORTING

- As part of its commitment to providing the highest quality of care and services, the Organization complies with all applicable federal and state mandatory reporting laws, rules and regulations. To this end, the Organization will ensure that all incidents and events that are required to be reported are done so in timely manner, and will monitor compliance with such requirements.
- The Organization's governing board will ensure compliance with annual certification requirements that apply to the Compliance and Ethics Program in accordance with New York Social Services Law and the Federal Deficit Reduction Act of 2005
- The Organization will ensure that all identified overpayments are timely reported, explained and returned in accordance with applicable law and contractual requirements. For example, it is our policy to exercise reasonable diligence in identifying overpayments and quantifying overpayment amounts, not retain any funds which are received as a result of overpayments and to report, return and explain any overpayments from Federal health care programs (e.g., Medicare and Medicaid) within 60 days from the date the overpayment was identified (or within such time as is otherwise required by law or contract). Any monies improperly collected are promptly refunded to the Medicare Administrative Contractor, the Department of Health, the Office of the Medicaid Inspector General or other payor/agency, as applicable.

- Moreover, in some circumstances (e.g., if an internal investigation should confirm possible fraud, abuse or inappropriate claims), and with the assistance of legal counsel, as necessary and appropriate, the Organization will utilize the appropriate self-disclosure and/or refund process (e.g., the U.S. Department of Health and Human Services, Office of Inspector General, the Department of Health, the Office of the Medicaid Inspector General or other appropriate governmental agency).

#### **D. STANDARDS RELATING TO GOVERNANCE**

- The governing body maintains oversight of the Organization’s compliance with Federal health care program requirements and the Compliance. In that regard, the governing body regularly receive reports from the Compliance Officer and the Compliance Committee regarding the effectiveness of the Program.
- The governing body also oversees the Organization’s procedures for evaluating potential or actual conflicts of interest.

#### **E. STANDARDS RELATING TO BUSINESS PRACTICES**

The Organization will conduct its business affairs with integrity, honesty, and fairness and ensure that its Personnel avoid conflict between their personal interests and the interest of the Organization. The Organization will forego any transaction or opportunity that can only be obtained by improper and illegal means, and will not make any unethical or illegal payments to induce the use of our services.

- **Accuracy and Integrity of Books and Records.** The Organization must keep accurate books, records, and accounts which truthfully reflect the nature of transactions and payments. This includes, but is not limited to, financial transactions, cost reports, and other documents used in the normal course of business. No false or artificial entries shall be made for any purpose. No payment or other remuneration shall be given or received, nor purchase price agreed to, with the intention or understanding that any part of such payment or remuneration is to be used for any purpose other than that described in the document supporting the payment or other remuneration. 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 regulatory agencies, and internal and external auditors.



- **Internal Controls.** The Organization maintains and monitors a system of internal accounting controls. The Organization records and reports facts accurately, honestly and objectively, and does not hide or fail to record any funds, assets, or transactions.
- **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. Outside employment must not conflict in any way with your responsibilities to CMCS or its children/consumers/clients.

- **Lobbying, Political Activities And Contributions.** No federal grant funds may be used on any lobbying activity. Please be advised that any employees paid for by Head Start or Early Head Start federal funds are subject to the Hatch Act’s restrictions on political activities and civil and criminal penalties may attach for violations.
- **Use of Organization Funds and Resources.** CMCS assets are to only be used for the benefit of the Organization and the children/consumers/clients we serve. Assets include funds, equipment, vehicles, inventory and office supplies, but also concepts, business plans and strategies, information about children/consumers/clients served, financial information, computer property rights, and other business information about CMCS. You may not use CMCS’ 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.
- **Gifts and Benefits.** Personnel may not offer, pay or receive any gifts or benefits to or from any person or entity: (i) that makes referrals to us, (ii) to which we make referrals, or (iii) with which we do business, under circumstances where the gift or benefit is offered, paid or received with a purpose of inducing or rewarding referrals of health care goods, items or services, or other business between the parties. The guiding principle is simple: Personnel may not be involved with gifts or benefits that are undertaken in return for or to induce referrals or the purchasing, leasing, ordering or arranging (or the recommending of any of the foregoing) of any item or service.
- **Conflicts of Interest.** Personnel must exercise the utmost good faith in all transactions that touch upon their duties and responsibilities for, or on behalf of, the Organization. Even the appearance of illegality, impropriety, a conflict of interest, or duality of interests can be detrimental to the Organization and must be avoided. All Personnel who are in a position to influence any substantive business decision must complete an annual Conflict of Interest Disclosure Statement, disclosing all direct and familial interests which compete or do business with the Organization.



#### **F. STANDARDS RELATING TO REFERRALS/MARKETING**

- **Compliance with Medicare and Medicaid Anti-Referral Laws.** Federal and state laws make it unlawful to pay or give anything of value to any individual on the basis of the value or volume of patient referrals. The Organization does not pay incentives to any person based upon the number of children/consumers/clients admitted to our programs, or the value of services provided, nor do they pay physicians, or anyone else, either directly or indirectly, for referrals. All financial relationships with other providers who have referral relationships with the Organization are based on the fair market value of the services or items provided.
- **Marketing.** All marketing activities and advertising must be truthful and not misleading, must be supported by evidence to substantiate any claims made and must otherwise be in accordance with applicable law. In this regard, our best “advertisement” is the quality of our

services. No Personnel should disparage the service or business of a competitor through the use of false or misleading representations.

#### **G. STANDARDS RELATED TO CONTRACTOR OVERSIGHT**

The Compliance Officer will ensure that arrangements with Contractors specify in writing that such individuals/entities are subject to the CMCS Compliance Program, to the extent that such individuals/entities' contracted roles are affected by the Organization's compliance risk areas. All contracts with such individuals/entities must include termination provisions for failure to adhere to Program requirements. CMCS will confirm the identity and determine the exclusion status of such Contractors.

#### **H. STANDARDS RELATING TO CONFIDENTIALITY AND SECURITY**

The Organization safeguards confidential information regarding its children/consumers/ clients, such as individually identifiable health information, and confidential and proprietary information regarding the business of the Organization, such as patient lists, development plans, marketing strategy, financial data, proprietary research, and information about pending or contemplated business deals.

##### **1. Compliance with HIPAA**

- It is the Organization's policy to comply fully with all requirements of the Federal Health Insurance Portability and Accountability Act (HIPAA) as it pertains to patient privacy. All medical records and other protected health information (PHI) must be kept strictly confidential and not be released to anyone outside CMCS without written authorization from the child's guardian/consumer/client or as otherwise permitted by law.
- All Personnel who have access to any PHI must comply with the Organization's HIPAA Privacy and Security Plan.

##### **2. Confidentiality of CMCS Business**

- Inappropriate disclosure of the Organization's confidential business information, whether intentional or accidental, may adversely affect CMCS.
- Due to this risk of harm to the Organization, Personnel who learn confidential business information about CMCS or its children/consumers/clients, shall not disclose that information to third parties, including family or friends.
- Personnel may not disclose such confidential information to any third party after leaving employment except with the prior written consent of the Organization, or as required by applicable law.

##### **3. Photography Policy**

- a. CMCS prohibits Personnel's use of any photographic or recording



devices to photograph or record children/consumers/clients or other Personnel, unless such photograph or recording is related to a specific children/consumers/client's treatment or is approved in advance by the Administrative Director of Special Initiatives for use in the Organization's marketing activities.

- b. Photographs or recordings of a child/consumer/client collected by Personnel on behalf of the Organization are considered Protected Health Information, and, if the photograph or recording were created for treatment purposes, will be maintained in a protected and secure manner as part of the child/consumer/client's medical record, in accordance with the Organization's privacy and security policies.
- c. Photographs or recordings that are prepared for use in outside marketing of the Organization may be done only in accordance with the Organization's Social Media Policy.
- d. Personnel are not permitted to discuss, name or refer to any child/consumer/client on Social Media (e.g., Facebook, Instagram, Snapchat, etc.).
- e. Personnel are not permitted to post any photograph or recording of any child/consumer/client or other Personnel on Social Media.
- f. Any Personnel that become aware of any photographs or recordings or references to a child/consumer/client on Social Media are required to immediately report such instances to the Administrative Director of Special Initiatives.
- g. Photographs or Recordings for the Organization's marketing or publicity (e.g., occasional posting on the Cardinal McCloskey Community Services' website of the child/consumer/client participating in an activity or event) can only be done with the prior approval of Administrative Director of Special Initiatives (or designee) and the consent of the child/consumer/client (or their guardian/representative) and/or Staff that are to be photographed or recorded.
- h. If any Personnel violate any of the above, he or she will be subject to disciplinary action up to and including termination of employment, contract or affiliation with the Organization.

4. Confidentiality of Employee Information

- a. All of an employee's records must be locked in a secure file.
- b. Access to an employee's records is limited to appropriate employees.
- c. An employee's records must not be removed from CMCS, however, copies can be made for purposes of audit, investigation, or as otherwise needed as consistent with state and federal law.
- d. An employee's records must never be left out on desks, tables, etc. where other people may have access to them.
- e. An employee's private information must never be discussed among employees except on the "need to know" basis. Employees must be particularly aware of their surroundings when discussing this information. Special caution must be taken to be sure other children, families, or employees do not overhear information that is private.
- f. Discussion of an employee's information with volunteers, families, friends, or community members is prohibited.
- g. Information and documents that are considered confidential are medical records, educational records, employment records, financial or pay records, any other private information about the employee, or CMCS business.
- h. The Vice President of Human Resources will coordinate all requests for release of employee record information.
- i. Information will only be released in accordance with state and federal confidentiality laws as appropriate

5. Confidentiality of Early Childhood Education Division Children's and Families' Information.

The Early Childhood Education Division has additional confidentiality standards that must be followed:

- a. All children's records must be locked in a secure file.
- b. Access to children's records is limited to employees on an as-needed and appropriate basis.
- c. Children's records must not be removed from CMCS, however, copies can be made for purposes of audit, investigation, family

needs, school transition, or as otherwise needed as consistent with state and federal law.

- d. Children's records must never be left on desks, tables, etc. where others have access to them.
- e. Children's or families' private information must never be discussed among employees except on a "need to know" basis. Employees must be particularly aware of their surroundings when discussing this information. Special caution must be taken to be sure other children, families, or employees do not overhear information that is private.
- f. Discussion of children's or families' information with volunteers, other families, friends, or community members is prohibited.
- g. Information and documents which are considered confidential are medical records, educational records, special needs records, family records, financial records, and any other private information about children, their families or CMCS business.
- h. All requests for release of information will be coordinated by the Compliance Officer and will comply with applicable laws.
- i. Identifiable information will only be released in accordance with state and federal confidentiality laws.

## **I. STANDARDS RELATING TO THE HEAD START PROGRAM**

All staff, consultants, Contractors, and volunteers associated with the Head Start Program must abide by the following standards of conduct:

- Positive strategies must be implemented to support children's well-being and prevent and address challenging behavior;
- The unique identity of each child and family must be promoted and respected. It is not acceptable to stereotype a child or family on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;
- Children under your care must not be left alone or unsupervised.
- Children must never be maltreated or have their health or safety endangered. The following actions are prohibited:
  - Use of corporal punishment;
  - Use of isolation to discipline a child;

- Binding or tying a child to restrict movement or taping a child's mouth;
  - Withholding food as a punishment or reward;
  - Use of toilet learning/training methods that punish, demean, or humiliate a child;
  - Use of any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
  - Physically abusing a child;
  - Use of any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
  - Use of physical activity or outdoor time as a punishment or reward.
- All Program confidentiality policies concerning personally identifiable information about children, families, and other staff members must be complied with.

Violations of any of these Program standards of conduct will be disciplined in accordance with Program personnel policies and procedures.

**J. STANDARDS RELATING TO THE MCCLOSKEY CARES FAMILY CLINIC**

1. General Standards/Documentation/Claims Submission

CMCS is committed to providing quality care and services to our clients who seek services from the McCloskey Cares Family Clinic (the “Clinic”) in an environment characterized by strict compliance with the highest standards of accountability for administration, clinical, quality, business, marketing and financial management. In addition to the general Compliance Program standards outlined in this Handbook, the following standards apply to all Personnel who provide care or services in the Organization’s Clinic.

Personnel involved in delivering Clinic services must work to ensure that clients are only admitted to the Clinic if they meet the Clinic’s specified eligibility criteria. Personnel must appropriately and timely document the services they provide and conduct utilization reviews to determine if continued services are medically necessary in accordance with Clinic requirements.

The Clinic shall maintain complete documentation of all services provided for each client that is dated and signed by the appropriate clinical staff member who provided the service. Such documentation will include a complete case record, including, as appropriate, treatment plans, progress notes, and periodic assessments of the need for services.

The Clinic may only bill for services that are medically necessary and appropriately documented. The Clinic will ensure that all billing, coding and claims submitted for payment to Medicare,

Medicaid and other payers are accurate, represent the services actually provided, and describe the conditions under which the client received the services. As such, the following billing, coding, and submission principles must be followed:

- Charges will only be billed for services that accurately represent the level of service provided to the client. Under no circumstance will the selection of charges or codes be influenced by the possibility of improperly increasing the level of payment that may be received by the Clinic.
- The diagnosis(es), procedure(s), and Diagnosis Related information listed on the billing claim form will accurately reflect the client's condition and will be supported by documentation in the medical record.
- All claims for services provided by the Clinic and submitted to the Medicaid program must be in accord with Medicaid's frequency and documentation requirements pertaining to the type of service and length of time that the service is provided.

## 2. Client Rights and Responsibilities

The Clinic has adopted a Statement of Client Rights and Responsibilities which is posted prominently and conspicuously throughout the Clinic's facilities. The Statement is provided to each client upon admission. The Statement includes the address and telephone number of the Justice Center for the Protection of People with Special Needs Vulnerable Persons' Central Register line, the nearest regional office of the Protection and Advocacy for Mentally Ill Individuals Program, the nearest chapter of the Alliance on Mental Illness of New York State and the Office of Mental Health.

The Clinic will ensure that all clients receiving services are also advised of the complaint and grievance process.

## 3. Incident Management Program

The Clinic has implemented an incident management program to ensure a comprehensive strategy for:

- identifying, documenting, reporting, and investigating incidents;
- reviewing individual incidents to identify appropriate preventive or corrective action;
- reviewing the facts, circumstances, processes, systems, and areas of risk that contributed to an incident, as well as opportunities for performance improvement;
- identifying and reviewing incident patterns and trends; and
- monitoring incident management practices and developing proactive strategies for risk reduction, error prevention, and performance improvement.

For more information and a complete overview of Personnel responsibilities as to services provided by the Clinic, please see the McCloskey Cares Family Clinic's Policies and Procedures Manual.

**K. STANDARDS RELATING TO THE DEVELOPMENTAL DISABILITIES DIVISION**

1. General Standards/Documentation/Claims Submission

The CMCS Developmental Disabilities Division is dedicated to providing support necessary to assist individuals to live as independently as possible. This is accomplished through an individualized service environment which provides, consistent with meeting the person's needs, preferences and personal goals, the supports or services necessary to enable a person with a developmental disability to live, work, socialize and participate in the community.

In addition to the general Compliance Program standards outlined in this Handbook, the following standards apply to all Personnel who provide care or services in the Developmental Disabilities Division.

Personnel involved in delivering services must work to ensure that clients meet OPWDD<sup>2</sup> eligibility standards for the particular program that the client is enrolled in (*e.g.*, Individual Residential Alternative Group Home, Service Coordination Program, Day Habilitation Program, Supported Employment, etc.). Personnel must appropriately and timely document the services they provide and ensure that clients are provided with the services specified in their Individualized Service Plan (ISP), as applicable.

Each program shall maintain complete documentation of all services provided for each client that is dated and signed by the appropriate staff member who provided the service. Such documentation will include a complete case record, including, as appropriate, the ISP, habilitation plans, habilitation plan reviews, service notes, documentation regarding therapeutic leave, and monthly summary notes.

Each program may only submit claims for services that are clinically appropriate and appropriately documented. Each program will ensure that all billing, coding and claims submitted for payment to Medicaid and other payers are accurate, represent the services actually provided, and describe the conditions under which the client received the services.

2. Client Rights and Responsibilities

The Developmental Disabilities Division has implemented written policies/procedures on notifying individuals and/or their parents, guardians or correspondents of the client's rights and responsibilities, the availability of a process for resolving objections, problems or grievances relative to the person's rights and responsibilities; and the availability of the parties designated to receive complaints and concerns.

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<sup>2</sup> The Office for People with Developmental Disabilities.

### 3. Incident Management Program

The Developmental Disabilities Division has implemented an incident management program, which includes the reporting, investigation, review, correction, and monitoring of certain events or situations, in order to protect individuals receiving services (to the extent possible) from harm; ensure that individuals are free from abuse and neglect; and to enhance the quality of their services and care.

Personnel are required to report any event or situation that meets the criteria of a “reportable incident” or “notable occurrence” as defined in Program policies.

- Minor notable occurrences must be reported to CMCS’ chief executive officer (or designee) within 48 hours of occurrence or discovery.
- All reportable incidents and serious notable occurrences must be reported to CMCS’ chief executive officer (or designee) immediately upon occurrence or discovery.
- The Developmental Disabilities Division immediately reports to OPWDD all reportable incidents and serious notable occurrences; all reportable incidents are also reported to the Vulnerable Persons’ Central Register (VPCR).

### 4. Standards of Conduct

Personnel associated with the Developmental Disabilities Division are expected to engage in high standards of conduct while functioning in their work-related capacity and CMCS will take appropriate action in the event that misconduct occurs. The following conduct is prohibited:

- distributing, selling, possessing, purchasing or consuming illegal substances or alcohol while at the workplace or while performing in a work-related capacity;
- having clients carry out the duties of employees, unless such tasks are described in his or her plan of services by the program planning team for the purpose of increasing the person's skills;
- subjecting clients to inappropriate exposure to firearms or other weapons;
- engaging in personal financial transactions with clients;
- failing to guard information about the client (and, in particular, HIV-related information) as confidential and/or failing to use such information in a professional manner at all times.

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For more information and a complete overview of Personnel responsibilities as to services provided by the Developmental Disabilities Division, please see the individual program’s policies and procedures.

**L. STANDARDS RELATED TO HEALTH SERVICES FOR CHILDREN IN FOSTER CARE**

The mission of our Foster Care Services Division is to advocate for children and families in need of care and to promote safe and stable environments.

- All health-related services provided to foster care children must be medically necessary and appropriate, and rendered by qualified practitioners within their scope of practice (including supervision requirements), as defined in State Law.
- The Medicaid rate may not be claimed when the child is temporarily absent except under specific circumstances specified in the Medicaid Manual and Department of Health updates (e.g., Inpatient hospital days; day of transfer or discharge from CMCS, etc.)]
- Personnel involved in submitting claims for health related services are appropriately instructed on when it is appropriate to bill the Medicaid Program; and must comply with all Medicaid billing and policy instruction, including the New York State Office of Children and Family Services' manual: Working Together: Health Services for Children in Foster Care.

**M. INCIDENT MANAGEMENT STANDARDS FOR FOSTER CARE/CHILDREN'S SERVICES AND THE EARLY CHILDHOOD EDUCATION DIVISION**

The Foster Care/Children's Services and the Early Childhood Education Division have each established policies and procedures for ensuring that:

- all reportable incidents are identified and reported to the Vulnerable Persons' Central Register in accordance with all applicable laws and regulations;
  - Reportable incidents include physical abuse, sexual abuse, psychological abuse, deliberate inappropriate use of restraints, use of aversive conditioning, obstruction of reports of reportable incidents, unlawful use or administration of a controlled substance, neglect, and significant incidents.
- all reportable incidents are promptly investigated, if such investigation has been delegated to the Organization for investigation;
- individual reportable incidents and incident patterns and trends are reviewed to identify and implement preventative and corrective actions, which may include, but are not limited to staff retraining, appropriate disciplinary action allowed by law or contract, or opportunities for improvement;
- information regarding individual reportable incidents, incident patterns and trends, and patterns and trends in reporting and responses to reportable incidents are shared consistent with applicable law, with the Justice Center in the form and manner required by the Justice Center or the Office of Children and Family Services as applicable.



**N. JUSTICE CENTER CODE OF CONDUCT**

In addition to the Organization's Code of Conduct, Personnel must at the time of his or her initial employment or association with the Organization, and at least annually thereafter, acknowledge that he or she has read and understands the Code of Conduct for Custodians of People with Special Needs adopted by the Justice Center for the Protection of People with Special Needs, as amended from time to time. The Organization provides Personnel with the Justice Center's Code of Conduct as part of its Compliance training and education program.

**O. STANDARDS RELATED TO GOVERNMENT INQUIRIES**

It is the Organization's policy to comply with the law and cooperate with legitimate governmental investigations or inquiries. All responses for information must be accurate and complete. Any action by Personnel to destroy, alter, or change any records in response to a request for such records is strictly prohibited and will subject the individual to immediate termination of employment or contract and possible criminal prosecution.

- Personnel may speak voluntarily with government agents, and CMCS will not attempt to obstruct such communication. It is recommended, however, that Personnel contact the Compliance Officer before speaking with any government agents.
- Personnel must receive authorization from the Compliance Officer (or designee), who will consult with counsel as necessary and appropriate, before responding to any request to disclose CMCS' documents to any outside party.

# **CONFLICTS OF INTEREST POLICY**

## **I. OVERVIEW**

**A. Purpose.** Cardinal McCloskey Community Services (the “Organization”) strives to protect, empower and promote independence for at risk children and families and those with developmental disabilities through quality community based services. The Organization is committed not only to providing children/consumers/clients with high quality and caring services, but also to ensuring that its business practices comply with all relevant legal requirements and applicable Organization policies. This Policy and Procedure is intended to be a guide for Board of Directors Members, Officers, Key Persons and other employees (“Organization Personnel”) who may find themselves in a position where their personal interests could cause, or be perceived to cause, a conflict with the interests of the Organization, the community we serve or our children/consumers/clients.

**B. Oversight Of This Policy.** The adoption, implementation of and compliance with this Policy shall be overseen by the designated Audit Committee of the Board of Directors.

The Audit Committee has authorized the Organization’s Compliance Officer to provide the Audit Committee with assistance in the implementation of, and compliance with, this Policy. Such assistance may include having the Compliance Officer: (1) gather the Conflict of Interest Disclosure Statements; (2) track the successful completion of the Statements; (3) transmit the Statements to the Secretary of the Board; and (4) assist the Secretary of the Board in organizing the Statements for the Audit Committee’s review. The Audit Committee, however, will at all times retain overall responsibility for all aspects of the oversight of this Policy.

**C. Organization of This Policy.** This Policy has specific disclosure and review procedures for: i) Board Members; ii) Officers and Key Persons; and iii) other employees of the Organization. This policy is organized accordingly. Thus, Board Members should refer to Section II for detailed information regarding how and when to disclose a conflict of interest, the review process, corrective action and training; Officers and Key Persons should refer to Section III; and other employees should refer to Section IV. The Annual Disclosure Statements are found in the Compliance Program Policies and Procedures Manual and are also available from the Compliance Officer.

**D. Basic Requirements.** As is set forth in more detail below, all potential or actual conflicts of interest must be reported and must be appropriately addressed as required by this Policy. If you are uncertain whether a particular transaction or matter presents a disclosable conflict of interest, it should be disclosed pursuant to this Policy.

Failure to adhere to this Policy will be considered a breach of the individual’s obligation to the Organization, and may result in disciplinary action. Organization Personnel are thus expected to read and understand the appropriate section of this Policy and to review it at least annually in order to be alert to situations that could pose an actual or potential conflict of interest.

Underlying the requirements of this Policy is the expectation that Organization Personnel will at all times do the following:

- (1) act fairly, reasonably and in the Organization’s best interests;
- (2) act in compliance with all applicable legal requirements, including but not limited to, the requirements concerning Related Party Transactions described below;
- (3) refrain from personal considerations of any kind that conflict with, or that appear to conflict with, the best interests of the Organization, the community we serve or our patients; and
- (4) immediately disclose any potential conflicts of interest in accordance with the procedures set forth in this Policy.

At the time of disclosure, it is the responsibility of the Organization, through review by the designated Audit Committee of the Board of Directors, and the Board to determine whether and to what extent such conflict of interest should limit the individual’s participation in his or her position or the particular transaction or matter under consideration. In general, Organization Personnel with conflicts of interest must refrain from participating in the consideration or determination of any transaction or matter as to which they have an actual or potential conflict.

In adopting this Policy, the designated Audit Committee of the Board of Directors recognizes that:

1. Many conflicts that are properly disclosed can be adequately managed without detriment to the reputation, integrity or position of the Organization and the individual.
2. In most cases, problems associated with actual or perceived conflicts of interest do not arise from the conflicts per se, but rather are the result of failure to openly acknowledge and actively manage them.
3. It is important to outline the process for identifying, assessing and managing actual and potential conflicts to assure that both the integrity of the Organization and the core activities are protected.

**E. What is a “Disclosable Conflict of Interest”?** “Disclosable Conflict of Interest” means any circumstance that gives rise to, or appears to give rise to, an actual or potential conflict of interest between a Board Member’s, Officer’s, Key Person’s, or employee’s personal interest (or the personal interests of a Relative of a Board Member, Officer, Key Person, or employee) and the best interests of the Organization, the community it serves or its children/consumers/clients. In addition, every Related Party Transaction is a Disclosable Conflict of Interest. Some representative examples of possible conflicts of interest that must be disclosed include, but are not limited to, those situations when Organization Personnel, or Relatives of Organization Personnel:

- (1) Related Party Transaction. Have a financial interest in any transaction, agreement or arrangement in which the Organization is or intends to be a participant.
- (2) Relationships with Vendors and Competitors. Have any financial interest in a vendor, competitor or entity with which the Organization does business or intends

to do business or which competes with the Organization; is a member, owner, sole proprietor, partner, shareholder, director, trustee or officer of such vendor, competitor or entity; or has a contractual or employment relationship with such vendor, competitor or entity.

- (3) Personal Interest. Represents the Organization in any matter in which the person has a personal interest (financial or otherwise).
- (4) Personal Gain. Uses, or has the opportunity to use, knowledge about the Organization for personal gain, profit or advantage.
- (5) Business Relationships with Board Members, Officers or Key Persons. Is a Board Member, Officer or Key Person and has a family or business relationship with another Board Member, Officer or Key Person.
- (6) Gifts and Other Benefits. Accepts gifts, entertainment or other favors from a vendor, competitor or entity with which the Organization does business or intends to do business under circumstances from which it might be inferred that the gift or gratuity was being given to influence the Organization Personnel's actions or decisions on behalf of the Organization.
- (7) Other Organizations. Is an officer or director of, or has a direct or indirect substantial financial interest in, another corporation, firm or other entity – including another healthcare organization – with which the Organization does business or intends to do business.
- (8) Other Conduct. Engages in any other conduct that interferes with, or appears to interfere with, the best interests of the Organization or with the Organization Personnel's responsibilities to the Organization.

Other examples may arise, particularly in certain contexts within which the Organization conducts its day-to-day operations. It is not possible to provide an exhaustive listing of every situation in which a conflict of interest, or the appearance of a conflict of interest, may arise, however, more information is provided in Appendix A to this Policy. Note, however, that De Minimis Transactions and Ordinary Course of Business Transactions, as defined below, are not covered by this Policy. Even in such cases, however, the affected party may not intervene or seek to influence the person tasked with making the decision or reviewing the transaction. Further, the person tasked with making the decision or reviewing the transaction should not consider or be influenced by the affected party's involvement in decisions or matters that may affect the decision-maker/reviewer.

**F. Other Definitions.** Below are definitions of key words and phrases that are used throughout this Policy.

1. "Affiliate". An "Affiliate" of the Organization means any entity controlled by, or in control of, the Organization.

2. “Board”. “Board” means the board of Directors or any other body constituting a Governing Board as defined below.
3. “De Minimis Transaction”. A “De Minimis Transaction” for purposes of this Policy is one that is immaterial or insignificant to the Organization, taking into account all relevant factors, including but not limited to: (i) the Organization’s overall business or financial operations; (ii) any impact the transaction might have on the quality of care, treatment or services provided to our children/consumers/clients, and/or (iii) the size and scope of the particular transaction.
4. “Director” or “Board Member”. “Director” or “Board Member” means any member of the Governing Board of the Organization, whether designated as director, trustee, manager, governor, or by any other title.
5. “Governing Board”. “Governing Board” means the body responsible for the management of the Organization.
6. “Key Person”. “Key Person” means any person, other than a Director or Officer, whether or not an employee of the Organization, who (i) has responsibilities, or exercises powers or influence over the Organization as a whole similar to the responsibilities, powers, or influence of directors and officers; (ii) manages the Organization, or a segment of the Organization that represents a substantial portion of the activities, assets, income or expenses of the Organization; or (iii) alone or with others controls or determines a substantial portion of the Organization’s capital expenditures or operating budget.
7. “Officer”. “Officer” means those individuals designated as officers in the by-laws of the Organization and those who are otherwise appointed as officers of the Organization in accordance with the Organization’s by-laws.
8. “Ordinary Course Of Business Transaction”. An “Ordinary Course of Business Transaction” is one that is consistent either with the Organization’s consistently applied past practices in similar transactions or with common practices in the industry in which the Organization operates. Examples of Ordinary Course of Business Transactions include, but are not limited to: (i) a nonprofit entity that uses the local electric utility for its electrical service and supply, and a 35% shareholder of the local electric utility is a board member; and (ii) where the general counsel of a nonprofit entity has a written, established, and enforced policy for the selection, retention, evaluation and payment of outside counsel, and a board member is a partner of, and has a greater than 5% share in, one the firms retained by the general counsel.
9. “Organization”. “Organization” means Cardinal McCloskey Community Services.

10. “Organization Personnel”. “Organization Personnel” means Board Members, Officers, Key Persons and other employees of the Organization.
11. “Related Party”. “Related Party” means (a) any Director, Officer or Key Person of the Organization or any affiliate of the Organization; (ii) any Relative of a Director, Officer or Key Person of the Organization or any affiliate of the Organization; or (iii) any entity in which a Director, Officer or Key Person of the Organization or any affiliate of the Organization or a Relative of a Director, Officer or Key Person of the Organization or any affiliate of the Organization has a thirty-five percent or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of five percent.
12. “Related Party Transaction”. “Related Party Transaction” means any transaction, agreement or any other arrangement in which a related party has a financial interest and in which the Organization or any affiliate of the Organization is a participant, except that a transaction shall not be a related party transaction if: (i) the transaction or the related party's financial interest in the transaction is de minimis, (ii) the transaction would not customarily be reviewed by the board or boards of similar organizations in the ordinary course of business and is available to others on the same or similar terms, or (iii) the transaction constitutes a benefit provided to a Related Party solely as a member of a class of the beneficiaries that the Organization intends to benefit as part of the accomplishment of its mission which benefit is available to all similarly situated members of the same class on the same terms.
13. “Relative”. “Relative” of an individual means (i) his or her spouse or domestic partner as defined under New York Public Health Law § 2994-a; (ii) his or her ancestors, brothers and sisters (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren; or (iii) the spouse or domestic partner of his or her brothers, sisters, children, grandchildren, and great-grandchildren.
14. “Vendor/Third Party”. “Vendor/Third Party” includes all vendors, third parties, suppliers, consultants, other health care providers, educational institutions, manufacturers, payers and other third parties seeking to do, or currently engaged in, business, or in competition, with the Organization.

## **II. BOARD MEMBERS - PROCEDURES FOR DISCLOSURE OF CONFLICTS, THE REVIEW PROCESS AND CORRECTIVE ACTION**

### **A. How and When to Disclose. Board Members must disclose any potential conflicts annually and when a potential conflict arises.**

- (1) Annual Written Conflict of Interest Disclosure Statement. Board Members will, at least annually, file a written Conflict of Interest Disclosure Statement with the Board Secretary (or with the Organization’s Compliance Officer on behalf of the

Secretary). The Board Secretary will provide copies of all completed Statements to the Chair of the Audit Committee.

The Conflict of Interest Disclosure Statement will specifically include, among other Disclosable Conflicts of Interest, a statement identifying, to the best of the Board Member's knowledge, any entity of which he or she is an officer, director, trustee, member, owner (either as a sole proprietor or a partner), or employee and with which the Organization has a relationship.

The Compliance Officer will track the completion of all Disclosure Statements, will gather the Statements from Organization Personnel, and will transmit all of the Statements to the Secretary for oversight by the Audit Committee.

- (2) Continuing Obligation to Disclose and Update. Board Members have an affirmative and continuing obligation to disclose any conflicts of interest as they arise and to update his or her annual written Conflict of Interest Disclosure Statement. All such updated Disclosure Statements will be filed with the Board Secretary (or with the Organization's Compliance Officer on behalf of the Secretary). The Board Secretary will provide copies of all updated or new disclosures to the Chair of the Audit Committee for the Committee's review and consideration.

If during the course of a Board or Board-level committee meeting, discussion, or deliberation any actual or potential conflict of interest becomes apparent to a Member, that Board Member must disclose such actual or potential conflict to the Board or committee. If another Board Member becomes aware of any actual or potential conflict of interest, he or she shall disclose such conflict if the conflicted Board Member is absent. In both cases, such disclosure shall be a matter of record.

- (3) Prior to the Initial Election of a Board Member. Prior to the initial election of any Board Member, the individual proposed for a Board Member position shall complete, sign and submit a written Conflict of Interest Disclosure Statement identifying, to the best of the proposed Board Member's knowledge, any entity of which he or she is an officer, director, trustee, member, owner (either as a sole proprietor or a partner), or employee and with which the Organization has a relationship, and any transaction in which the Organization is a participant and in which the proposed Board Member might have a Disclosable Conflict of Interest.

All such Statements will be filed with the Board Secretary (or with the Organization's Compliance Officer on behalf of the Secretary). The Board Secretary will provide copies of each completed Statement to the Chair of the Audit Committee, for the Committee's review.

- (4) Potential Members Appointed to Committee with Board-Delegated Powers. All potential members of any committee with governing Board-delegated powers must complete a Disclosure Statement and disclose any actual, potential, or

perceived conflict of interest to the Board Secretary (or with the Organization's Compliance Officer on behalf of the Secretary) prior to assignment to such committee.

**B. The Review Process**

(1) Review by the Audit Committee. After receipt from the Organization's Compliance Officer, the Secretary of the Board will deliver all completed Conflict of Interest Disclosure Statements to the Chair of the Audit Committee for the Audit Committee's consideration. The Audit Committee will conduct a review of all matters that raise an actual or potential conflict of interest, or that create the appearance of an actual or potential conflict of interest. In conducting its review, the Audit Committee:

- (a) will consider all relevant facts and circumstances involved in the matter, and in particular, what is fair, reasonable and in the best interests of the Organization and the community we serve;
- (b) will exclude the affected individual(s) from being present at or participating in the deliberations or voting on the potential conflict of interest;
- (c) will prohibit the affected individual(s) from any attempt to influence improperly the deliberations or voting on the matter; and
- (d) will permit the affected individual(s), upon request of the Audit Committee, to present information concerning the matter at a meeting prior to commencement of deliberations or voting on the matter.

(2) Report to the Board of Directors. The Audit Committee will make an initial determination as to whether a conflict of interest exists or may exist, and recommend what course the Organization should take in connection with the matter. The Compliance Officer and outside counsel, as needed, shall assist the Audit Committee in reporting its recommendations and findings to the Board. The Board shall review the recommendations and findings of the Audit Committee and make their findings which shall be final and binding.

The Board will contemporaneously document in writing in appropriate minutes of any meeting at which the matter is deliberated or voted upon all deliberations and determinations relating thereto, including, at a minimum, a summary of the matter, a summary of the deliberations, consideration of any alternatives, who is present at the meeting(s), the vote and the basis for the determination, including, but not necessarily limited to, whether the matter is as fair and reasonable to the Organization as would otherwise then be obtainable by the Organization.

(3) Corrective Actions. If, after review and consideration, the Board concludes that a potential or actual conflict of interest does exist, then the Organization will



implement the following corrective actions to protect the Organization's best interests:

- (a) Generally. Board Members for whom an actual or potential conflict of interest is found to exist will take no part in consideration, deliberation or decision-making as to the underlying matter that is the subject of the potential conflict.
  - (b) Recusal. The conflicted Board Member must recuse him or herself from discussion (including informal discussions) of matters affected by the conflict of interest, including physical absence from discussions, deliberations, voting or decision making either during consideration by management or during Board or Board Committee meetings.
  - (c) Personal Influence. The conflicted Board Member will not use his or her personal influence – in any way or at any time - with respect to the matter that is the subject of the potential conflict.
  - (d) Significant Conflicts. If the conflict is so significant as to be incompatible with the mission, strategic priorities, or best interests of the Organization, a determination will be made by the Board whether it is appropriate for the individual to continue serving on the Board or as a member of a Board committee.
- (4) Additional Special Rules for Related Party Transactions-Generally. In addition to the considerations outlined above, all Related Party Transactions (as defined herein) are subject to the following additional special rules:
- (a) Fair and Reasonable. The Organization may not enter into a Related Party Transaction unless the transaction is determined to be fair, reasonable and in the Organization's best interest at the time of the determination.
  - (b) Disclosure of Material Facts. In considering the Related Party Transaction, the Audit Committee or the Board shall ensure that any Board Member who has an interest in the Related Party Transaction has disclosed in good faith all material facts concerning such interest; and
  - (c) No Participation. No Related Party may participate in the deliberations or voting relating to any Related Party Transaction. However, the Audit Committee or the Board may request that a Related Party present information concerning a Related Party Transaction at a meeting prior to the commencement of deliberations or voting relating thereto.
  - (d) Documentation. Contemporaneous documentation of the Audit Committee's and the Board's review of a Related Party Transaction will include, at a minimum, a summary of the matter, a summary of the deliberations, consideration of any alternatives, the vote and the basis for

the determination, including, but not necessarily limited to, whether the matter is as fair and reasonable to the Organization as would otherwise then be obtainable by the Organization.

- (5) Additional Related Party Rules When a “Substantial” Financial Interest Exists. With respect to any Related Party Transaction involving the Organization and in which a Related Party has a “substantial” financial interest in the transaction, agreement or arrangement, the following shall also apply:
- (a) Prior to entering into the transaction, the Board shall consider alternative transactions to the extent available;
  - (b) The transaction must be approved by not less than a majority vote of the members present at the meeting; and
  - (c) The Board must contemporaneously document in written minutes the basis for its approval or disapproval, including its consideration of any alternative transactions.

**C. Compensation Decisions.** All compensation must be in a reasonable amount for services rendered and must be in compliance with all other legal requirements. No person who may benefit from such compensation may be present at or otherwise participate in any deliberation or vote concerning his or her compensation. However, such person may be asked to present information as background or answer questions at a meeting prior to the commencement of deliberations or voting relating thereto. Unless otherwise provided in the certificate of incorporation or the by-laws, the Board shall have the authority to fix the compensation of Directors for services in any capacity. The fixing of salaries of Officers, if not done pursuant to the by-laws, requires the affirmative vote of a majority of the entire Board unless a higher proportion is set by the certificate of incorporation or by-laws.

**D. Training.** Board Members will receive a copy of this Policy annually and will receive specific training regarding conflicts of interest in accordance with their governance responsibilities. Ongoing education will also be provided as new issues are identified.

**E. Violations of this Policy.** If the Audit Committee of the Board has reasonable cause to believe any Board Member has failed to disclose actual or potential conflicts of interest, it shall inform such individual of the basis for such belief and afford him or her an opportunity to explain the alleged failure to disclose. If, after hearing the individual’s response and making further investigation as warranted by the circumstances, the Audit Committee determines that such individual has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

### **III. OFFICERS AND KEY PERSONS - PROCEDURES FOR DISCLOSURE OF CONFLICTS, THE REVIEW PROCESS AND CORRECTIVE ACTION**

**A. How and When to Disclose.** Officers and Key Persons must disclose any potential conflicts annually and when a potential conflict arises.

- (1) Annual Written Conflict of Interest Disclosure Statement. Officers and Key Persons will, at least annually, file a written Conflict of Interest Disclosure Statement with the Board Secretary (or with the Organization's Compliance Officer on behalf of the Secretary). The Board Secretary will provide copies of all completed Statements to the Chair of the Audit Committee.

The Compliance Officer will track the completion of all Disclosure Statements, will gather the Statements from Organization Personnel, and will transmit all of the Statements to the Secretary for oversight by the Audit Committee.

- (2) Continuing Obligation to Disclose and Update. Officers and Key Persons have an affirmative and continuing obligation to disclose any conflicts of interest as they arise and to update his or her annual written Conflict of Interest Disclosure Statement. All such updated Disclosure Statements will be filed with the Board Secretary (or with the Organization's Compliance Officer on behalf of the Secretary). The Board Secretary will provide copies of all updated or new disclosures to the Chair of the Audit Committee for the Committee's review and consideration.

**B. The Review Process**

- (1) Review by the Audit Committee. After receipt from the Organization's Compliance Officer, the Secretary of the Board will deliver all completed Conflict of Interest Disclosure Statements to the Chair of the Audit Committee for the Audit Committee's consideration. The Audit Committee will conduct a review of all matters that raise an actual or potential conflict of interest, or that create the appearance of an actual or potential conflict of interest. In conducting its review, the Audit Committee:
  - (a) will consider all relevant facts and circumstances involved in the matter, and in particular, what is fair, reasonable and in the best interests of the Organization and the community we serve;
  - (b) will exclude the affected individual(s) from being present at or participating in the deliberations or voting on the potential conflict of interest;
  - (c) will prohibit the affected individual(s) from any attempt to influence improperly the deliberations or voting on the matter; and
  - (d) will permit the affected individual(s), upon request of the Audit Committee, to present information concerning the matter at a meeting prior to commencement of deliberations or voting on the matter.
- (2) Report to the Board of Directors. The Audit Committee will make an initial determination as to whether a conflict of interest exists or may exist, and recommend what course the Organization should take in connection with the

matter. The Compliance Officer and outside counsel, as needed, shall assist the Audit Committee in reporting its recommendations and findings to the Board. The Board shall review the recommendations and findings of the Audit Committee and make their findings which shall be final and binding.

The Board will contemporaneously document in writing in appropriate minutes of any meeting at which the matter is deliberated or voted upon all deliberations and determinations relating thereto, including, at a minimum, a summary of the matter, a summary of the deliberations, consideration of any alternatives, who is present at the meeting(s), the vote and the basis for the determination, including, but not necessarily limited to, whether the matter is as fair and reasonable to the Organization as would otherwise then be obtainable by the Organization.

- (3) Corrective Actions. If, after review and consideration, the Board concludes that a potential or actual conflict of interest does exist, then the Organization will implement the following corrective actions to protect the Organization's best interests:
  - (a) Generally. Officers and Key Persons for whom an actual or potential conflict of interest is found to exist will take no part in consideration, deliberation or decision-making as to the underlying matter that is the subject of the potential conflict.
  - (b) Recusal. The conflicted Officer or Key Person must recuse him or herself from discussion (including informal discussions) of matters affected by the conflict of interest, including physical absence from discussions, deliberations, voting or decision making either during consideration by management or during Board or Board Committee meetings.
  - (c) Personal Influence. The conflicted Officer or Key Person will not use his or her personal influence – in any way or at any time - with respect to the matter that is the subject of the potential conflict.
  - (d) Significant Conflicts. If the conflict is so significant as to be incompatible with the mission, strategic priorities, or best interests of the Organization, a determination will be made by the Board whether it is appropriate for the individual to continue serving as an Officer or Key Person of the Organization.
- (4) Additional Special Rules for Related Party Transactions-Generally. In addition to the considerations outlined above, all Related Party Transactions (as defined in the Appendix) are subject to the following additional special rules:
  - (a) Fair and Reasonable. The Organization may not enter into a Related Party Transaction unless the transaction is determined to be fair, reasonable and in the Organization's best interest at the time of the determination.

- (b) Disclosure of Material Facts. In considering the Related Party Transaction, the Audit Committee or the Board shall ensure that any Officer or Key Persons who has an interest in the Related Party Transaction has disclosed in good faith all material facts concerning such interest; and
  - (c) No Participation. No Related Party may participate in the deliberations or voting relating to any Related Party Transaction. However, the Audit Committee or the Board may request that a Related Party present information concerning a Related Party Transaction at a meeting prior to the commencement of deliberations or voting relating thereto.
  - (d) Documentation. Contemporaneous documentation of the Audit Committee's and the Board's review of a Related Party Transaction will include, at a minimum, a summary of the matter, a summary of the deliberations, consideration of any alternatives, the vote and the basis for the determination, including, but not necessarily limited to, whether the matter is as fair and reasonable to the Organization as would otherwise then be obtainable by the Organization.
- (5) Additional Related Party Rules When a "Substantial" Financial Interest Exists. With respect to any Related Party Transaction involving the Organization and in which a Related Party has a "substantial" financial interest in the transaction, agreement or arrangement, the following shall also apply:
- (a) Prior to entering into the transaction, the Board shall consider alternative transactions to the extent available;
  - (b) The transaction must be approved by not less than a majority vote of the members present at the meeting; and
  - (c) The Board must contemporaneously document in written minutes the basis for its approval or disapproval, including its consideration of any alternative transactions.

**C. Compensation Decisions.** All compensation must be in a reasonable amount for services rendered and must be in compliance with all other legal requirements. No person who may benefit from such compensation may be present at or otherwise participate in any deliberation or vote concerning his or her compensation. However, such person may be asked to present information as background or answer questions at a meeting prior to the commencement of deliberations or voting relating thereto. The fixing of salaries of Officers, if not done pursuant to the by-laws, requires the affirmative vote of a majority of the entire Board unless a higher proportion is set by the certificate of incorporation or by-laws.

**D. Training.** Officers and Key Persons will receive a copy of this Policy annually and will receive specific training regarding conflicts of interest in accordance with their responsibilities. Ongoing education will also be provided as new issues are identified.

**E. Violations of this Policy.** If the Audit Committee of the Board has reasonable cause to believe any Officer or Key Person has failed to disclose actual or potential conflicts of interest, it shall inform such individual of the basis for such belief and afford him or her an opportunity to explain the alleged failure to disclose. If, after hearing the individual's response and making further investigation as warranted by the circumstances, the Audit Committee determines that such individual has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

#### **IV. EMPLOYEES - PROCEDURES FOR DISCLOSURE OF CONFLICTS, THE REVIEW PROCESS AND CORRECTIVE ACTION**

**A. Disclosure.** Employees who do not otherwise have an obligation under this Policy to submit an annual written disclosure statement, have a continuing obligation to promptly disclose any actual or potential conflict of interest or other Disclosable Conflict of Interest when it is identified, but in all events prior to deliberations involving the applicable employee. Required disclosures are to be directed to the Compliance Officer or his or her designee. If the employee is in doubt as to whether they have a Disclosable Conflict of Interest, he/she should err on the side of disclosure and report the matter to the Compliance Officer for review. For your convenience, a disclosure form can be found in Appendix E to this Policy. Use of this form is not mandatory, but reporting an actual or potential conflict is mandatory.

**B. Review by Compliance Officer.** The Compliance Officer will review any disclosures in light of the principles set forth in this Policy, consult with outside counsel as necessary, seek additional information as necessary, and determine if the financial interest or relationship with the Vendor or other situation creates a conflict of interest, is improper, or creates the appearance of a conflict of interest or of improper conduct.

- (1) No Conflict of Interest. If the Compliance Officer does not believe that the employee has a conflict of interest, he/she will document the relevant facts and the reason for his/her conclusion. The matter will be deemed to be concluded and no further action will be required.
- (2) Conflict or Potential Conflict of Interest. If the Compliance Officer believes a potential or actual conflict of interest exists, he or she should consult with legal counsel. To the extent a potential or actual conflict of interest exists, or if there is any disagreement between the Compliance Officer and legal counsel with respect to whether a conflict exists, the Compliance Officer will prepare a report stating the relevant facts and the reason why he/she has determined that an actual or potential conflict of interests exists. A copy of the Compliance Officer's written findings and any advice provided by legal counsel, if any, will be reported to the Chair of the Audit Committee for review.
- (3) Corrective Action. Once a final decision is made on how to proceed, the employee will be instructed as to the appropriate corrective action. If the potential conflict involves an Organization employee, such employee will take no part in the matter which is the subject of the potential conflict, and will not use his/her personal influence in such matter.

C. **Training.** The Organization will conduct training and education for all employees on this Policy, including as to what constitutes Disclosable Conflicts of Interest, required disclosures, when and how disclosures are to be made, the review and determination process and other related matters at the individual's orientation and on a regular basis thereafter.

This Policy was approved and adopted by the Board of Directors on June 26, 2019; updated June 28, 2023.



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Secretary of the Board

**APPENDIX A:  
EXAMPLES OF CONFLICT OF INTEREST RISK AREAS**

**A. Purchasing and Contracting.** Purchasing and contracting decisions should be based on vendor/third party history, quality, service, price and other factors necessary to advance the interests of the Organization.

**B. Gifts and Gratuities.** It is prohibited for any personnel to accept hospitality, loans or other financial benefits from any child/consumer/client (or child/consumer/client's family member), vendor/third party, contractor, individual, company or other concern that does business with the Organization, is under consideration to do business with the Organization, or is a competitor of the Organization. This prohibition applies whenever the thing of value is offered under circumstances from which it could be inferred that the personnel's action was for his or her own benefit and not solely for the benefit of the Organization. Accordingly, any such gifts or gratuities must be reported to the Compliance Officer to determine whether a Disclosure Statement must be completed. The Organization's policy on gifts and gratuities does not preclude the acceptance of items of nominal value such as flowers, holiday cookies or candy that are clearly tokens of appreciation. Similarly, business entertainment can only be provided or received consistent with what is reasonable under the circumstances, as a token of appreciation and for hospitality, and not for the purpose of influencing the business behavior of the recipient. In such cases a Disclosure Statement need not be completed. If personnel are in doubt as to whether a gift or gratuity falls within the proper application of this Policy, they should err on the side of disclosure and immediately disclose the facts in accordance with this Policy.

**C. Grants.** Various personnel and departments of the Organization receive grants from government agencies, private industry, and various philanthropies to conduct research or other projects in association with the Organization. While the receipt of such funds is to be encouraged in appropriate cases, the receipt and use of grants must be subject to adequate safeguards to ensure that an appearance of impropriety, or actual impropriety, is not created. The receipt and use of all grant funds at the Organization should be based on the appropriateness of the proposed research or project. To the extent any personnel have any financial or other disclosable interests in the grantor, either directly or indirectly through Relatives, they must report such interests in writing in accordance with this Policy.

**D. Business Relationships with Board Members, Officers or Key Persons.** Board Members, Officers and Key Persons must disclose in accordance with this Policy if he or she has a family or business relationship with another Board Member, Officer or Key Person. Under IRS disclosure rules, however, the following business relationships need not be disclosed to the IRS:

- (i) attorney-client or physician-patient privileged relationships; and
- (ii) business relationships that are a part of the ordinary course of business on the same terms generally offered to the public.

Even if the IRS disclosure rules do not require disclosure, an internal disclosure to the Organization will still be required if the relationship is of such a material nature as to affect, or



create the appearance that it could affect, either the independence of the Board Member, Officer or Key Person or the integrity of the decision- making process.

Under the IRS rules, a business relationship that may have to be disclosed on the Organization's IRS 990 Form includes relationships where:

- (i) one person is employed by the other in a sole proprietorship or by an organization with which the other is associated as a trustee, director, officer, or greater-than-35% owner, even if that organization is tax-exempt;
- (ii) one person is transacting business with the other (other than in the ordinary course of either party's business on the same terms as are generally offered to the public), directly or indirectly, and the transaction involves transfers of cash or property valued in excess of \$10,000 in the aggregate during the Organization's tax year; and
- (iii) the two persons are each a director, trustee, officer, or greater than 10% owner in the same business or investment entity (but not in the same tax-exempt organization).

These, and similar, Disclosable Interests must be reported in accordance with this Policy.

## **THE COMPLIANCE PROGRAM DESCRIPTION AND SUMMARY**

The Organization's Compliance Program consists of the following core components:

### **A. WRITTEN POLICIES AND PROCEDURES.**

The policies and procedures have been formalized in writing and are approved by the Board of Directors. The Compliance Officer will, no less than annually, review these documents to determine if they (i) have been implemented; (ii) are being followed by Personnel; (iii) are effective; and (iv) require any updates.

The written Compliance Policies and Procedures and the Code of Conduct are designed to:

- articulate the Organization's commitment and obligation to comply with all applicable federal and state standards;
- describe compliance expectations as embodied in the Code of Conduct Standards;
- document the implementation and operation of the Compliance Program;
- provide guidance to Personnel on dealing with potential compliance issues;
- identify the methods and procedures for communicating compliance issues to appropriate compliance personnel;
- describe how potential compliance issues are investigated and resolved;
- include a policy of non-intimidation and non-retaliation for good faith participation in the compliance program;
- establish disciplinary standards for Personnel who fail to comply with the written policies and procedures, standards of conduct, or state and federal laws, rules and regulations; and
- include all requirements listed under the Federal Deficit Reduction Act of 2005 regarding disseminating information as to false claims laws and whistleblower protections.

### **B. DESIGNATION OF THE COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE.**

CMCS has appointed a Compliance Officer who is responsible for oversight of the day-to-day operations of the Compliance Program. The Compliance Officer is supported by the Director of Compliance. Additional staff may be assigned. The Compliance Officer works with the Corporate Compliance Committee to develop, maintain, and monitor the Compliance Program.

1. Duties of the Compliance Officer. Among other things, the Compliance Officer is responsible for ensuring that all elements described herein are in effect and are fully operational. The Compliance Officer reports directly and is accountable to the President/Chief Executive Officer and to the Board of Directors, and meets quarterly with the Corporate Compliance Committee.
2. Duties of the Corporate Compliance Committee. The Compliance Committee monitors the operation of the Compliance Program and

assists the Compliance Officer in overseeing and executing various aspects of the Program. The Compliance Committee is responsible for coordinating with the Compliance Officer to ensure that CMCS is conducting business in an ethical and responsible manner, consistent with the Program. The Compliance Committee also directly reports directly and is accountable to the President/Chief Executive Officer and to the Board of Directors.

*For more information, please see: The Compliance Personnel Policy.*

### **C. TRAINING AND EDUCATION**

CMCS' compliance training and education program is designed to train and educate our Personnel, including the Compliance Officer, the President/Chief Executive Officer, and all affected individuals. Our training and education covers, among other things, compliance issues/risk areas, expectations, disciplinary standards and the operation of the Compliance Program. Additional training and education based on the specific issues Personnel may face in their work with the Organization may also be provided (e.g., billing, coding, and documentation, quality of care, mandatory reporting and other issues).

- Participation in compliance training is mandatory for all Personnel.
- At a minimum, such training will take place annually and will be made part of the orientation for all new employees upon hire and upon new appointment of a manager, chief executive or governing board member.

*For more information, please see: The Compliance Training Policy.*

### **D. EFFECTIVE LINES OF COMMUNICATION**

1. Communication System. CMCS has established procedures for receiving reports concerning possible violations of relevant laws and regulations, the Code of Conduct, or any specific compliance standards and policies, and for protecting the anonymity and confidentiality of the reporting party so as to open the lines of communication between the Organization and its Personnel.
2. Reporting and Confidentiality. All Personnel are required to report suspected misconduct or possible violations of the Code of Conduct as they are identified to their Compliance Officer, another member of Senior Management, or their supervisor. Personnel may also report issues to the Compliance Hotline. Personnel may report anonymously, if they so choose (by way of the Hotline). The identity of Personnel reporting compliance related issues will be kept confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the NY State Medicaid Fraud Control Unit (MFCU), the Office of Medicaid

Inspector General (OMIG) or law enforcement, or if disclosure is a requirement in connection with a legal proceeding.

3. Public Promotion of the Compliance and Ethics Program. CMCS' website contains information regarding the Compliance Program, including the Code of Conduct.

**E. DISCIPLINARY STANDARDS TO ENCOURAGE GOOD FAITH PARTICIPATION IN THE COMPLIANCE PROGRAM**

CMCS has established well-publicized disciplinary standards to encourage good faith participation in the Compliance Program by all affected individuals.

Personnel will be subject to disciplinary action, ranging from verbal warnings to termination of employment or contract, regardless of their level or position, if they fail to comply with any applicable laws or regulations, or any aspect of the Compliance Program. This includes, but is not limited to, disciplinary actions for:

- Failure to report suspected problems;
- Participation in non-compliant behavior;
- Encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior;
- Refusal to cooperate in the investigation of a potential violation;
- Refusal to assist in the resolution of compliance issues; and
- Retaliation against, or intimidation of, an individual for their good faith participation in the Compliance Program.

*For more information, please see: The Enforcing Compliance Standards Policy.*

**F. THE SYSTEM FOR ROUTINE MONITORING AND IDENTIFICATION OF COMPLIANCE RISK AREAS**

CMCS has established a system for the routine identification and assessment of compliance risk areas relevant to its operations. This process includes internal, and, as appropriate, external reviews, audits, and other practices to evaluate the Organization's compliance with Federal health care program requirements (e.g., the Medicare and Medicaid Programs) and the overall effectiveness of the Compliance Program.

1. Monitoring and Auditing. The Compliance Officer (or designees) will ensure that internal and external audits, as appropriate, are conducted by auditors with expertise in Federal health care program requirements and applicable laws, rules and regulations, or have expertise in the audit subject areas. The Compliance Officer and Compliance

Committee will also audit and monitor the operation of the Program to determine its effectiveness.

2. Specific Risk Areas. The Compliance Officer (or designees), will monitor areas where there is potential for fraud, waste or abuse. This includes, but is not limited to, reviews of the Organization's business practices; coding, billing and documentation and payment practices; issues relating to quality of care and medical necessity of services; ordered services, the credentialing process; compliance with mandatory reporting requirements; governance standards; contractor oversight and other potential compliance risk areas that may arise from complaints, risk assessments, or that are identified by specific compliance protocols or through other means.
3. Risk Assessment and Annual Work Plan. The Compliance Officer, together with Compliance Committee, will formulate an annual Compliance Work Plan based on the developments arising from internal reviews, departmental risk assessments and identified issues of concern as well as external areas of compliance concern. The annual Work Plan will be reviewed and approved by the Board of Directors.

*For more information, please see: The Internal Monitoring and Auditing Policy.*

**G. THE SYSTEM FOR PROMPTLY RESPONDING TO COMPLIANCE ISSUES**

CMCS has established and implemented procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensure ongoing compliance with the Federal health care program requirements (e.g., the Medicare and Medicaid Programs).

1. Investigations. All compliance issues, however raised (i.e., whether reported or discovered through audits/self-evaluations), must be brought to the attention of the Compliance Officer. The Compliance Officer will oversee or conduct an inquiry into the issue, consulting with outside counsel, consultants and/or others if necessary. Personnel are expected to cooperate in such investigations.
2. Corrective Action and Responses to Suspected Violations. All Personnel are also expected to assist in the resolution of compliance issues. Corrective action will be implemented promptly and thoroughly and may include: conducting training; revising or creating appropriate forms; modifying or creating new policies and procedures; conducting internal reviews, audits or follow-up audits; imposing discipline, as appropriate; and making a voluntary disclosure or refund to appropriate governmental agencies (e.g., the Department of Health,

Office of the Medicaid Inspector General, the Office the United States Department of Health and Human Services, Office of Inspector General or the Centers for Medicare and Medicaid Services) or other appropriate parties. Corrective Action Plans and other corrective actions will continue to be monitored after they are implemented to ensure that they are effective.

*For more information, please see: **The Investigation of Compliance Issues/Implementing Corrective Action Policy***

#### **H. THE POLICY OF NON-INTIMIDATION AND NON-RETALIATION.**

**Intimidation and Retaliation Are Prohibited.** We expect all Personnel to comply with this Program, including the reporting of any potential misconduct, illegal conduct or other compliance-related concerns. Retaliation or intimidation in any form against an individual who in good faith reports potential compliance issues, reports instances of intimidation or retaliation or for other good faith participation in the Compliance Program is strictly prohibited and is itself a serious violation of the Code of Conduct. Acts of retaliation should be immediately reported to a Compliance Officer and, if substantiated, will be disciplined appropriately.

*For more information, please see: **Whistleblower and Non-Retaliation/Non-Intimidation Policy.***

## **ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have received the Commitment to Compliance Handbook, containing the Code of Conduct, Code of Conduct Standards and Summary of the Compliance Program.

I agree to read it, to conduct myself in conformity with all of its requirements, to adhere to the spirit and letter of the Code of Conduct, and to cooperate with Management in carrying out the objectives of the Compliance Program.

I further certify that I know of no conduct by any Personnel that may constitute a violation of any law, rule, or regulation applicable to the Organization and its programs.

### **Acknowledged and agreed:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Job Title or Description

\_\_\_\_\_, 20\_\_  
Today's Date

**For Employees:** I further acknowledge that adherence to the Code of Conduct and Compliance Program standards is a condition of employment and is a factor that will be considered in my performance evaluation.

### **Acknowledged and agreed:**

\_\_\_\_\_  
Signature

**For Other Personnel:** I further acknowledge that adherence to the Code of Conduct and Compliance Program standards is a condition of my association with the Organization and that failure to adhere to such standards may result in termination of contract or association.

### **Acknowledged and agreed:**

\_\_\_\_\_  
Signature