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I. Corporate Compliance Policy

A. Policy

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

B. Commitment

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

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

C. Responsibility

All employees, contracted persons, Board members and vendors shall acknowledge that it is their responsibility to report any suspected instances of suspected or known noncompliance to the Compliance Officer. Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.
D. Code of Ethics and Philosophy

Mission

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

Vision

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

Expectations

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

Employees may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of the Agency. Employees must disclose any circumstances where the employee or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with the Agency; (ii) provides to, or receives from, the Agency any consumer referrals; or (iii) competes with the Agency. Employees may not without permission of the Compliance Officer accept, solicit, or offer anything of value from anyone doing business with the Agency.

Employees are expected to maintain complete, accurate, and contemporaneous records as required by the Agency. The term “records” includes all documents, both written and electronic, that relate to the provision of the Agency services or provide support for the billing of the Agency services. Records must reflect the actual service provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document, and the reason for the alteration, if not apparent. No person shall ever sign the name of another person to any document. Signature stamps shall not be used. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.
When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to the Compliance Officer so each situation may be appropriately dealt with. The Compliance Officer may be reached at (518) 449-5155 ext. 100.
II. Compliance Program Oversight

A. The Role of the Compliance Officer

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

2. Job Duties
   The Compliance Officer is directly obligated to serve the best interests of the agency, consumers and employees. Responsibilities of the Compliance Officer include but are not limited to:
   - Developing and implementing compliance policies and procedures (P&P).
   - Overseeing and monitoring the implementation of the compliance program.
   - Directing the Agency internal audits established to monitor effectiveness of compliance standards.
   - Providing guidance to management, medical/clinical program personnel, and individual departments regarding policies and procedures and governmental laws, rules, and regulations.
   - Updating, periodically, the Corporate Compliance Plan as changes occur within the Agency, within the law and regulations, or governmental and third party payers.
   - Overseeing efforts to communicate awareness of the existence and contents of the Corporate Compliance Plan.
   - Coordinating, developing, and participating in the educational and training program.
   - Guaranteeing independent contractors (consumer care, vendors, billing services, etc.) are aware of the requirements of the Agency’s Corporate Compliance Plan.
   - Actively seeking up-to-date material and releases regarding regulatory compliance.
   - Maintaining a reporting system (hotline) and responding to concerns, complaints, and questions related to the Corporate Compliance Plan.
   - Acting as a resourceful leader regarding regulatory compliance issues.
   - Investigating and acting on issues related to compliance.
   - Coordinating internal investigations and implementing corrective action.
B. The Structure, Duties, and Role of the Compliance Committee

1. Reporting Structure and Purpose

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

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

2. Function

The roles of the Compliance Committee include:

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

1. Requirement

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

The following organizations may be queried with respect to potential employees, contractors, vendors and members of the Board of Directors:

a) General services administration: list of parties excluded from federal programs. The URL address is http://epls.gov/epls/servlet/EPLSSearchMain/2.

b) HHS/OIG cumulative sanction report. The URL address is http://exclusions.oig.hhs.gov/search.html.

c) NYS Medicaid Fraud Database. The URL address is http://www.health.state.ny.us/nysdoh/medicaid/dqprvpg.htm.

d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is http://www.health.state.ny.us/nysdoh/opmc/main.htm) and/or New York State Department of Education (other licensed professionals) (the URL address is http://www.op.nysed.gov/ra/search.htm#name).

e) https://www.oasas.ny.gov/credentialingverification/verification/home.cfm
III. **Education and Training**

A. **Expectations**

Education and training are critical elements of the Corporate Compliance Plan. Every employee and agent is expected to be familiar and knowledgeable about the Agency’s Compliance Plan and have a solid working knowledge of his or her responsibilities under the plan. Compliance policies and standards will be communicated to all employees through required participation in training programs.

B. **Orientation**

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

C. **Attendance**

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

Attendance at compliance training sessions is mandatory and is a condition of continued employment.
IV. Effective Confidential Communication

A. Expectations

Open lines of communication between the Compliance Officer and every employee and agent subject to this Plan are essential to the success of our Corporate Compliance Program. Every employee has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

B. Reporting Procedure

If an employee, contractor, or agent witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Corporate Compliance Plan, he or she should contact the Compliance Officer. Reports may be made in person or by calling a telephone line dedicated for the purpose of receiving such notification, or mailing information to Trinity Alliance of the Capital Region, Inc. – Attn: Corporate Compliance Officer - 15 Trinity Place – Albany, NY 12202.

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

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Code of Ethics/Conduct or its application, the Compliance Officer or designee shall record the facts of the call and the nature of the information sought and respond as appropriate. The Agency shall, as much as is possible, protect the anonymity of the employee or contractor who reports any complaint or question.

C. Protections

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

D. Guidance

Any employee and agent may seek guidance with respect to the Corporate Compliance Plan or Code of Ethics/Conduct at any time by following the reporting mechanisms outlined above.
V. **Auditing and Monitoring of Compliance Activities**

A. **Internal Audits**

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

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

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

B. **Plan Integrity**

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

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

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

A. Violation Detection

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

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

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

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

B. Reporting

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

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

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

C. Rectification

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

**D. Record Keeping**

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

HIPAA information, and all other Compliance records will be retained for seven years.
VII. **Whistleblower Provisions and Protections**

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

**A. Provisions of the False Claims Act**

One of the health care fraud statutes is the False Claims Act. The False Claims Act provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act.

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

**B. Protections under the False Claims Act**

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

A. Due Diligence

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

B. Policies and Procedures

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

C. Performance Evaluation - Supervisory

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

1. Discuss with all supervised employees the compliance policies and legal requirements applicable to their function.

2. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.

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

D. Enforcement

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

Employees who fail to comply with the Agency’s compliance policy and standards, or who have engaged in conduct that has the potential of impairing the Agency’s status as a reliable, honest, and trustworthy service provider, will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee’s personnel file, along with a written statement of reason(s) for imposing such discipline. The Compliance Officer shall maintain a record of all disciplinary actions involving the Corporate Compliance Plan and report at least quarterly to the Board of Directors regarding such actions.
In addition, managers and supervisors will be sanctioned for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided Agency with the opportunity to correct them.

E. No Retaliation.

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