



A Father Baker Legacy

Corporate Compliance Plan and Standards of Conduct

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OLV Human Services

Corporate Compliance Plan

OLV Human Services (OLVHS) has developed this Corporate Compliance Plan to further both our mission of fostering the highest possible quality of life and personal achievement by the children, adults, and families we serve and our legal duty to adhere to all applicable state and federal statutes and regulations. It provides an overview of essential elements of our compliance program; specifics are set forth in compliance-related policies and procedures.

As used in this Plan, OLV Human Services and OLVHS shall refer to OLV Human services and its affiliates, including the Baker Victory Healthcare Center. This Plan applies to all facilities and programs operated under the operating certificates of OLV Human Services and its affiliates, to all OLV Human Services and affiliate employees, volunteers, agents, vendors, independent contractors and Board members (referred to as "Personnel").

Through the Plan, OLV Human Services demonstrates commitment to honest and responsible corporate and provider conduct as it carries out its mission. It is OLV Human Services' goal to maintain an institutional culture that promotes the prevention, detection, and resolution of potential instances of non-compliance to ensure that OLV Human Services upholds its ethical practices and its reputation. This message is communicated through its compliance program to the individuals receiving services at OLV Human Services, its affiliates, employees and agents, and the community.

STANDARDS OF CONDUCT

Failure to comply with the following OLV Human Services Standards of Conduct may result in disciplinary action including, but not limited to, termination:

- All Personnel must adhere to all applicable state and federal laws and regulations, OLV Human Services policies and ethical and legal standards.
- All Personnel involved in documenting and billing for services must ensure that they follow all applicable laws, rules, conditions of participation and interpretive guidance relating to billing.
- All Personnel must be free from any undue influence that conflicts with or appears to conflict with their legal duties and responsibilities to the individuals receiving services from OLV Human Services. With the exception noted, Personnel may not receive or accept any payment, gift, or other personal economic benefit of value from any person or entity that has or seeks to have a business relationship with OLV Human Services. However, it is permissible to accept gifts of nominal value, meals, and social invitations that are consistent with good business ethics and practices and do not obligate the recipient to take or refrain from taking any action or decision on behalf of OLV Human Services. Personnel must report (disclose) to OLV Human Services all conflicts of interest as well as situations which could be perceived to be a conflict of interest. If Personnel have a question about whether they

can accept a gift, payment, or other personal economic benefit, they must contact the Compliance Officer before accepting.

- Personnel must be completely honest in all dealings with government agencies and representatives. Misrepresentations, false bills and false requests for payment are strictly prohibited. Personnel may not alter, destroy, mutilate, conceal, cover up, falsify or make false entries in any record with the intent to impede, obstruct or influence the investigation of any governmental department or agency. Personnel certifying the correctness of records submitted to government agencies must have knowledge that the information is accurate and complete. Personnel shall cooperate fully with government investigations by directing all governmental inquiries or requests for information, documents, or interviews to the Compliance Officer. Personnel who participate in government interviews shall give answers that are truthful, complete, and unambiguous.
- Personnel must not, on behalf of OLV Human Services, participate or intervene in any political campaign on behalf or in opposition of any candidate for public office. This does not prevent Personnel acting in their individual capacity from engaging in political activity.
- Personnel must disclose any financial or other personal interest in a transaction between OLV Human Services and a vendor, supplier, provider, or customer. Personnel must not engage in financial, business or other activity which competes with the Agency's business or which, actually or in appearances, interferes with the performance of their job duties.
- Personnel must maintain the confidentiality of OLV Human Services business information, as well as the business information relating to OLV Human Services vendors, suppliers, providers, customers, and persons receiving services from OLV Human Services. It is OLV Human Services policy to keep all information and records pertaining to person receiving services confidential in accordance with applicable law. All Personnel with access to confidential information and records must strictly adhere to OLV Human Services confidentiality policies.
- OLV Human Services and its Personnel must not engage in unfair competition or deceptive trade practices that misrepresent the Agency's services or operations.
- All Personnel are responsible for following safe work practices and complying with all applicable safety standards and health regulations.

SEVEN-PART COMPLIANCE PROGRAM

OLV Human Services' Compliance Program has seven elements:

1. **Written standards of compliance**, including Standards of Conduct, compliance policies and procedures, and a policy of non-retaliation for good faith reporting of actual or potential misconduct (whistleblower policy).
2. **Compliance Program oversight** including by a designated Corporate Compliance Officer (CCO) reporting to the Chief Executive Officer (CEO) and the Board of Directors.
3. **Training and education** for all employees and persons associated with OLV Human Services, including its executives and board members as well as third-party contractors and vendors.
4. **Lines of communication** to enable reporting of compliance issues, including confidentially.

5. **Disciplinary standards** for violations of compliance policies.
6. **Auditing and monitoring** processes to identify potential risk areas conduct internal audits and, when necessary, monitor corrective actions.
7. **Investigation and correction** of compliance issues – whether detected in audits or reported through compliance lines of communication – implementation and monitoring of corrective actions and testing the program for effectiveness.

The success of the OLV Human Services Compliance Program requires a sincere commitment on the part of all parties to implement and manage these elements. The Compliance Officer and OLV Human Services Board of Directors and Compliance/Risk Management Committee will annually review this Compliance Plan and recommend changes if necessary.

Departments and programs within the Agency have adopted and implemented compliance policies and procedures that are specific to those departments, programs and affiliates. The Compliance Officer shall ensure that all such policies and procedures are reviewed by the appropriate department or program and shall monitor any amendments to ensure compliance with applicable federal and state statutes and regulations.

1. Written standards of compliance

In order best to fulfill its compliance obligations, OLV Human Services has adopted and implemented detailed policies and procedures. The (non-exclusive) list includes ones addressed to auditing and monitoring; billing errors, overpayments and self-disclosure; exclusion screening; role of board compliance committee; training and education regarding compliance issues; reporting of compliance concerns; “whistleblower” protection and non-retaliation; enforcement of compliance standards and related discipline; conflicts of interest; anti-kickback laws; and responding to government investigations. Copies of particular policies may be provided upon request.

In accordance with applicable laws and regulations, these policies and procedures are reviewed regularly, disseminated or otherwise made available to affected parties, and tested for effectiveness.

Our Reporting and Investigation of Compliance Concerns and Whistleblower and Non-Retaliation policies guarantee confidentiality, anonymity and protection for good faith reporting of compliance concerns.

2. Compliance Program oversight

Each of the **Boards of Directors** of OLV Human Services and the Baker Victory Healthcare Center are its governing body and has ultimate responsibility to ensure compliance throughout the organization. To this end, each board, upon consultation with other personnel in this structure, approves this Compliance Plan and Standards of Conduct and other policies and procedures, conducts oversight of compliance-related matters, and makes other high-level compliance-related decisions.

Each board has a standing **Compliance and Risk Management Committee** that is more intimately and regularly involved with compliance issues and liaises between the full board and key compliance-related employees. Each committee consists of no fewer than three directors, one of whom is appointed chairperson. Each committee meets regularly with the key

compliance-related employees and receives updates regarding a wide range of compliance-related matters. Such matters include but are not limited to audit and survey results, exclusion screening, training and education, billing and reimbursement, regulatory changes, safety, and, if applicable, problems such as overpayments or adverse findings. Each committee is charged with asking probing questions of personnel, ensuring the integrity of the compliance program and all compliance-related matters, and reporting to the full boards. See also the policy and procedure titled Board of Directors Compliance Committee: Role and Responsibilities.

OLV Human Services has a **Corporate Compliance Committee** (also referred to as Staff Compliance Committee), comprised of key organizational staff, including program leaders responsible for their programs' billing and payments, and administration personnel involved in compliance, finance, operations and quality improvement. This committee meets regularly and shares information regarding processes and procedures, best practices, regulatory changes, and implementation of corrective actions, and applies its collective "hands-on" experience to assessment of policies and procedures and other compliance matters.

The **Corporate Compliance Officer** (CCO) is the individual with the primary responsibility for implementation, oversight and monitoring of this Corporate Compliance Plan and the OLV Human Services' compliance program generally. Personnel should view the Compliance Officer as the point person on compliance-related issues. The CCO is a member of its Executive Leadership Team and reports to the Chief Executive Officer and the Chief Operating Officer. The CCO also advises the Board of Directors and is active with the Compliance and Risk Management Committees and Staff Compliance Committee. The CCO's duties include, but are not limited to, oversight of auditing and monitoring, coordination of education and training, operating lines of communication, and ensuring the presence of internal monitoring controls.

The **General Counsel** provides legal guidance to the Agency regarding implementation of this Corporate Compliance Plan and the OLV Human Services' compliance program generally. The General Counsel's duties include, but are not limited to, providing legal advice and guidance to the Agency, interpreting relevant laws and regulations, assisting with internal investigations, representing the Agency to external regulatory bodies and oversight agencies, and coordinating retention of outside counsel if necessary.

Department and program management have a pivotal role in achieving the objectives of this Corporate Compliance Plan and the OLV Human Services' compliance program generally. This includes, but is not limited to, exercising due diligence when hiring, training, supervising, assessing, and retaining staff; keeping abreast of regulatory requirements pertaining to their departments and programs; guiding their staff on compliance-related matters; monitoring workflow, billing, payments, and corrective measures; enforcing compliance matters with supervision and, when necessary, discipline; and reporting to the CCO or other senior management matters relating to compliance.

OLV Human Services' **employees, independent contractors and vendors** are responsible for carrying out their responsibilities in an ethical, effective, and appropriate manner; complying with the Standards of Conduct and other policies, procedures and directives relating to compliance; and reporting potential compliance problems to the CCO or other members of management.

3. Training and education

OLV Human Services designed and maintains a training and education program to ensure all affected individuals understand their roles and obligations towards ensuring that OLV Human Services maintains the highest levels of compliance in accordance with its mission and its legal and regulatory obligations. The Corporate Compliance Officer, the Human Resources Department and appropriate supervisors and managers, continue to review and revise this program when necessary. Training and education occurs at hire and at least annually thereafter. Many topics are mandatory, with discipline or other sanctions for non-compliance. Records of participation are maintained. It includes all elements of the compliance program, with emphasis on reporting obligations and protections for those who in good faith report potential compliance issues. The training and education program undergoes regular assessment including effectiveness testing, and revision if necessary. Additional details of the training and education program are contained in specific policies and procedures.

4. Lines of communication

All OLV Human Services Personnel have a duty to report suspected or known compliance-related violation or any illegal activity. Knowing failure to report may result in corrective action, including termination of employment. Questions or concerns about acts or conduct should be directed to immediate supervisors, the OLV Human Services Corporate Compliance Officer, or reported to the Compliance Hotline. It is OLV Human Services policy to investigate all reports of illegal activity or violations. All Personnel must cooperate with any internal or external investigation of compliance-related matters and must not prevent, hinder, or delay discovery of illegal acts or violations.

How to Report

1. Contact OLV Human Services Compliance Officer – in person, in writing or by phone (716-828-7201)
2. Call the Compliance Hotline, (716) 828-7654.
3. Contact any OLV Human Services Board member.
4. Report directly to a supervisor.
5. Report to the Joint Commission's Office of Quality Monitoring (800) 994-6610; complaint@jointcommission.org.
6. Provide as much detail such as names, dates, location and the specific conduct that the individual believes may violate the law, applicable regulations and/or the Compliance Plan or agency policies. Every effort will be made to ensure confidentiality. Though individuals may report anonymously, because known reporters are more accessible for follow-up investigation, individuals are encouraged to include their own identifying and contact information.

The following are examples of conduct which must be reported:

- Claims billed for an amount more than permitted rates
- Claims billed for services that are not medically necessary or otherwise authorized
- Claims billed for services that do not meet statutory, regulatory, or contractual requirements
- Services that are provided by unqualified Personnel
- Services that are provided by individuals or entities excluded or suspended from any government or third-party payer program (e.g. Medicaid)
- Improperly altered documentation
- Inappropriate or unauthorized release of confidential information
- Suspected fraud or false billing practices

Additional details regarding reporting obligations are contained in the Standards of Conduct. Additional details regarding the Agency's receipt and investigation of reports of compliance issues – including the whistleblower protections and non-retaliation – are contained in specific policies and procedures.

5. Disciplinary standards

I. CORRECTIVE ACTION, ENFORCEMENT & DISCIPLINE

Affected individuals who are found to have committed illegal or unethical acts or violations of applicable laws and regulations, the compliance program, the Standards of Conduct, or the applicable policies and procedures, or otherwise fail to comply with their obligations, will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment. Managers and supervisors may be disciplined for failure to instruct adequately or oversee their subordinates regarding compliance issues.

Discipline is progressive, appropriate for the violation and to the extent possible, applied consistently throughout the Agency. Examples include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment, contract, assignment, or appointment.

The following is a non-exhaustive list of relatively serious violations which garner the most serious sanctions and discipline:

- Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures.
- Failure to comply with the Organization's policies governing the prevention, detection, or reporting of fraud and abuse.
- Falsification of records.
- Submitting or causing to submit a false claim.
- Failure to report a violation by a peer or subordinate.
- Failure to cooperate in an investigation; and
- Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation.

The Agency maintains written records of all disciplinary actions taken. Additional details regarding discipline and enforcement are contained in specific policies and procedures.

6. Auditing and monitoring

OLV Human Services maintains a regular and routine auditing and monitoring system, implemented and overseen by the Corporate Compliance Officer, in consultation with the Compliance Committees, and staffed by dedicated, full-time compliance analysts. This system audits and monitors risk areas including, as applicable, billings, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, vendor management, and other identified risk areas.

Results of auditing and monitoring activities are reported to the Compliance Committees and Board of Directors. On at least an annual basis the audit and monitoring plan is reviewed, reassessed, and tested for effectiveness. Additional details of the Agency's auditing and monitoring plan may be found in its policies and procedures.

7. Investigation and correction

OLV Human Services has policies and procedures regarding the investigation of any actual or potential violation of this Compliance Plan, Standards of Conduct, policies and procedures, and applicable laws or regulations. They include the way investigations are conducted, communication of findings, and follow-up/corrective action and monitoring.

OLV Human Services and affiliated programs, internal departments, affected individuals, and other Personnel are required to:

- Provide or allow access to documentation as appropriate to the investigation
- Cooperate with the investigation and ensure that nothing is done to compromise the integrity of the investigation
- Be available for interviews, questions, and follow-up as necessary
- Ensure that confidentiality is maintained regarding the investigation

If an investigation or audit reveals improper or illegal conduct, including billing, coding or claims submissions issues, the Compliance Officer (and legal counsel, if necessary) is responsible for ensuring corrective actions are taken. The corrective actions should include each billing practice or activity that may not meet all the applicable requirements and specify what will be done to correct the practice. In addition to the possibility of returning overpayments, and the citing of claims submission problems, consideration should be given to disciplinary actions, incident reporting, and voluntary self-disclosure to designated state and or federal authorities.

All corrective actions will be documented and retained for at least three years. The decision whether to disclose the results of an investigation or audit to federal or state authorities or private payers will be made by the OLV Human Services CEO based upon recommendations of the Compliance Officer and/or legal counsel.