

Investigation and Resolution of Compliance Issues Policy

Scope:

This policy applies to all affected individuals of the corporations comprising the YAI Network (herein referred to as "YAI"). Affected individuals are all persons who are affected by the provider's risk areas, including employees, the chief executive officer and other senior administrators, managers, trainees, volunteers, consultants, contractors, agents, subcontractors, independent contractors, and the governing bodies of the YAI Network.

Purpose:

YAI implemented a Compliance Program to establish and maintain a culture within the organization that promotes prevention, detection, and resolution of misconduct that violates or conflicts with (1) ethical principles; (2) all federal, state, and local laws and regulations; and (3) its Code of Conduct and Compliance Program, including all related policies and procedures adopted by it. This is accomplished, in part, by establishing communication channels for all affected individuals of YAI to report problems and concerns. These individuals are encouraged to report issues via the traditional chain of command, their program supervisor, Human Resources, the Compliance Hotline, or directly to the Compliance Officer.

All such reports are to be communicated to the Chief Compliance Officer, who, in turn, is responsible for responding to the issues reported in a timely manner. The Chief Compliance Officer or designee will begin investigating the report as quickly as practicable and ensure that any resulting corrective action is completed within a reasonable time frame. This policy is designed to establish a framework for responding to potential violations of the Compliance Program and managing investigations with respect thereto.

Policy:

YAI will respond to reports or other information that supports a suspicion of non-compliance with the Compliance Program by commencing a prompt and thorough investigation of the allegations to determine whether a violation has occurred.

YAI's affected individuals are required to assist with the investigation and resolution of compliance issues by cooperating with and engaging in activities such as: providing requested documentation, participating in interviews and providing written statements, assisting with the gathering of information, implementing and monitoring corrective actions and/or internal controls, training relevant parties, implementing disciplinary action as necessary, and any other steps necessary for the appropriate and timely resolution of compliance issues. Failure to assist and cooperate with the investigation and resolution of compliance issues may result in disciplinary action in accordance with Enforcement and Discipline of Compliance Violations Policy.

Employees, independent contractors, or officers who report issues or concerns unrelated to the Compliance Program will be redirected to the appropriate department or individual. In instances where an individual who misdirected their report through the Compliance Program seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or individual while making every attempt to maintain the request for confidentiality/anonymity. All reports received by the Compliance Department, including those that are unrelated to the Compliance Program, will be logged for tracking purposes.

Procedures:

The Compliance Department will conduct internal investigations involving issues related to the Compliance Program. The Chief Compliance Officer will oversee investigations and shall have the authority to engage counsel or other consultants, as needed. The Chief Compliance Officer may coordinate with the General Counsel to consider whether the investigation should be conducted under attorney client privilege. Before investigating any compliance-related issue, the Chief Compliance Officer shall ensure a full understanding of the relevant laws, regulations, and government issuances.

Upon report or notice of alleged or potential non-compliance, the Chief Compliance Officer or designee will promptly conduct an initial inquiry into the alleged situation and advise staff that their cooperation and assistance are necessary to investigate and resolve the matter. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigative techniques. The Chief Compliance Officer or designee should: (a) conduct a fair impartial review of all relevant facts; (b) restrict the inquiry to that necessary to resolve the issues; and (c) conduct the inquiry with as little visibility and disruption as possible while gathering all pertinent facts and information relating to the issue. If deemed appropriate, the Chief Compliance Officer will recommend the temporary or permanent cessation of internal activities that may be the cause of or contribute to the alleged non-compliance.

If, during the initial inquiry, the Chief Compliance Officer determines that there is sufficient evidence of noncompliance of any criminal, civil, or administrative law to warrant further investigation, then legal counsel should be consulted to determine the appropriate approach and process to address such issues. If requested by legal counsel, a memorandum to this effect should be directed to legal counsel with a copy to the CEO and the Compliance Committee of the Board. The memorandum should state whether legal counsel or the Compliance Officer will be leading the investigation. All documents produced during the investigation by legal counsel to be protected from disclosure should include the notation: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."

For investigations that do not involve legal counsel, the Chief Compliance Officer or designee will determine what personnel possess the requisite skills to examine the issue(s) and will assemble a team of investigators, as needed. The Chief Compliance Officer will also decide whether the Agency has sufficient internal resources to conduct the investigation or whether external resources are necessary. The Chief Compliance Officer will retain control and responsibility for all investigations regardless of what personnel participate.

The Chief Compliance Officer shall work with the investigation team to develop a strategy for reviewing and examining the facts surrounding the possible violation or noncompliance. The Chief Compliance Officer will consider the need for an audit of billing practices and determine the scope of the interviews. The Chief Compliance Officer will ensure that all aspects of the investigation are fully, accurately, and properly documented and shall maintain all such documentation, including notes of the interviews and review of documents as part of the investigation file.

The Chief Compliance Officer should ensure that the following objectives are accomplished:

- Identify causes of problems, desired outcomes, affected parties, applicable guidelines, and possible regulatory or financial impact;
- Prompt and thorough correction of all identified compliance issues. Determine the necessary corrective action measures (e.g., policy changes, operational changes, system changes, personnel changes, training/education) and the correction process will begin immediately and be completed within a reasonable time frame.
- Notify appropriate internal parties, including the Compliance Committee of the Board and the CEO, of the scope and results of the investigation, as well as the recommendations;
- Fully debrief, to the extent appropriate under the circumstances, the individual reporting the suspected violation or other noncompliance;

If a determination is made after completion of the investigation that the agency has received an overpayment, a self-disclosure will be made in accordance with Office of the Medicaid Inspector General regulations.

If there shall be any conflict of interest resulting from the participation of the Chief Compliance Officer in any investigation, then the Compliance Committee of the Board may designate another individual or legal counsel to lead the investigation.

References:

Reporting and Self Disclosure of Compliance Issues Policy
 Enforcement and Discipline of Compliance Violations Policy

For Policy Committee Use ONLY

Document History:

<u>Summary of Changes</u>	<u>Effective Date</u>
Initial Version	April 14, 2011
Updates of Senior Management titles resulting from organizational restructuring and change in corporate logo	August 21, 2013
Updates of Senior Management titles resulting from organizational restructuring.	July 1, 2015

Revisions to include expectations that personnel assist in the resolution of compliance issues and to establish a system for correcting compliance problems promptly.	December 16, 2015
Format change. Removal of CIA reference. Scope change. Minor changes.	03/20/2023
Refined definition of affected individuals, minor changes for clarity	6/24/2024