

GCP 7.01

Investigation and Resolution of Compliance Issues

1.0 Purpose

YAI (sometimes referred to as “Agency” or “the Agency”) implemented a Compliance Program in an effort 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; (3) its Code of Conduct and Compliance Program, including all related policies and procedures adopted by it; and (4) its Corporate Integrity Agreement with the New York State Office of the Medicaid Inspector General. This is accomplished, in part, by establishing communication channels for employees, independent contractors, and officers 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, Compliance Hotline, or directly to the Compliance Office.

Ultimately, all such reports are to be communicated to the Compliance Officer, who, in turn, is responsible for responding to the issues reported in a timely manner. The Compliance Officer will begin investigating the report as quickly as practicable and ensure that any resulting corrective action is implemented immediately, completed within a reasonable time frame and reviewed within six months of its completion. This Policy is designed to establish a framework for responding to potential violations of the Compliance Program and managing investigations with respect thereto.

2.0 Policy

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

YAI personnel 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, 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 GCP 5.01.

Employees, independent contractors or officers who report issues or concerns that are not covered by the Compliance Program will be politely redirected to the appropriate department or individual. In instances where an individual who misdirected his or her report through the Compliance Program seeks confidentiality or reports anonymously, the Compliance Officer shall redirect the report to the appropriate department or individual while attempting to maintain the request for confidentiality/anonymity.

3.0 Scope

This Policy applies to all Agency employees and contractors who report compliance issues.

4.0 Procedures

1. The Compliance Officer will conduct or oversee the internal investigations involving issues related to the Compliance Program, and shall have the authority to engage counsel or other consultants, as needed. The Compliance Officer will consider whether the investigation should be conducted under attorney-client privilege.
2. The Compliance Officer will immediately notify the Compliance Committee of the Board whenever a matter arises that the Compliance Officer determines is of a nature that an investigation is warranted.
3. Before conducting an investigation of any compliance-related issue, the Compliance Officer

shall ensure a full understanding of the relevant laws, regulations, and government issuances.

4. Upon report or notice of alleged or potential non-compliance, the Compliance Officer 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 Compliance Officer 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 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.
5. If, during the initial inquiry, the Compliance Officer determines that there is sufficient evidence of possible 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 possibly protected from disclosure should include the notation: "Privileged and Confidential Document; Subject to Attorney-Client Privileges; Attorney Directed Work Product."
6. For investigations that do not involve legal counsel, the Compliance Officer will determine what personnel possess the requisite skills to examine the particular issue(s) and will assemble a team of investigators, as needed. The Compliance Officer will also decide whether the Agency has sufficient internal resources to conduct the investigation or whether external resources are necessary. The Compliance Officer will retain control and responsibility for all investigations regardless of what personnel participate.
7. The 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 Compliance Officer will consider the need for an audit of billing practices and determine the scope of interviews.
8. The Compliance Officer will ensure that all aspects of the investigation are fully, accurately and properly documented and the Compliance Officer shall maintain all such documentation, including notes of the interviews and review of documents as part of the investigation file.
9. The Compliance Officer should ensure that the following objectives are accomplished:
 - Fully debrief, to the extent appropriate under the circumstances, the individual reporting the suspected violation or other noncompliance;
 - Notify appropriate internal parties, including the Compliance Committee of the Board, of the scope and results of the investigation;
 - Identify causes of problems, desired outcomes, affected parties, applicable guidelines, and possible regulatory or financial impact;
 - Provide a complete list of findings and recommendations to the Compliance Committee of the Board and the CEO; and
 - 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.
10. The Compliance Officer will track the investigation, responsible parties, and due dates in a compliance log. The log will include the resolution of the investigation as closed or fully resolved.
11. Upon receipt of the results of the investigation, depending upon the scope and severity of the identified violations, the Compliance Officer may consult with counsel, the CEO and/or the Staff Compliance Committee to determine: (a) the results of the investigation and the adequacy of recommendations for corrective actions; (b) the completeness, objectivity, and adequacy of recommendations for corrective actions; and/or (c) further actions to be taken as necessary and appropriate.
12. Upon conclusion of the investigation, the Compliance Officer will organize the information in a

manner that enables the relevant Agency staff to determine if an infraction did, in fact, occur.

13. The Compliance Officer will be responsible for reporting the results of all investigations to the CEO and the Compliance Committee of the Board.
14. If a determination is made after completion of the investigation that a violation of or noncompliance with the Compliance Program has occurred then a determination will be made whether to self-disclose in accordance with the Policy on Reporting and Self Disclosure of Compliance Issues.
15. If there shall be any conflict of interest resulting from the participation of the Compliance Officer in any investigation, then the Compliance Committee of the Board may designate another individual or legal counsel to lead the investigation.
16. If corrective action was necessary to address the compliance issue, the Compliance Officer will review the status of such corrective action within six months of its completion.

5.0 References

The policy refers to the current version of the following:

Policy on Reporting and Self Disclosure of Compliance Issues

Version number	Summary of changes	Effective date
1.0	Initial Version	April 14, 2011
2.0	Updates of Senior Management titles resulting from organizational restructuring and change in corporate logo	August 21, 2013
2.1	Updates of Senior Management titles resulting from organizational restructuring.	July 1, 2015
2.2	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