



PEOPLE INC.

CORPORATE COMPLIANCE PLAN

People Inc., People Home Health Care Services – Certified, Inc., People Home Health Care Services – Licensed, Inc., Headway of Western New York, Inc., and Medical Practitioner Services of WNY, P.C.¹ (collectively, the “Agency”) have adopted a Corporate Compliance Program (“Compliance Program”) to further its mission, values and legal duty to promote adherence to all applicable state and federal statutes and regulations, and to conduct business in a manner that supports integrity in operations. This Corporate Compliance Plan (“Compliance Plan” or “Plan”) describes the Agency’s Compliance Program. This Plan is not intended to set forth all of the substantive programs and practices of the Agency which are designed to achieve compliance in the many areas in which the Agency operates. Rather, it is intended to establish internal controls in order to assure that business is conducted professionally and lawfully, and to prevent, detect, correct and report fraud, waste, abuse and other improper conduct².

The Agency’s Compliance Program, Compliance Plan, policies and procedures, and Standards of Conduct demonstrate the Agency’s commitment to honest and responsible corporate and provider conduct as it carries out its care-giving mission. This message is communicated through the Agency’s Compliance Program to the individuals receiving services at the Agency, the Agency’s employees and independent contractors, and the community at large.

¹ People Home Health Care Services – Certified, Inc., People Home Health Care Services – Licensed, Inc., Headway of Western New York, Inc., and Medical Practitioner Services of WNY, P.C. are, at times, referred to herein as the “Affiliates.”

² Note that personnel issues are not compliance issues unless an employee believes that they have been intimidated or retaliated against for reporting a compliance issue in which case they should contact the Corporate Compliance Officer. All other personnel issues should be reported to the Senior Vice President of Human Resources or designee.

SCOPE

The Compliance Plan applies to all facilities under the Agency's operating certificates and to all affected individuals, including employees, Board of Director ("Board") members and officers, the Agency's CEO, senior administrators, managers, volunteers, interns, students, independent contractors, agents, subcontractors, contractors, appointees, vendors³, and other persons or affiliates associated with the Agency who are affected by the Agency's compliance risk areas ("Affected Individuals"). The Compliance Program applies to: (1) billings; (2) payments; (3) ordered services; (4) medical necessity; (5) quality of care; (6) governance; (7) mandatory reporting; (8) credentialing; (9) contractor, subcontractor, agent, or independent contractor (collectively, "contractors") oversight; and (10) other risk areas that are or should be identified by the Agency through its organizational experience.⁴

COMPLIANCE PROGRAM RESPONSIBILITY

Proper implementation of the Agency's Compliance Program is the responsibility of all Affected Individuals. All Affected Individuals are responsible for acquiring sufficient knowledge, based on their level of responsibility, to recognize potential compliance issues related to their duties and to seek appropriate advice in dealing with those issues. All Affected Individuals are expected to be familiar and comply with the Compliance Program Standards of Conduct ("Standards of Conduct"), this Compliance Plan, and applicable policies and procedures that describe the Agency's expectations. Affected Individuals are also expected to comply with all federal and state laws, rules, regulations, policies, and standards that govern their role within the Agency and conduct business, at all times, in a manner that supports integrity in its operations. Conduct contrary to this expectation is a violation of the Standards of Conduct, this Compliance Plan, and/or applicable policies and procedures.

Each supervisor and manager is responsible for ensuring that the Affected Individuals within their supervision understand the importance of, and act in accordance with, the Agency's Compliance Standards.⁵ The failure of supervisors and managers to so instruct their subordinates or to take

³ Note that only those vendors that are affected by the Agency's compliance risk areas are covered by, and required to comply with, this Plan. Examples include persons providing health care services and supplies (durable medical equipment, medications, nursing supplies, etc.)

⁴ Organizational experience means the Agency's: (1) knowledge, skill, practice, and understanding in operating its Compliance Program; (2) identification of any issues or risk areas in the course of its internal monitoring and auditing activities; (3) experience, knowledge, skill, practice, and understanding of its participation in the Medicaid Program and the results of any audits, investigations, or reviews it has been the subject of; or (4) awareness of any issues it should have reasonably become aware of for its categories of service.

⁵ The Agency's "Compliance Standards" include its Compliance Plan, Compliance Program, policies and procedures, and Standards of Conduct, and all applicable federal and state laws, rules, regulations, policies, and standards.

reasonable measures to detect non-compliance or improper conduct of their subordinates may result in corrective action, up to and including termination.

Illegal acts or improper conduct may subject the Agency and Affected Individuals to severe criminal and civil penalties. All Affected Individuals **must** report any conduct that they believe violates the Agency's Compliance Standards to their supervisor(s), the Compliance Officer, the Agency's anonymous Compliance Hotline, or by using the Agency's Doing It Right form. Individuals who report such conduct based on a reasonable belief and otherwise in good faith shall not be retaliated against or intimidated for making such a report.

Employees who engage in fraud, waste, abuse, other improper or unethical conduct, or violations of the Compliance Standards will be subject to disciplinary action in accordance with the Agency's corrective action policies, including, but not limited to, termination of employment. Other Affected Individuals, including independent contractors, vendors, and Board members and officers will also face disciplinary action for non-compliance and improper conduct. The Compliance Officer, in consultation with Human Resources and, if necessary, outside counsel, will ensure that disciplinary mechanisms in place for verified instances of non-compliance or improper or unethical conduct are applied consistently and in a manner that is appropriate considering the nature and extent of the non-compliance or improper conduct.

COMPLIANCE PROGRAM ELEMENTS

The Agency has established and maintained the following elements in its Compliance Program to assure its goal of lawful and responsible conduct in delivering quality services:

1. Written standards of compliance expectations as described in the Standards of Conduct (Section I) and the Agency's policies and procedures;
2. A Compliance Officer with high-level responsibility to operate and monitor the Compliance Program and a Compliance Committee to assist in these functions (Section II);
3. Effective, on-going education and training for Affected Individuals (Section III);
4. Open lines of communication for reporting compliance issues, including a method for anonymous and confidential good faith reporting (Section IV);
5. Disciplinary policies and procedures to encourage good faith participation in the Compliance Program by Affected Individuals, the investigation of potential violations, and the implementation of compliance corrective action and remediation (Section V);

6. Policies and procedures to identify and investigate risk areas specific to provider type, including internal audits, and to evaluate potential or actual non-compliance (Section VI);
7. Policies and procedures to investigate compliance problems, implement corrective measures, and communicate the results of the investigation (Section VII); and
8. A policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program and for reporting of potential or actual misconduct based on reasonable belief or otherwise in good faith (Section VIII).

I. POLICIES & PROCEDURES

A. Compliance Standards of Conduct.

The following Standards of Conduct are reproduced in similar form in the Employee Handbook, in all Department policy manuals, and on the Agency's intranet. Failure to comply with the following may result in corrective action under the Agency's progressive disciplinary policies, including but not limited to, termination of employment in the case of an employee, termination of a relationship in the case of volunteers, students and interns, termination of a contractual relationship in the case of an independent contractor or vendor, or removal from the Board in the case of a director or officer.

1. General Standards.

a. The Agency and all Affected Individuals must adhere to all applicable state and federal laws, rules, regulations, policies, and standards, the Agency's Compliance Plan, policies and procedures, and the Standards of Conduct. If an Affected Individual is unsure of whether an action is lawful or in violation of the Compliance Standards, the Affected Individual should not act until the individual has checked with their supervisor (if applicable) or the Compliance Officer.

b. Affected Individuals must comply with the Policy Handbook specific to their department.

c. Affected Individuals must be completely honest and truthful in all dealings, including dealings with government agencies and representatives.

d. Affected Individuals must cooperate fully with all inquiries concerning possible compliance issues, and must actively work to correct any improper practices that are identified.

e. Affected Individuals must follow safe work practices and must comply with all applicable safety standards and health regulations.

f. Affected Individuals, as applicable, must use the Agency's assets solely for the benefit and purpose of the Agency. Personal use of Agency assets is not permitted unless disclosed to, and approved by, the appropriate supervisor or manager.

g. The Agency and Affected Individuals shall not discriminate based on the recipient's or employee's race, color, religion, creed, gender, gender identity, gender expression, sexual orientation, age, national origin, citizenship status, ethnicity, pregnancy, childbirth or related medical conditions, marital status, military or veteran status, disability (including use of a guide dog, hearing dog or service dog), genetic information (including predisposing genetic characteristics), source of payment, or any other protected class under federal or state law.

2. Billing and Payment Standards.

a. All Affected Individuals involved in documenting and billing the government and other payors for health care or other services must ensure that they comply with all applicable laws, regulations, rules, conditions of participation, and interpretive guidance relating to billing.

b. Claims submitted for payment must be accurate and truthful, reflect only those services and supplies which were ordered and provided, and be based on supporting documentation that is in accordance with applicable laws, regulations, and third party payor requirements. Cost reports must be prepared accurately and truthfully, be based only on allowable costs, and be supported by adequate documentation in accordance with applicable laws, regulations, and third party payor requirements. Deliberate or reckless misstatements to the government or other payors, misrepresentations, false bills, and false requests for payment are strictly prohibited.

c. Affected Individuals shall not knowingly submit claims for items or services furnished by a provider that has been excluded from participation in a federal or state health care program, such as Medicaid or Medicare.

3. Medical Necessity and Quality of Care and Services.

a. Medical care and services must be based on medical necessity and professionally recognized standards of care. Non-medical services must be based on the programmatic requirements for those services.

b. The Agency shall have processes to measure and improve the quality of its care and services and the safety of the individuals served. To the extent possible, the

Agency's quality assessment and improvement processes shall be coordinated with the Agency's Compliance Program.

4. Governance and Conflicts Standards.

a. The Agency's Board shall exercise reasonable oversight over the implementation of the Compliance Program and shall receive timely and appropriate information regarding compliance with applicable laws, as well as the progress of adopting, implementing, and maintaining the Agency's Compliance Program, from the Agency's Corporate Compliance Officer directly on a regular basis, and no less frequently than quarterly.

b. All Affected Individuals must be free from any undue influence that conflicts with, or appears to conflict with, their legal duties and responsibilities. Aside from the exception noted below, Affected Individuals may not receive or accept any payment, gift, or anything of value from any person or entity that has, or seeks to have, a business relationship with the Agency. However, Affected Individuals may accept gifts of nominal value (less than \$100 during a calendar year), meals, and social invitations, so long as they are consistent with law and good business ethics and practices, and do not obligate the recipient to take, or refrain from taking, any action or decision on behalf of the Agency.

If possible, Affected Individuals are encouraged to make such nominal gifts available to individuals receiving services, the People, Inc. Foundation, and/or specific Agency departments. Monetary gifts may not be accepted by Affected Individuals. If a monetary gift is offered, Affected Individuals are to decline the offer and encourage the giver to donate directly to the People Inc. Foundation. If an Affected Individual has a question about whether a gift, payment, or any other thing of value may be accepted, the Affected Individual must contact the Compliance Officer for guidance before accepting it.

c. Employees must not have any financial or other personal interest in a transaction between the Agency and a vendor, supplier, provider, or customer. Employees must not engage in financial, business, or any other activity which competes with the Agency's business, or which, actually or in appearance, interferes with the performance of their job duties. Affected Individuals may not give anything of value, including bribes, kickbacks, or payoffs, to any government representative, fiscal intermediary, carrier, contractor, vendor, or any person in a position to benefit the Agency in any way. If an Affected Individual has a question about whether a relationship violates this subsection, the Affected Individual must contact the Compliance Officer for guidance.

d. Affected Individuals must not engage in unfair competition or deceptive trade practices that misrepresent the Agency's services or operations.

e. Affected Individuals must comply with all antitrust laws and may not engage in discussions or agreements with competitors regarding pricing, prices paid to suppliers or providers, or joint actions or boycotts, unless such activity is protected by law.

f. The Agency is a charitable organization that has been granted exemption from federal and state tax. In order for the Agency to maintain its tax exempt status, Affected Individuals, in the name of or on behalf of the Agency, are barred from carrying on propaganda or otherwise attempting to influence legislation (except as permitted by the Internal Revenue Code), and from participating or intervening in any political campaign on behalf of or in opposition to any candidate for public office. Affected Individuals must not entertain government representatives in connection with Agency business. This, however, does not prevent Affected Individuals from engaging in political activity when acting in their individual capacity.

g. Pursuant to the Agency's Contracts Policy, certain Affected Individuals must notify and obtain the approval of the Compliance Officer prior to entering into any proposed contracts or agreements (or amendments thereto) with physicians, health care businesses, patients, providers, third party payors, vendors, or suppliers to the Agency.

5. Mandatory Reporting.

a. Individuals served by the Agency shall be free from abuse, neglect, and mistreatment. Affected Individuals shall immediately report all allegations of abuse, neglect, or mistreatment to the Affected Individual's supervisor or designee, and said supervisor or designee shall report such allegations to government officials as required by law.

b. The Agency and Affected Individuals shall comply with other mandatory reporting requirements in accordance with both the Agency's policies and applicable laws and regulations.

6. Credentialing.

a. Prior to engaging their services, prospective Affected Individuals shall be screened by the Human Resource Department against websites which provide information on excluded individuals and entities, criminal backgrounds, and professional licensure and certification in accordance with both the Agency's policies and procedures, and applicable laws and regulations.

b. Thereafter, such screening shall be done on a regular basis (every 30 days) to ensure such individuals and entities have not been excluded, convicted of a disqualifying offense, or had their licensure or certification suspended, revoked, or terminated since the prior screening.

7. Confidentiality.

a. Affected Individuals must hold information concerning the individuals they serve and the Agency's employees in the strictest of confidence. Such information shall not be disclosed to anyone unless authorized by the individual or their representative, or unless permitted or required by law.

b. Affected Individuals must maintain the confidentiality of the Agency's business information, including financial information, incidents, lawsuits and legal proceedings, pending or contemplated business transactions, trade secrets, and information relating to the Agency's vendors, suppliers, providers, and customers.

c. All Affected Individuals who use the Agency's information systems, including computers, laptops, servers, printers, software, and cell phones, assume the responsibility for using these resources in an appropriate manner and in accordance with the Agency's policies and procedures.

8. Government Audits and Investigations.

a. **If contacted by a government official, Affected Individuals are required to obtain the person's name, title, agency, and contact information. Affected Individuals must immediately inform both their supervisor (as applicable) and the Compliance Officer or designee.** While Affected Individuals may voluntarily speak with such officials, Affected Individuals must first contact their supervisor or the Compliance Officer before doing so. The Compliance Officer will attempt to obtain additional information from the government official to be used in deciding how to respond to the official's request. **In no event may any Affected Individual release the Agency's documents before speaking to the Compliance Officer and receiving approval to release such documents.**

b. Affected Individuals may not alter, destroy, mutilate, conceal, cover-up, falsify, or make false entries in any record with the intent to impede, obstruct, or influence an audit or investigation of any governmental agency or third party payor. Affected Individuals certifying to the correctness of records submitted to government agencies must believe that the information is true, accurate, and complete to the best of their knowledge.

B. Other Compliance Related Policies and Procedures.

Departments and programs within the Agency have adopted and implemented compliance policies and procedures that are specific to those departments and programs. The Compliance Officer shall ensure that all such policies and procedures are reviewed annually by the appropriate department or program, in accordance with the Agency's *Compliance Policies and Procedures Policy*, and

shall monitor any amendments thereto to ensure compliance with applicable federal and state statutes and regulations.

II. COMPLIANCE STRUCTURE AND OVERSIGHT

A. Compliance Officer.

The Board shall ensure the designation of a Compliance Officer who will report directly to the Chief Executive Officer or a Senior Management member of the Agency designated by the Chief Executive Officer. The Compliance Officer may, at their discretion, directly contact the Chairperson of the Board or the Chief Executive Officer, as necessary, and will report directly, on a regular basis, but no less frequently than quarterly, to the Board, Chief Executive Officer, and Compliance Committee on the progress of adopting, implementing, and maintaining the Compliance Program. The Compliance Officer will oversee and monitor implementation of the Program, and shall be responsible for the day-to-day operation of the Agency's Compliance Program. All Affected Individuals should view the Compliance Officer as a resource to answer questions and address compliance concerns. The Compliance Officer shall, with the assistance of staff as appropriate:

1. Review, revise, implement and distribute the Standards of Conduct, Compliance Plan and compliance policies that are designed to ensure compliance with applicable laws and regulations;
2. Conduct an annual review of the Standards of Conduct, Compliance Plan, compliance policies and Compliance Program to incorporate changes based on the Agency's organizational experience and to promptly incorporate changes to federal and state laws, rules, regulations, policies, and standards;
3. Upon consultation with outside counsel, suggest revisions of the Compliance Plan and Program to the Compliance Committee and the Board;
4. Report to the Chief Executive Officer, the Board, and the Compliance Committee on a periodic basis of at least quarterly, or on a more frequent basis if needed, on the progress of the Compliance Program's adoption, implementation, and maintenance, as well as compliance monitoring activities, and regularly provide monitoring data as part of the established monitoring process, which may include, but is not limited to, the Board policies areas of Staff Treatment, Asset Protection, and Financial Condition;
5. Develop and coordinate appropriate and effective compliance training and education programs for all Affected Individuals at orientation and annually thereafter, maintain records of training and education programs, and assess the effectiveness of such programs;

6. Develop productive working relationships with all supervisors and managers to facilitate Affected Individuals' compliance with the Standards of Conduct;
7. Develop (including drafting, implementing, and updating no less frequently than annually or as otherwise necessary) an annual work plan that includes the establishment and implementation of an effective system for routine monitoring of the Agency's programs, identification of compliance risk areas and trends, and which outlines the Agency's proposed strategy for meeting applicable regulatory requirements for the upcoming year. Such system should include internal monitoring and audits and as appropriate, external audits, to evaluate the Agency's compliance with the Medicaid and other payor requirements and the overall effectiveness of the Compliance Program, and shall have a specific emphasis on written policies and procedures, training and education, auditing and monitoring, and responding to compliance issues;
8. Establish and implement effective lines of communication, ensuring confidentiality, between the Compliance Officer and members of the Compliance Committee, the Agency's employees, managers and Board of Directors, and the Agency's first tier, downstream, and related entities. Such lines of communication shall be accessible to all Affected Individuals, as well as service recipients who are Medicaid Program beneficiaries, and allow compliance issues to be reported including a method for anonymous and confidential reporting of potential compliance issues based on reasonable belief and otherwise in good faith as they are identified without fear of retaliation or intimidation;
9. Establish and implement a system to promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self evaluations and audits (including designing and coordinating internal investigations), and correcting such problems promptly and thoroughly to reduce the potential for recurrence (including documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and New York State), and ensure ongoing compliance with Medicaid and other payor requirements;
10. In consultation with Human Resources and, if necessary, outside counsel, establish and implement well-publicized disciplinary standards through the implementation of procedures which encourage Affected Individuals' good faith participation in the Compliance Program, including policies that articulate expectations for reporting compliance issues and assisting in their resolution, that ensure sanctions are applied fairly and consistently in a manner appropriate to the nature and extent of the non-compliant behavior or improper conduct, and that outline sanctions for:

- a. Failing to report actual or suspected problems or improper or unethical conduct;
 - b. Participating in non-compliant, improper or unethical behavior; and
 - c. Encouraging, directing, facilitating or permitting non-compliant, improper or unethical behavior;
11. Together with the Human Resources Department, prior to engaging their services, oversee the Agency's screening of prospective Affected Individuals against websites which provide information on excluded individuals and entities, criminal backgrounds, and professional licensure and certification, and thereafter, oversee a system of such screenings on a regular basis (including monthly checks of federal and state exclusion lists) to ensure that such Affected Individuals have not been excluded, convicted of a disqualifying criminal offense, or had their licensure or certification suspended, revoked, or terminated since the prior screening;
 12. Ensure that all contracts entered into by the Agency contain language that is compliant with both the Compliance Plan and applicable laws and regulations, or arrange for review of such contracts by outside counsel;
 13. Disseminate information on the Compliance Program to all Affected Individuals;
 14. Review and track all compliance-related internal and external compliance audits, including, but not limited to, internal peer reviews, report the results of all compliance-related audits to the Compliance Committee, and report the results of all audits with significant positive or negative findings to the Board;
 15. Provide oversight and supervision of compliance-related audits and investigations conducted by governmental agencies and third parties;
 16. Maintain documentation of compliance-related internal and external audit and investigation results, logs of hotline calls and their resolution, corrective action plans, records of compliance trainings, modification and distribution of policies, procedures, and this Compliance Plan, and other logs, spreadsheets, and records of compliance activities;
 17. Assisting the Agency in establishing methods to improve the Agency's efficiency, quality of services, and reducing the Agency's vulnerability to fraud, waste, and abuse;
 18. Develop and supervise a system that distributes the responsibilities described in this Plan to other individuals in the Agency and establishes accountability for performing such responsibilities; and

19. The Compliance Officer shall be accountable to the Agency's Chief Executive Officer. The Agency shall ensure that the Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program based on the Agency's risk areas and organizational experience, and shall ensure that the Compliance Officer and other appropriate compliance personnel have access to all records, documents, information, facilities and Affected Individuals that are relevant to carrying out their Compliance Program responsibilities.

B. Compliance Committee.

A Compliance Committee shall be formed to oversee and monitor the operation of the Compliance Program, and to coordinate with the Compliance Officer to ensure that the Agency is conducting its business in an ethical and responsible manner, consistent with its Compliance Program. The scope of the Compliance Committee's authority shall be determined by the Board, be modified from time to time as the Compliance Program is evaluated, and shall be set out in a Compliance Committee Charter which outlines the Committee's duties and responsibilities, membership, designation of a chair, and frequency of meetings. The Compliance Committee shall:

1. Be comprised of the Compliance Officer, members of Senior Management, and other employees as determined by the President and Chief Executive Officer. Members of the Compliance Committee are expected to regularly attend and participate in Compliance Committee meetings, and to keep all information discussed at such meetings confidential. A simple majority will constitute a quorum for voting purposes;
2. Oversee the implementation of the Compliance Program in a way that enables the Agency to maintain the highest standards of ethical practice and compliance with applicable laws and regulations;
3. Meet at least quarterly (with the ability to meet more frequently) to discuss and review the Compliance Program, compliance complaints, investigations and corrective actions against Affected Individuals, reports and analysis of internal and external audits and investigations, and recently identified risk areas;
4. Identify and update specific risk areas of the Agency and recommend new or revised auditing systems, policies, procedures, and practices to address such identified risk areas;
5. Develop and implement policies and procedures designed to ensure compliance with the Compliance Program and applicable laws and regulations;

6. Conduct an annual review of such policies and procedures, as well as the Compliance Plan and the Compliance Program;
7. Upon consultation with outside counsel as needed, suggest revisions of such policies and procedures, the Compliance Plan, and Compliance Program to the Board to reflect changes in applicable law, governmental enforcement, oversight agencies' identified risk areas, or the Agency's identified risk areas, and advocate for adoption and implementation of required modifications to the Compliance Program;
8. Coordinate with the Compliance Officer to ensure that the Agency's written policies, procedures, and Standards of Conduct are current, accurate, and complete;
9. Work with Departments to develop or modify standards of conduct, policies, and procedures to promote compliance with legal and ethical requirements;
10. Have specific authority to review the billings and billing practices of Affected Individuals;
11. Serve as an advisory body to the Compliance Officer, Human Resources Director and/or President/CEO for evaluating contested compliance reports;
12. Ensure adequate resources are available to the Compliance Officer to effectuate their duties, including advocating for the allocation of sufficient funding, resources, and staff for the Compliance Officer to fully perform their responsibilities;
13. Coordinate with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance related issues, internal or external audits, or any other function or activity required under the Agency's Compliance Program;
14. At its discretion, form subcommittees to address specified issues;
15. Periodically monitor, evaluate and assess the effectiveness of the Agency's education and training programs, revise such programs as necessary or desired, and coordinate with the Compliance Officer to ensure that the required training topics are timely completed; and
16. Develop and evaluate appropriate strategies to promote compliance with the Compliance Program and detection of any potential violations, including ensuring that the Agency has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues, and effective policies and procedures for correcting and reporting such issues.

The Compliance Committee shall report directly to, and be accountable to, the Agency's Chief Executive Officer and Board of Directors.

III. EDUCATION AND TRAINING

The Compliance Officer, in conjunction with the Human Resources and Training Departments and the appropriate supervisors and managers, will design and implement effective educational and training programs on the Compliance Program for all Affected Individuals, including the Compliance Officer, and Agency employees, the Chief Executive Officer and other senior administrators, managers and Board members, among others. These educational and training programs will include, at a minimum, discussion of the specific training and education topics outlined in the Agency's *Compliance Training Policy*, including compliance issues, expectations, and the Compliance Program operations, among others. Such training is mandatory. Participation in the following educational and training programs is a condition of employment, contracting with the Agency, volunteering, or serving on the Board. Such education and training shall:

1. Be given to all Affected Individuals and shall be part of orientation for a new employee and appointment of a new chief executive, manager or Board member and for all other Affected Individuals within the first 30 days of the Affected Individual's affiliation with the Agency.;
2. Be given to existing employees whose job duties are affected by a material change in the Compliance Plan within 60 days of the change;
3. Be ongoing, but provided at least annually to Affected Individuals to incorporate new statutes, regulations, historical compliance matters, and identified areas of risk, as well as the specific training and education topics outlined in the Agency's *Compliance Training Policy*;
4. Be individualized to the job duties of each employee, while still ensuring that the core training topics are covered;
5. Include expectations related to acting in ways that support integrity in operations, written policies and procedures that describe compliance expectations, and written policies and procedures that implement the Compliance Program's operation;
6. Include additional detailed training on billing and coding risk areas for Affected Individuals, including employees and independent contractors, who are involved in the submission of claims for reimbursement;
7. Include detailed information about the laws regarding the prevention of fraud, waste, and abuse to all Affected Individuals, how to report compliance issues (including methods for anonymous and confidential good faith reporting of potential compliance issues), and the protections afforded to employees who report a compliance issue based on reasonable belief and otherwise in good faith;

8. Include development and distribution of a regularly updated Employee Handbook that reflects current applicable laws, regulations, state and federal health care program requirements, and areas of risk;
9. Emphasize that it is a violation of the Compliance Plan for Affected Individuals not to report an instance of non-compliance or improper or unethical conduct, or violations of any of the Agency's Compliance Standards, internally;
10. Make the Compliance Plan accessible to all Affected Individuals in whatever format is deemed appropriate. Board members will be required to examine the Compliance Plan at orientation, and each Board member shall repeat the procedure of examining the Plan annually thereafter;
11. Inform employees, volunteers, interns, students that failure to comply with the Compliance Plan and the Compliance Standards may result in disciplinary action, including termination of the individual's employment or relationship with the Agency;
12. Inform those independent contractors and vendors that are affected by the Agency's risk areas that failure to comply with the Compliance Plan and the Compliance Standards may result in sanctions, including written admonition, financial penalties, and/or termination of the contractor's or vendor's relationship with the Agency;
13. Inform Board officers and directors that failure to comply with the Compliance Plan and the Compliance Standards may result in actions, including written admonition to, in the most extreme cases, removal from the Board(s) of Directors in accordance with applicable bylaws, laws, and regulations;
14. Provide for retention of attendance sheets, all training materials, and handouts for at least 6 years from the training date;
15. Allow for questions from the trainees with appropriate answers based upon the Compliance Program;
16. Include information about the non-intimidation and non-retaliation requirements described in Section VIII;
17. Identify the Compliance Officer and include how the compliance function interacts with management and the Board; and
18. Include information about Compliance Program operation, including the system for identifying risk areas, the system for self-evaluation of the risk areas, including

internal audits and external audits, as appropriate, and information about the system for responding to compliance issues.

IV. REPORTING & CONFIDENTIAL COMMUNICATIONS

All Affected Individuals **must** report any conduct that they believe violates the Agency's Compliance Standards. Affected Individuals **must** report such conduct:

1. To the Affected Individual's supervisor(s), if applicable;
2. To the Compliance Officer at 716-817-9007;
3. To the Agency's 24 hour anonymous and confidential Compliance Hotline at 716-817-7299; or
4. By using the Agency's anonymous Doing It Right form available on the Agency's Intranet and at all Agency sites which can be mailed to the Agency using the accompanying self-addressed, stamped envelope.

It is a violation of this Compliance Plan for an Affected Individual to not report such conduct to the Agency. Failure to report may result in corrective action, including termination of employment in the case of an employee, termination of the Agency's relationship with a volunteer, student, or intern, termination of a contract in the case of an independent contractor or vendor, or removal from the Board in the case of a Board member or officer. If an Affected Individual has a question about whether particular conduct is improper, illegal, or a violation of the Compliance Standards, the Affected Individual should contact their immediate supervisor or the Compliance Officer for guidance.

Individuals, including Medicaid Program beneficiaries who receive services from the Agency, who report such conduct based on a reasonable belief and otherwise in good faith, shall not be retaliated against or intimidated for making such a report. Individuals may report a matter on an anonymous basis by using the Agency's Compliance Hotline or Doing It Right form. The Agency shall maintain the confidentiality of these reports, regardless of whether confidentiality is requested, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by MFCU, OMIG, or law enforcement, or the disclosure is required in a legal proceeding. The Agency will investigate all reports of improper or illegal conduct, and violations of the Agency's Compliance Standards. All Affected Individuals **must cooperate** with these internal investigations and must not prevent, hinder, or delay discovery of improper or illegal conduct or violations.

The Compliance Officer shall ensure that all methods of reporting compliance concerns are adequately publicized. While the Agency requires Affected Individuals to report conduct that the

Affected Individual believes violates this Compliance Plan, the Agency's policies, or any law or regulation, certain laws provide that individuals may also bring their concerns to the government.

Employees should understand that the Compliance Hotline and Doing It Right form are designed solely for the good faith reporting of fraud, waste, abuse, and other compliance problems. They are not intended for complaints relating to the terms and conditions of an employee's employment. Any such complaints should be directed to the employee's Supervisor or Senior Vice President of Human Resources or designee. However, if an employee believes that they were subjected to retaliation or intimidation for reporting a compliance concern, the employee's complaint may be reported to the Compliance Officer, or on the Compliance Hotline or using the Doing It Right form or to the employee's supervisor or Senior Vice President of Human Resources or designee. However, if the employee reports retaliation or intimidation on the Compliance Hotline or Doing It Right form, the employee will have to disclose their identity in order for the Compliance Officer to be able to investigate the matter. In the case of actual or suspected improper or unethical conduct of the President/CEO, individuals should report the matter to the Board of Directors.

V. ENFORCEMENT & DISCIPLINE

The Compliance Officer and Compliance Committee shall develop and implement disciplinary policies to encourage good faith participation in the Compliance Program by Affected Individuals, including policies that articulate expectations for reporting compliance issues, assisting in their resolution, and outlining sanctions for:

1. Failing to report actual or suspected compliance problems, improper or unethical conduct;
2. Participating in non-compliant, improper or unethical behavior; or
3. Encouraging, directing, facilitating or permitting non-compliant, improper or unethical behavior.

Such disciplinary policies shall be fairly, firmly, and consistently enforced, and the same disciplinary standards shall be utilized when enforcing violations of the Agency's Compliance Standards with all levels of personnel. Failure to report suspected and actual compliance issues or improper or unethical conduct may result in disciplinary action.

The Compliance Officer, in consultation with the Human Resources Department and other appropriate Affected Individuals, will ensure that prompt and appropriate corrective action and remediation occurs, to address violations of the Agency's Compliance Standards (including fraud, waste, abuse or improper or unethical conduct) in accordance with the Agency's corrective action policies. The Compliance Officer or designee will prepare a report of all compliance related investigations and present the report to the Chief Administrative Officer, and respective program management team for review and recommendations. Although the Compliance Officer is

responsible for independently acting on matters related to the Compliance Program, the Corporate Compliance Committee may review contested reports and decisions made by the Compliance Officer related to corrective action and proposed repayment to third party payors and provide recommendations for handling to the Compliance Officer and President/CEO. In cases of clear fraud or illegality, the Compliance Officer has the authority to order interim measures, such a suspension of billing while corrective action is being determined. Corrective action or remediation may include, but not be limited to, the following steps which are designed to reduce the potential for reoccurrence:

1. Provide additional education, training and guidance to Affected Individuals;
2. Impose discipline on employees, volunteers, students and interns, up to and including termination of employment or relationship with the Agency;
3. Conduct corrective billing action, including voiding and/or rebilling claims and/or repaying funds that the Agency is not entitled to retain;
4. Development of new policies and procedures and/or revision of existing policies and procedures;
5. Revise the Compliance Plan, Compliance Program, and implementing policies and procedures;
6. Implement additional monitoring and auditing;
7. Report to governmental agencies, fiscal intermediaries, and/or third party payors, after consultation with legal counsel and the Compliance Committee and in accordance with the Agency's corrective action policies, including reporting, returning, and explaining any overpayments identified;
8. Impose sanctions on independent contractors and vendors, including, for example, written admonition, financial penalties, and/or termination of an independent contractor's or vendor's relationship with the Agency in accordance with the applicable contract or agreement, if any; and
9. Impose sanctions on Board officers and directors, including written admonition and/or termination in accordance with applicable bylaws, laws, and regulations.

VI. COMPLIANCE AUDIT AND RISK IDENTIFICATION

The Agency desires to identify compliance issues before they become legal problems. To that end, the Compliance Officer and Compliance Committee shall develop and implement a system for routine identification, evaluation, and monitoring of compliance risk areas and a system for self-evaluation of such risk areas. Such a system shall include the performance of regular, periodic

compliance audits focusing on the Agency's risk areas of each Agency program by internal or external auditors, the department heads, and/or the Agency's Corporate Compliance and/or Internal Quality Review Teams. Billing audits of each Agency program will be conducted at least annually by the Agency's Corporate Compliance and/or Internal Quality Review Teams. The Agency will ensure that all internal or external auditors have expertise in state and federal Medicaid Program requirements and applicable laws, rules, and regulations, or have expertise in the subject matter of the audit.

The Compliance Officer shall review and track all internal and external compliance audits and reviews (including peer reviews), shall document the design, implementation, and results of any internal or external audits, and shall report the findings of audits and reviews to the Compliance Committee and the Board. The Compliance Officer shall also conduct regular, periodic reviews of the audit tools used by the Agency and revise them to reflect changes in laws, regulations, agency guidance, and/or best practices.

In addition, the Compliance Officer and Compliance Committee shall periodically identify potential risk areas by examining specific issues associated with the delivery and payment of services provided by the Agency, including:

1. Relevant work plans, enforcement initiatives, and other resources of any applicable state, local, or federal governmental enforcement and oversight agencies;
2. Risk areas identified by the Agency's own internal compliance audits and reporting mechanisms and external compliance audits; and
3. Common audit findings or initiatives of relevant governing and accrediting government agencies.

There must also be a system in effect for evaluation of potential or actual non-compliance as a result of audits and self-evaluations, including internal and external audits, as well as audits conducted by the state or federal government. From the risk assessment, the Compliance Officer will develop, subject to approval by the Compliance Committee, an annual work plan for conducting audits and implementing other preventative measures. The Agency shall document results of work plan activities.

The Agency shall also develop and undertake a process for performing an annual Compliance Program review on at least an annual basis. The purpose of the review will be to determine whether the applicable regulatory requirements have been met, the effectiveness of the Compliance Program, and whether any revision or corrective action is required. The review may be carried out by the Compliance Officer, Compliance Committee, external auditors, or other staff designated by the Agency, so long as such other staff have the necessary knowledge and expertise to evaluate the effectiveness of the components of the Compliance Program they are reviewing and are independent from the functions being reviewed. The reviews will include on-site visits, interviews

with Affected Individuals, record reviews, surveys, and any other comparable method deemed appropriate by the Agency, so long as the method does not compromise the review's integrity or independence. The design, implementation, and results of the review, and any corrective action implemented, will be documented, and will be shared with the CEO, senior management, Compliance Committee, and Board.

VII. DETECTION, RESOLUTION, AND RESPONSE

Subject to review and approval by the Compliance Committee, the Compliance Officer shall develop and implement policies and procedures regarding the investigation of any actual or potential violation of the Agency's Compliance Standards, including its Compliance Plan, the Standards of Conduct, the Agency's policies, and/or federal or state law or regulation. The policies and procedures will provide guidance on how potential compliance problems are investigated and resolved, and will include, but will not be limited to, how to conduct investigations, communicate findings, and implement follow-up reviews.

Upon receiving a credible report of suspected or actual fraud, waste, abuse, or other improper or unethical conduct, or upon the identification of a potential or actual compliance problem whether reported or identified in the course of self-evaluation or audits, the Compliance Officer will investigate such report or problem through the Agency's internal compliance processes, and involve outside counsel, auditors, or other health care or human services' experts to assist in an investigation, as appropriate and necessary. The internal investigation will be conducted as appropriate and may include interviews, documentation reviews, and root cause analyses. If the Compliance Officer determines it is in the best interests of the Agency to keep the contents and/or findings of the investigation confidential and not subject to disclosure to outside third parties, the Compliance Officer shall arrange for legal counsel to conduct and/or supervise the investigation under the attorney client privilege.

The Agency shall respond to and correct compliance problems promptly and thoroughly and maintain documentation of the investigation—including any alleged violations, a description of the investigative process, copies of interview notes, and copies of other documents essential for demonstrating that a thorough investigation of the issue was completed—and its results in a written report of findings and recommendations for corrective action. The written report may be subject to the attorney client privilege if it is prepared by the Agency's outside legal counsel. The Compliance Officer and/or legal counsel shall present the written report or a summary thereof to the Compliance Committee and President/CEO. The Compliance Officer shall work with the President/CEO and outside advisors to determine whether the conduct that is the subject of the investigation should be disclosed to government agencies and/or payors. If credible evidence is identified or if the Agency credibly believes that a state or federal law, rule, or regulation has been violated, the violation will be promptly reported to the appropriate governmental entity, when such reporting is required by law, rule, or regulation. The Compliance Officer shall oversee the

corrective action to ensure it is completed, shall document any disciplinary action taken and any corrective action implemented, and shall receive copies of any reports submitted to governmental entities. The Compliance Officer shall update the Compliance Committee on the status of internal investigations and corrective action.

The Agency requires that Affected Individuals fully cooperate in any such investigations. Although individuals have a right not to incriminate themselves, any employee, volunteer, student or intern who fails to provide such cooperation will be subject to termination of the relationship. Any independent contractor or vendor who fails to provide such cooperation will be subject to termination of the contract or relationship. Any Board member who fails to provide such cooperation will be subject to sanctions as permitted in the bylaws. Procedures, policies, and systems shall be in place, as set forth in Section V, as necessary to reduce the potential for recurrence. The Agency shall identify and report compliance issues to New York State Department of Health (DOH), Office For People With Developmental Disabilities (OPWDD), Office of Mental Health (OMH), Office of Children and Family Services (OCFS), OMIG, and any other appropriate governmental agency, if such reporting is required by law, rule, or regulation, and shall report, return, and explain overpayments as appropriate and as directed by law.

VIII. NON-INTIMIDATION AND NON-RETALIATION AND WHISTLEBLOWER POLICIES

The Agency has a Non-intimidation and Non-retaliation policy and a Whistleblower policy for good faith participation in the Compliance Program and for disclosing or threatening to disclose any actual or potential violation of the Agency's Compliance Standards, including this Compliance Plan, the Standards of Conduct, the Agency's policies and procedures, and/or any federal or state statute or regulation based on reasonable belief and otherwise in good faith. Any individual who reports or threatens to report a compliance concern based on a reasonable belief and otherwise in good faith will be protected against retaliation and intimidation in accordance with sections 740 and 741 of the New York State Labor Law. In such an instance, retaliation is itself a violation of the Standards of Conduct and is unlawful. However, if the individual who reports a compliance issue has participated in a violation of law, the Standards of Conduct, or an Agency policy, the Agency retains the right to take appropriate disciplinary or other action, including termination of employment or relationship with the Agency service on the Board of Directors, or in the case of a contractor, termination of the applicable contract.

The Compliance Officer shall ensure that the Non-intimidation and Non-retaliation policy and Whistleblower policy are adequately publicized by including the policies in the Employee Handbook and in information provided to Affected Individuals. The Compliance Officer shall also ensure that notices informing employees of their protections, rights, and obligations under Labor Law Sections 740 and 741 are conspicuously posted in easily accessible and well-lighted places customarily frequented by employees and applicants for employment.

IX. COMPLIANCE CONTACTS AND NUMBERS

Any Affected Individual may report compliance concerns to:

1. The Affected Individual's supervisor(s) (as applicable);
2. The Compliance Officer at 716-817-9007;
3. The Agency's 24-hour anonymous and confidential Compliance Hotline at 716-817-7299; or
4. By using the Agency's Do It Right Form available on the Agency's intranet and at all Agency sites which can be mailed to the Agency using the accompanying self-addressed stamped envelope.

X. LAWS REGARDING THE PREVENTION OF FRAUD, WASTE AND ABUSE

The following represents brief summaries of complex laws. The Agency's Compliance Officer can provide more information about these laws and their application to specific situations.

A. Federal Laws.

1. The Federal False Claims Act (FCA).

The Federal False Claims Act prohibits a person from submitting a claim to the federal government that he/she knows (or should know) is false. The False Claims Act also imposes liability on an individual who knowingly submits a false record or document to the government in order to receive reimbursement or obtains money from the federal government to which he or she may not be entitled, and then uses false statements or records in order to retain the money. **Examples** of the types of activity prohibited by the FCA include but are not limited to: (i) billing for services that were not actually rendered, (ii) billing for a more highly reimbursed service or product than the one provided, (iii) falsely certifying that services were medically necessary, (iv) double billing; and (v) failing to refund overpayments made by a federal health care program. Individuals may be entitled to bring an action under the FCA and share in a percentage of any recovery. However, if the action has no merit and/or is primarily for the purpose of harassing the Agency, the individual may have to pay the Agency for the Agency's legal fees and costs.

Proof of specific intent to defraud is not required. However, honest mistakes or mere negligence are not the basis of false claims. The FCA provides for civil penalties per false claim plus three times the amount of damages that the government sustains.

2. Federal Anti-Kickback Law.

Individuals/entities may not knowingly offer, pay, solicit, or receive remuneration in exchange for referring, furnishing, purchasing, leasing or ordering a service or item paid for by Medicare, Medicaid, or other federal health care program unless the transaction fits within a safe harbor. This applies to any form of remuneration to induce or reward referrals for federal health care program business (money, free or discounted items or services, overpayments or underpayments, waivers of co-payments or deductibles, low interest loans or subsidies, or business opportunities that are not commercially reasonable. Criminal or civil penalties include repayment of damages, fines, imprisonment, and exclusion from participation in federal programs.

3. Ethics in Patient Referrals At (the “Stark Law”).

Physicians⁶ or their family member who have an ownership or compensation interest with an entity that provides “designated health services” shall not refer a patient in need of designated health services for which payment may be made under Medicare or Medicaid to such entities unless that ownership or compensation arrangement is structured to fit within a regulatory exception. Penalties include repayment of Medicare or Medicaid reimbursement and civil penalties.

4. Civil Monetary Penalties Law.

Individuals are prohibited from specified conduct including: submitting false or fraudulent claims or misrepresenting facts, kickbacks, offering inducements to Medicare/Medicaid beneficiaries, offering inducements to physicians to limit services, submitting claims for services ordered by, or contracting with, an excluded entity, failing to report and repay an overpayment, failing to grant government timely access. Penalties include fines, treble damages, denial of payment repayment of amounts improperly paid, and exclusion from participating in the Medicare/Medicaid programs.

B. State Laws.

1. False Claims Act.

The New York False Claims Act prohibits a person from submitting a claim to the state or local government that the person knows is false. Violators are subject to civil penalties of \$6,000 to \$12,000 per false claim and treble damages. Individuals may be entitled to bring an action under the False Claims Act, and share in a percentage of any recovery. However, if the action has no merit and/or is primarily for the purpose of harassing the Agency, the individual may have to pay the Agency for the Agency’s legal fees and costs.

⁶ “Physicians” include medical doctors, doctors of osteopathy, psychologists, oral surgeons, dentists, podiatrists, optometrists and chiropractors.”

2. Criminal Health Care Laws.

New York has many criminal laws designed to prevent health care fraud. They include: 1) presenting a false or fraudulent claim for services, submitting false information to obtain greater Medicaid reimbursement, or submitting false information in order to obtain authorization; 2) falsifying or altering business records; and 3) filing false claims for insurance payments. Violators are subject to criminal prosecution, fines, and imprisonment.

3. Anti-Kickback Law.

Medicaid providers are prohibited from offering, paying, soliciting, receiving, or giving anything in exchange for the referral of Medicaid services. Violators are subject to civil and criminal enforcement.

4. Self-Referral Law.

Practitioners who order laboratory, pharmacy, radiation therapy, physical therapy, or imaging services are prohibited from referring patients to a health care provider when the practitioner, or the practitioner's immediate family, has a financial relationship with the health care provider. There are some exceptions to this prohibition which may make such referrals acceptable.

5. Professional Misconduct.

Licensed professionals must not engage in misconduct as defined in the Education and Public Health Laws. Violators face fines, probation, suspension, or loss of their licenses.

C. Whistleblower Protections.

1. Federal Whistleblower Protection.

An employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against because of the employee's lawful acts conducted in furtherance of a False Claims Act action is protected from retaliation by the Agency. Remedies include reinstatement, two times back pay plus interest, litigation costs, and attorney's fees. However, if the employee's action has no basis in law or fact or is primarily for harassment, the employee may have to pay the Agency's legal fees and costs.

2. New York State Whistleblower Protection.

Employees who report a false claim in good faith are protected against discharge, demotion, suspension, threats, harassment, and other discrimination by the Agency. Remedies include reinstatement, two times back pay plus interest, and litigation costs and attorneys' fees. However,

if the employee's action has no basis in law and fact or is primarily for harassment, the employee may have to pay the Agency's legal fees and costs.

3. Labor Laws.

An employee is protected from retaliation or intimidation by an employer if the employee discloses or threatens to disclose information about the employer's activities, policies, or practices that the employee reasonably believes is in violation of any law, rule, or regulation or reasonably believes poses a substantial and specific danger to the public health or safety, to a supervisor or public body. An employee is also protected from retaliation or intimidation by an employer if the employee provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such activity, policy, or practice, or who objects to, or refuses to participate in, any such activity, policy, or practice. Health care employees are also protected from retaliation or intimidation by a health care employer if the employee discloses or threatens to disclose certain information about the employer's policies, practices, or activities to a supervisor, public body, news media outlet, or social media forum available to the public at large, or objects to, or refuses to participate in, any activity, policy, or practice due to a good faith belief that the activity, policy, or practice constitutes improper quality of patient care or improper quality of workplace safety. In both cases, but for certain exceptions, the employee's disclosure or threat of disclosure is only protected if the employee has made a good faith effort to notify the employer by bringing the activity, policy, practice, or alleged violation to the attention of a supervisor and has afforded the employer a reasonable opportunity to correct the activity, policy, practice, or alleged violation.

Approved by People, Inc. Board of Directors, September 6, 2023

Revised & Approved: May 21, 2026