

SELFHHELP COMMUNITY SERVICES, INC.		Policy #: 14
CORPORATE COMPLIANCE POLICY AND PROCEDURE MANUAL		Page 1 of 6
Subject: Investigation of Reports, Findings & Corrective Action	Effective Date January 2006	Revision Date 3/2008, 1/2014 12/2015, 3/2018, 8/2023
Section: Corporate Compliance Reporting		

POLICY:

The Corporate Compliance Officer and Corporate Compliance Committee take all reports of suspected violations of compliance with all applicable laws, policies and contract requirements of the organization seriously and promptly investigate the accuracy of the report.

The intent of the investigation of all reports is to determine the accuracy of the allegation and, if accurate, to remedy the problem to ensure organizational integrity and compliance with all applicable laws, regulations and contracts requirements of the Compliance Program.

PROCEDURE:

1. Overall responsibility for following up on a report of a suspected compliance violation or questionable conduct is delegated to the Compliance Officer.
2. The Compliance Officer will also confirm that all reports are addressed and subsequent investigations are completed in a timely fashion.
3. Upon receipt of a report or reasonable indication of suspected noncompliance, the Compliance Officer shall begin to investigate the allegation within 3 business days to determine whether a material violation of applicable law or the requirements of the Compliance Program has occurred and, if so, to take decisive steps to address the problem.
4. An internal investigation will be initiated when a hotline call is received, an audit reveals a serious irregularity or violation, or other report to management or the Compliance Committee identifies:
 - A) A systematic or repetitive billing error;

- B) A significant documentation deficiency;
 - C) The submission of bills for services not rendered;
 - D) An allegation of fraudulent activity; or
 - E) An anti-kickback or physician self-referral issue.
 - F) Report of a major privacy concern.
5. A communication from a regulatory body such as the State or Federal Office of the Inspector General, Office of Civil Rights or FBI is considered an urgent matter and the investigation should begin as soon as practicable.
 6. The Compliance Officer will investigate the facts regarding the suspected violation or questionable conduct, and may designate an investigative team or specific individual(s) to investigate a particular complaint.
 7. Based on the seriousness of the issue and the nature of the problem being investigated, legal counsel may be consulted.
 8. Guidelines for an investigation include:
 - A) The investigation shall begin promptly, be thorough and have all findings documented at all stages;
 - B) Only those employees with an immediate need to know will be informed of the identity of the complainant (if known);
 - C) The investigation shall include interviews with the complainant (if known), any witnesses or persons with knowledge, including residents and vendors, and the alleged wrongdoer.
 - D) A unionized employee who is potentially subject to discipline will be afforded the opportunity to have his/her union representative or another employee present during the interview;
 - E) All interviews will be conducted confidentially in private, informing the interviewee about the process and reinforcing that a good faith report and/or cooperation in the investigation will not result in any retaliation or reprisal.
 - F) Interviewees will also be told that if they believe they have been subject to any retaliation or reprisal, they should immediately report such to the Compliance Officer.
 - G) All interviewed individuals will be asked to sign a statement, but signature is not required.
 - H) While no complainant can be compelled to provide information, if the complainant states that he/she does not want to “get anyone in trouble” or

- does not want an investigation, it will be explained that the intent of such investigation is to determine the accuracy of the allegation and to remedy the problem if it exists to ensure organizational compliance with all applicable laws. The complainant will be informed that the investigation will be conducted with or without their cooperation.
- I) It is expected that all personnel and agents of Selfhelp entities and the Board of Directors will cooperate in an investigation.
 - J) Any person or entity that fails to cooperate with an investigation may be subject to disciplinary sanctions;
 - K) If the Compliance Officer believes the integrity of the investigation may be compromised due to the presence of the employee(s) under investigation, the organization can remove the individual(s) from their current responsibilities until the investigation is completed (unless there is an ongoing internal or Government-led undercover operation known to the organization);
 - L) The Compliance Officer will discuss with the Compliance Committee, Chief Executive Officer or designee and/or Board of Directors whether it is appropriate to refer the matter to a criminal and/or civil law enforcement agency;
 - M) If it is determined that the alleged wrongdoer violated a particular policy, procedure, rule or law, the wrongdoer's director will be contacted and appropriate discipline will be promptly imposed.
 - N) If a senior Manager is engaged in, or is responsible for, a compliance violation, the Chief Executive Officer, Chief Operating Officer, and/or Board of Directors may have final authority for imposing the appropriate discipline;
 - O) An investigative file is maintained of all undertaken investigations. The file contains documentation of the alleged violation, a description of the investigative process (including all methodologies utilized), interview statements, key documents, a log of witnesses interviewed, and the documents reviewed, the results of the investigation, and the subsequent action implemented;
 - P) The Compliance Officer will take appropriate steps to secure or prevent the destruction of all documents or other evidence relevant to the investigation.
 - Q) All files regarding compliance matters will be placed in secure file cabinet in the office of the Compliance Officer with access provided only to the Compliance Officer and Chief Operating Officer;

- R) The Compliance Officer will report to the Compliance Committee, Chief Executive Officer, Chief Operating Officer, and/or the Board of Directors the methods used in investigating the complaint, the findings and/or results of the investigation, and proposed follow-up action;
- S) If a determination is made that a violation has occurred, the Compliance Officer after consultation with the Compliance Committee, the Chief Executive Officer, Chief Operating Officer, Human Resources and/or Board of Directors, will take follow-up action as required, including reporting to governmental authorities;
- T) If a determination is made that no violation occurred, the alleged wrongdoer will be informed in writing of the investigation results and reminded of the content of the policy, procedure, rule or law at issue.

Sanctions

1. Privacy, Security and other Compliance violations will be dealt with uniformly across the organization.
2. Categories of Privacy, Security and other Compliance incidents
 - Level 1. accidental or inadvertent violation-may be caused by carelessness, knowledge deficit, lack of training or human error, i.e. fax to wrong party, sending PHI to wrong email address
 - Level 2. failure to follow established policies and procedures-violation due to poor job performance, i.e. improper disposal of PHI, failure to safeguard your password, failure to safeguard your electronic devices from theft or loss
 - Level 3. deliberate or intentional violation without intent to harm-an intentional violation due to curiosity or desire to gain information for personal use, i.e. access record of celebrity without need to know, accessing record of a colleague to see the results of his bloodwork
 - Level 4. willful and malicious violation intending to do harm-disclosing PHI to an unauthorized person for illegal purposes, i.e. identity theft, posting someone else's PHI on social media, disclosing and selling PHI of celebrity.
3. When Selfhelp arrives at the conclusion that a staff person, board member or vendor has engaged in behavior which is prohibited under the Compliance Plan, the individual will be subject to disciplinary action.
4. Selfhelp has the following options, depending on the circumstances:
 - a. fail to submit claims that represent fraudulent or inappropriate billing;
 - b. issue a verbal or written warning to the individual;

- c. require that the individual take additional compliance training;
 - d. require a performance improvement plan;
 - e. terminate the employee;
 - f. terminate the contract with a noncompliant vendor;
 - g. refer the board member to the chairperson of the Audit Committee;
 - g. report the individual to the appropriate state or federal agency; and/or
 - h. bring criminal charges against the individual.
5. Sanctions will be applied after consideration of the seriousness of the misconduct. Compliance will work with Human Resources as it relates to the disciplinary action.
 6. The following are guidelines for the types of offenses that could occur, and the subsequent action which can be taken in response.
 - a. For Level 1 and Level 2
 - i. First offense-oral or written warning and/or additional training
 - ii. Second offense-written warning and/or performance improvement plan and/or termination or employment or contract
 - iii. Third offense-written warning, performance improvement plan and/or termination of employment
 - iiii. Fourth offense-termination of employment, contract
 - b. Level 3 and Level 4
 - i. First offense-written warning, performance improvement plan and/or termination of employment or contract
 - ii. Second offense-termination of employment or contract
 6. The review of the circumstances at issue, and imposition of sanctions, will be the responsibility of the Compliance Officer and the VP of Human Resources, with additional input from Senior Leadership on an as needed basis.
 7. Notification of Sanctions and Disciplinary Action
 - i. The party engaged in the misconduct will receive a written notification of to include the particular behavior at issue, a brief summary of the investigatory findings, and the actions to be taken.
 - ii. Violations will be reported to the appropriate state or federal agencies, including licensing boards.

8. All documentation of the investigation process, to include, but not be limited to, interview notes and decisions regarding levels and severity of sanctions, will be maintained confidentially by the Compliance Officer. Human Resources will also receive any information needed to supplement the personnel file.
9. The imposition of sanctions may be modified based on mitigating factors such as:
 - an unintentional HIPAA breach which affects a large body of patients or data;
 - high negative exposure for the organization;
 - violation of certain protected information (HIV status, psychiatric treatment) which causes serious harm to the subject of the PHI;
 - subject attempting to hamper the investigation; and
 - prior performance issues/violations.