Corporate Compliance
Reporting and Investigation of Compliance Concerns Policy

Purpose:

DePaul (sometimes referred to as "Organization" or "The Organization") recognizes that a critical aspect of its Compliance Program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State requirements, DePaul's ethical and business policies, and fraud, waste, and abuse prevention.

To promote this culture, DePaul has established processes to encourage effective communication and the reporting of compliance questions, issues, concerns, or events that will result in a thorough investigation and appropriate remedial actions.

For purposes of this Policy, the term "Affected Individuals" includes all persons who are affected by the required provider's risk areas including the required provider's employees, the president and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

Policy:

It is the Policy of DePaul to maintain a formal confidential and anonymous compliance reporting process to encourage the reporting of any known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and DePaul's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy).

It is the Policy of DePaul to fully and promptly investigate all reports of any compliance concerns and take appropriate remedial and/or disciplinary action upon completion of the investigation.

Regulatory References:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

I. ***Reporting Process:***

1. All Affected Individuals have an affirmative duty and responsibility to promptly report any compliance concerns.

2. An "open-door policy" will be maintained at all levels of Management to encourage the reporting of problems and compliance concerns through normal business channels and appropriate levels of DePaul for timely and effective resolution. DePaul recognizes there

may be situations where such reporting is impractical or inappropriate. In those instances, direct access to various levels of Management may be more appropriate.

3. DePaul encourages all Affected Individuals, service recipients, vendors, and any party conducting business with DePaul to promptly communicate questions, issues, or compliance concerns through any one of the following means:
   - Direct written or oral communication by fax, mail, email, telephone, or personal contact to the immediate supervisor, a member of Management, the President, a member of the Compliance Committee, or the Compliance Officer.
   - Confidentially or anonymously to the Compliance Officer through the Compliance Reportit Hotline. If the reporter elects to make the report anonymously to the Compliance Officer, no attempt will be made to trace the source of the report or identify the person making the report.

4. If the compliance concern is about the Compliance Officer, the President and Chief Legal Officer are to be notified.

5. If the Compliance Officer receives a concern related to the President, the Compliance Officer shall report such information to the President of the Board of Directors and the Chief Legal Officer as appropriate.

6. If a Board member has knowledge of a compliance concern as defined by this Policy, the Compliance Officer, Chief Legal Officer and the President are to be notified. If there is a concern about the President, the Compliance Officer, Chief Legal Officer, and the President of the Board of Directors are to be notified.

7. Employees have the same obligations for reporting suspected compliance concerns committed by DePaul's vendors or contractors.

8. Affected Individuals cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be considered in determining the appropriate course of action.

9. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to or under investigation by Federal, State, or local law enforcement, or should the disclosure be during a legal proceeding. Those staff assigned to complete any investigation of a compliance concern shall treat the investigation as entirely confidential and shall reveal no details or discuss the content or status of the investigation with DePaul staff or any other party except as may be directed by the Compliance Officer or legal counsel. Failure of staff to respect the confidentiality of any investigation of a compliance concern may be grounds for disciplinary action up to and including termination of employment.

10. The Compliance Officer will ensure that all reports of compliance concerns as defined by this Policy are recorded, tracked and maintained.

11. Any member of Management who receives a report of a compliance concern will immediately notify the Compliance Officer and the Compliance Officer will complete a Compliance Concern Report Form.

12. Knowledge of a violation or potential violation of this Policy must be reported directly to the Compliance Officer or the Compliance Hotline.

13. Affected Individuals who report issues or concerns that are unrelated to the Compliance Program shall be redirected to the appropriate department or party. In instances where the Affected Individual seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or party while maintaining the request for confidentiality/anonymity.

14. DePaul strictly prohibits its management staff, employees, and Board members from engaging in any act, conduct, or behavior that results in, or is intended to result in, retribution, retaliation or intimidation (hereafter, collectively referred to as "retaliation") against any party for reporting compliance concerns as defined by this Policy.

15. If an Affected Individual believes in good faith they have been retaliated against for reporting a compliance concern or for participating in any investigation of such a report, the retaliation should be immediately reported to the Compliance Officer or the Compliance Hotline. The report should include a thorough account of the incident(s) and should include the names, dates, specific events, the names of any witnesses, and the location or name of any document that supports the alleged retaliation.

16. The Compliance Officer will ensure the means for reporting actual or suspected compliance concerns to the Compliance Officer are communicated to all Affected Individuals and service recipients. The Compliance Officer's contact information and Compliance Hotline number will be published on DePaul's website and visibly posted in a manner consistent with employee notification in locations frequented by DePaul employees.

17. The Compliance Officer's contact information and the Compliance Hotline number shall be provided to all recipients of service.

II. ***Investigation and Resolution:***

1. It is the responsibility of the Compliance Officer to conduct or oversee the conduction of all internal investigations involving compliance concerns and they shall have the authority to engage legal counsel or other consultants, as needed. The Compliance Officer, in conjunction with the President, Chief Legal Officer and legal counsel, will consider whether the investigation should be conducted under attorney privilege.

2. Before conducting an investigation of any compliance concern as defined by this Policy, the Compliance Officer shall ensure a full understanding of the relevant laws, regulations, and government issuances. If a reported violation is related to improper billing, the Compliance Officer will consider the need for an audit of billing practices and determine the scope of interviews.

3. If deemed appropriate, the Compliance Officer will recommend the cessation of internal activities that may be the cause of, or contribute to, the alleged non-compliance.

4. The Compliance Officer will determine the scope of the reported compliance concern and make a determination regarding the course of action, including the investigation process and notifications to be made.

5. Upon report notice or discovery of an alleged compliance concern, the Compliance Officer will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative techniques. The Compliance Officer should: (a) conduct a fair impartial review of all relevant facts; (b) restrict the inquiry to those necessary to resolve the issues; and (c) conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue.

6. If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible noncompliance with any criminal, civil, or administrative law to warrant further investigation, the issue should be turned over to legal counsel. A memorandum to this effect should be directed to legal counsel with a copy to the President. The Compliance Officer, President or Chief Legal Officer will immediately make arrangements to retain legal counsel and no further internal discussion or investigative activity shall take place regarding the report except as directed by legal counsel. Once legal counsel is retained, it will be determined whether legal counsel or the Compliance Officer will be leading the investigation.

7. All documents produced during the investigation by or under legal counsel to be possibly protected from disclosure should include the notation: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."

8. For investigations that do not involve legal counsel, the Compliance Officer will determine which personnel possess the requisite skills to examine the particular issue(s) and will assemble a team of investigators, as needed. The Compliance Officer shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation. The Compliance Officer will also decide whether DePaul has sufficient internal resources to conduct the investigation or whether external resources are necessary. If it is determined that additional resources are needed, the Compliance Officer will work with the President or Chief Legal Officer to secure such resources.

9. The Compliance Officer will be responsible for the investigation of and follow-up on any reported retaliation against a party for reporting a compliance concern or participating in the investigation of a compliance concern. The Compliance Officer will report the results of an investigation into suspected retaliation to the President, the Compliance Committee, and the Board of Directors.

10. If at any time, during an investigation, it is determined that the situation warrants the retention of legal counsel, the Compliance Officer will immediately suspend the investigation and follow the process in Procedure #6 (Investigations and Resolution) above.

11. The Compliance Officer, in consultation with the Compliance Committee and, where appropriate, the Board, may undertake measures during an investigation of a compliance concern to protect the integrity of the investigation, prevent the destruction of documents or other evidence relevant to the investigation, and respect the due process rights of involved parties. Measures may include, but are not limited to, reassignment or placement on administrative leave until the investigation is complete.

12. The Compliance Officer will track the investigation, responsible parties, and due dates. The resolution of the investigation will be recorded and maintained by the Compliance Officer.

13. The Compliance Officer should ensure that the following objectives are accomplished for each investigation:
    - The complainant or reporter, if known, is fully debriefed;
    - Appropriate internal parties are notified;
    - The cause of problem, desired outcome, affected parties, applicable guidelines, and possible regulatory or financial impact are identified;
    - A complete list of findings and recommendations are provided;
    - The necessary corrective action measures (e.g., policy changes, operational changes, system changes, personnel changes, discipline, training/education) are identified; and the investigation is documented.

14. Upon receipt of the results of the investigation, depending upon the scope and severity of the identified violations, the Compliance Officer may consult with legal counsel, the President, and/or the Compliance Committee to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions; (b) the completeness, objectivity, and adequacy of recommendations for corrective actions; and/or (c) further actions to be taken as necessary and appropriate.

15. Upon conclusion of the investigation, the Compliance Officer will organize the information in a manner that enables DePaul to determine if an infraction did, in fact, occur. The Compliance Officer will maintain all notes of the interviews, all evidence, and documents as

part of the investigation file. The investigation file will be securely maintained by the Compliance Officer.

16. If the Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The Compliance Officer will receive and maintain copies of any reports submitted to governmental entities.

17. The Compliance Officer, in consultation with legal counsel, the President, Chief Legal Officer and the Compliance Committee, will evaluate any confirmed violation to determine if a voluntary self-disclosure of the violation is appropriate. In the event that voluntary disclosure is appropriate or required, the Compliance Officer will consult with legal counsel on the notification of appropriate government officials, private payors, or other entities. Notification shall be made within a reasonable time period from date of discovery and may include restitution of monies paid by the applicable Federal or State agency, payer, or other entity. The Compliance Officer will ensure that all overpayments are reported and refunded to the appropriate payer within 60 days of the identification of the overpayment and in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy and Procedure.

18. The Compliance Officer will be responsible for reporting the results of all investigations to the President, Compliance Committee, and the Board.

19. The Compliance Officer or appropriate member of Management will inform the reporter, if known, of the conclusion of the investigation and the outcome, if appropriate.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, DePaul will review this policy based on changes in the law or regulations, as DePaul's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with DePaul's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, who will also be notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

DePaul will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

DePaul
Compliance Concern and Investigation Log

Number	Date Received	Source	Type	Program/ Department	Summary	Date Investigation Completed	Disposition/Outcome	Date of Committee Review

Type of Report:
Question
Documentation Issue
Billing Issue
Violation of Standards of Conduct
Missing Funds/Misuse of Funds
Confidentiality/HIPAA
Human Resource Issue
Alleged Retaliation
Violation of Policy & Procedure
Other

Source:
Employee, Contractor (Direct to Compliance Officer)
Supervisor
Contractor, Vendor
Hotline
Other Provider
Service Recipient/Family
Anonymous letter
Other