



# **Corporate Compliance Policies and Procedures Manual**

## **A Message from the Chief Executive Officer**

This manual offers guidance to Search for Change, Inc. employees, Board of Directors members, and contractors<sup>1</sup> on the Agency's Corporate Compliance Program. This program was developed to ensure our compliance with all applicable Federal and State laws, rules, regulations, policies and standards to which our Agency's programs and services are subject. It was also developed to promote our adherence to the highest ethical standards in the performance of our professional duties.

The Board of Directors and Executive leadership team are committed to complying with this program. Employees, contractors, and Board members of Search for Change and other affected individuals, including vendors and various entities with which the Agency conducts business, are also expected to comply with this program and applicable laws, rules, regulations, policies, and standards. To this end, we will educate and train Agency employees, Board members, and contractors on the Compliance Program and offer ongoing assistance as needed to ensure universal compliance with its elements.

It is imperative for all employees, Board members, and contractors to adhere to this program and to report actual or suspected violations of this program without fear of retaliation. We provide several methods for individuals to report actual or suspected violations that include a dedicated confidential Compliance Hotline.

We are committed to conducting ourselves with integrity as we deliver services and claim reimbursement for them. We cannot achieve these objectives without a similar commitment from all employees and other parties on whom our success depends.

We thank you for your dedication and are prepared to assist you in this critical endeavor.

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<sup>1</sup> For purposes of this Policies and Procedures Manual, "employees, Board members, and contractors" include certain individuals who are affected by Search for Change's Compliance Risk Areas, as defined in Search for Change's Compliance Risk Assessments Policy. Specifically, "employees" include Search for Change's employees, Chief Executive Officer ("CEO"), senior administrators, managers, volunteers, interns, and corporate officers, and "contractors" include contractors, agents, subcontractors, and independent contractors. For purposes of Search for Change's Compliance Program, contractors are required to comply with Search for Change's Compliance Program to the extent that the contractor is affected by the Agency's Compliance Risk Areas, and only within the scope of the contractor's contracted authority and affected Compliance Risk Areas.

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## Policy and Procedure Development

### Purpose

This policy serves to identify the process for the development, review, approval, and revision of Compliance Policies and Procedures.

### Definitions

Policy: Statement of guidelines that establish the parameters for operations and decision making intended to ensure compliance with all governing Federal and State laws, rules, regulations, policies, and standards.

Procedure: Statement of instructions or steps that describe how to complete tasks related to the stated policy.

### Policy

Search for Change is committed to ensuring the Agency develops policies and procedures consistent with governing Federal and State laws, rules, regulations, policies, and standards. These policies are written based on identified requirements, areas of need and risk, processes needed to perform essential functions, and shall be created and updated as needed to maintain compliance. Policies and Procedures shall be clear and concise to provide guidance to staff on expected behavior.

### Procedure

- Policies and Procedures will be created based on legal and regulatory requirements, as well as applicable guidance, areas of risk (including Compliance Risk Areas), and/or when there is an identified need for a formal process.
- The Compliance Officer and Committee will draft Compliance Policies as needed.
- The CEO will approve all Compliance Policies and Procedures.
- The Compliance Committee will review all Compliance Policies and Procedures annually at minimum based on a review schedule that will be determined during the first Committee meeting of each calendar year. During this annual review, the Compliance Policies and Procedures, and Code of Conduct, will be reviewed to determine:
  - Whether the Policies, Procedures, and Code of Conduct have been implemented;
  - Whether employees, Board members, and contractors are following the Policies, Procedures, and Code of Conduct;
  - Whether the Policies, Procedures, and Code of Conduct are effective; and
  - Whether any updates are required.
- Compliance Policies and Procedures will be revised as needed by the Compliance Officer and Committee to incorporate changes based on Search for Change's Organizational Experience<sup>2</sup> and to promptly

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<sup>2</sup> For purposes of Search for Change's Compliance Program, "Organizational Experience" means Search for Change's: (1) knowledge, skill, practice, and understanding in operating its Compliance Program; (2) identification of any issues or

incorporate changes to Federal and State laws, rules, regulations, policies, and standards. Updated Policies and Procedures will be approved by the CEO.

- Policies and Procedures shall include the date established and the date last reviewed or revised [CM1] to serve as a means of version tracking.
- Outdated versions of Compliance Policies and Procedures shall be stored by the Compliance Officer on the Agency server in a location accessible to all Committee members.
- All employees will be provided the Corporate Compliance Policy and Procedure Manual during new hire orientation and shall sign an acknowledgment of receipt that will be stored by HR. All Board members will be provided the Corporate Compliance Policy and Procedure Manual at the time of appointment, and contractors will receive the Manual at the time of contracting.
- The current and active version of all Compliance Policies shall be in the Agency Corporate Compliance Policy and Procedure Manual that is accessible to all employees, Board members, and contractors.

Department: Corporate Compliance

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Compliance 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 category or categories of service.

## **Corporate Compliance Committee Charter**

### **Purpose**

The Corporate Compliance Committee (the “Committee”) is responsible to work with the Compliance Officer to implement Search for Change’s [CCM2] Corporate Compliance Program, policies, procedures, and Code of Conduct.

The Committee is responsible for assuring that the Agency conducts all operations and business activities ethically, with integrity, and in compliance with all legal and regulatory requirements, including Federal and State laws, rules, regulations, policies, and standards. The Committee evaluates the Agency’s adherence to the fundamental components and requirements of an effective Compliance Program.

### **Scope**

This Charter sets forth the duties, responsibilities, and governs the operations of the Search for Change Corporate Compliance Committee. The oversight activities of the Committee support the Agency’s Compliance Program, management, and Board of Directors.

### **Membership**

Members of the Search for Change Corporate Compliance Committee shall be determined by the Compliance Officer, who serves as the Committee Chair, and approved by the Chief Executive Officer. Members shall include the Chief Executive Officer, the Chief Financial Officer, the Director of Human Resources, the Clinical Director, and the Director of Residential Services. Additional members appointed to the Compliance Committee shall, at a minimum, be senior managers. If at any time the Committee identifies a potential conflict of interest with having the CEO present, the CEO may be asked to step out of the meeting or the Committee members may schedule an additional meeting without the CEO present. At all times, Search for Change shall maintain a list of Compliance Committee members including their names, titles, and dates of service on the Committee. All members must sign a confidentiality agreement upon entry to and departure from the Committee.

### **Meetings**

The Committee shall meet no less than quarterly, with increased frequency as needed and if determined necessary by the Compliance Committee, Compliance Officer, or the Board of Directors. Attendance by at least four members shall constitute a quorum for each meeting, and this must include the Compliance Officer or their designee. Meetings may be conducted in person, telephonically, or by video conference using the Agency’s approved platforms. At each meeting, the Compliance Committee shall receive a report from the Compliance Officer on the progress of adopting, implementing, and maintaining Search for Change’s Compliance Program. The Committee Chair or their designee shall maintain written minutes of all Committee meetings and actions, which shall be confidentially saved by the Compliance Officer. Committee meeting minutes will also be available to all members via the Agency’s electronic server. Committee meeting minutes will be retained for a period of six years from the date of the Compliance Committee meeting.

### **Responsibilities**

The Committee shall monitor, assess, review, and evaluate Search for Change’s Corporate Compliance Program based on applicable regulations and risk management assessment. The Committee shall make a regular

assessment of Search for Change's adherence to the 7 elements of an effective compliance program as set forth in Article 5, Title 11, Section 363-d, of the New York State Social Services Law as follows:

1. The establishment and enforcement of written compliance policies, procedures, and standards of conduct.
2. The designation of a compliance officer and committee who report directly and are accountable to the organization's chief executive and/or senior management.
3. The establishment and implementation of effective annual training and education for employees, Board members, and contractors, including the Compliance Officer and senior management, among others.
4. The establishment and implementation of effective lines of communication with the compliance officer, ensuring confidentiality.
5. Well-publicized disciplinary standards which encourage good faith participation in the compliance program by all employees, Board members, and contractors.
6. The establishment and implementation of an effective system for routine monitoring and identification of compliance risks.
7. The establishment and implementation of procedures for promptly investigating and responding to compliance issues as they are raised which ensures ongoing compliance with Medicaid requirements.

Other responsibilities of the Committee include but are not limited to:

- Promoting the appropriate tone from the top that fully supports a culture of compliance and ethical behavior
- Staying abreast of significant developments relating to the compliance expectations and requirements from federal and state legislators
- Coordinating and ensuring Agency, employee, Board member, and contractor accountability for compliance
- Assisting in the development, implementation, and monitoring of the Search for Change Compliance Program and Code of Conduct
- Reviewing all Compliance Policies, the Code of Conduct, and this Charter annually, and coordinating with the Compliance Officer to ensure that the written policies, procedures, and Code of Conduct are current, accurate, and complete
- Ensuring that the Search for Change Compliance Program is designed to identify and mitigate compliance related risks
- Ensuring that employees are checked against the OIG/OMIG exclusion lists
- Participating in compliance effectiveness reviews
- Developing an annual workplan based on compliance risk assessments and Search for Change's Compliance Risk Areas

- Coordinating with the Compliance Officer to ensure communication and cooperation by employees, Board members, and contractors on compliance related issues, internal or external audits, or any other function or activity required by the Compliance Program
- Enforcing disciplinary standards uniformly across all staff and employees, Board members, and contractors
- Ensuring annual compliance training is developed, conducted, and attended by all employees, Board members, and contractors, and coordinating with the Compliance Officer to ensure that the training topics required by applicable New York State regulation are included
- Ensuring there is effective, open communication and means of reporting non-compliant or suspicious behavior
- Enforcing adherence to the good faith participation and nonretaliation policies
- Assisting collaboratively with the Compliance Officer to address any compliance related issues or matters
- Advocating for the allocation of sufficient funding, resources, and staff for the Compliance Officer to fully perform their responsibilities
- Ensuring that Search for Change 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
- Advocating for the adoption and implementation of required modifications to the Compliance Program

The Compliance Officer and Committee shall report directly to, and be accountable to, the CEO and Board of Directors, and shall report to the Board no less frequently than quarterly. Serious and/or significant compliance matters shall be reported the Board immediately by the Compliance Officer and/or the Chief Executive Officer.

#### **Review of Compliance Committee Charter**

Search for Change's Compliance Committee will review and update the Compliance Committee Charter at least annually. The Compliance Committee shall maintain records of each annual Compliance Committee Charter review evidencing the date of the review and a description of any updates. These records shall be retained for a period of six years from the date of the review.

Department: Corporate Compliance

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## **Compliance Officer Duties and Responsibilities**

### **Purpose**

This policy serves to define the role of the Search for Change Compliance Officer along with associated job duties and responsibilities within the Compliance Program.

### **Policy**

Search for Change has a designated Compliance Officer position that is tasked with compliance related duties and responsibilities. Search for Change's Compliance Officer is the focal point of its Compliance Program and is responsible for the Program's day-to-day operation. Currently the Compliance Officer is Crystal Meyer. The Clinical Director will serve as the Interim Compliance Officer during any prolonged absence of the Compliance Officer. The Compliance Officer is responsible for:

- Overseeing and chairing the Corporate Compliance Committee.
- Monitoring and/or implementing corporate legal compliance measures.
- Reviewing, constructing, and/or updating Agency policies and procedures related to Corporate Compliance in conjunction with the Compliance Committee to incorporate changes based on Search for Change's Organizational Experience and to promptly incorporate changes to Federal and State laws, rules, regulations, policies, and standards.
- Investigating and independently acting on matters related to Corporate Compliance issues and Search for Change's Compliance Program (including anonymous hotline messages or written reports) including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and New York State.
- Ensuring there is an effective and well-publicized communication system which encourages all employees, Board members, and contractors to report potential corporate compliance problems without fear of retaliation.
- Conducting pre-audits of Medicaid related documentation.
- Overseeing the Utilization Review Process.
- Working with the Compliance Committee to identify areas of risk to develop and implement internal audit procedures to decrease and manage said identified risks.
- Performing Annual Compliance Effectiveness Reviews with the Compliance Committee.
- Implementation of the Corporate Compliance training program, including conducting training sessions for employees, Board members, and contractors.
- Monitoring applicable Federal, State and City agencies for compliance guides, fraud alerts, and other relevant publications, regulations, and updates. This includes the New York State Office of Medicaid Inspector General (OMIG) and the federal Office of the Inspector General (OIG) websites, workplans, and guidance.
- Overseeing and monitoring the adoption, implementation, and maintenance of the Compliance Program and evaluating its effectiveness.

- Drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rule, regulations, policies, and standards, a compliance work plan which shall outline Search for Change’s proposed strategy for meeting the requirements of this section for the coming year, with a specific emphasis on written policies and procedures, training and education, auditing and monitoring, and responding to compliance issues.
- Reporting directly, on a regular basis, but no less frequently than quarterly, to Search for Change’s Board, CEO, and Compliance Committee on the progress of adopting, implementing, and maintaining the Compliance Program.
- Assisting Search for Change in establishing methods to improve its efficiency, quality of services, and reducing its vulnerability to fraud, waste, and abuse.

The Compliance Officer reports to the Compliance Committee, the Clinical Director, and the CEO. The Compliance Officer reports directly to, and is accountable to, the CEO. The Compliance Officer also reports directly to the Board and CEO on a regular basis as necessary, and no less frequently than quarterly, on the progress of adopting, implementing, and maintaining the Compliance Program. The Compliance Officer may request an executive session with the Board at any time if needed. The Board of Directors will receive information about the activities of the Corporate Compliance Program, updates regarding any changes to the program, audit findings, investigation reports, corrective action plans, and required annual training directly from the Compliance Officer.

Search for Change will ensure that the Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the Compliance Program’s day-to-day operation. These staff and resources will be based on Search for Change’s Compliance Risk Areas and Organizational Experience. Search for Change will also ensure that the Compliance Officer and other appropriate compliance personnel have access to all records, documents, information, facilities, and employees, contractors, and Board members that are relevant to carrying out their Compliance-Program related responsibilities.

Department: Corporate Compliance

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## Conflict of Interest & Vendor Relations

### Purpose

To ensure all employees, managers, and board members conduct themselves in a manner that does not put their own interests in conflict with the ethical operations, business functions, and integrity of Search for Change, Inc. The purpose of this Policy is to ensure that Search for Change complies with all applicable laws governing its relationships with vendors, contractors, agents, subcontractors, and independent contractors, and that all such relationships are carried out with honesty and integrity.

### Policy

All Search for Change employees, Board members, and contractors (“the Search for Change Community”) are required to act in the best interests of Search for Change when carrying out their job duties and must disclose activities that may create the appearance of a conflict of interest. Members of the Search for Change Community are prohibited from using their position at the Agency for personal benefit or for the benefit of their family, partner, or business interests. Search for Change and the Search for Change Community shall comply with all requirements applicable to Medicaid, Medicare, and other payors, as well as all fraud and abuse laws, rules, and regulations. Search for Change is ultimately responsible for the adoption, implementation, maintenance, enforcement, and effectiveness of its Compliance Program.

### Procedure

- Search for Change is prohibited from entering into a contract with any entity that violates Search for Change’s Conflict of Interest Policy. If a Member of the Search for Change Community becomes aware that Search for Change has entered into or is contemplating a contract with an entity in violation of such Policy, the individual must immediately notify the Compliance Officer. All Search for Change employees are to communicate a potential conflict of interest to their supervisor, Compliance Officer, or a member of the Management Team.
- All employees are prohibited from lending or borrowing money, favors, or services to or from clients served.
- Refrain from giving or accepting any form of gift of gratuity that might influence/appear to influence your or another person’s judgment in the performance of job duties.
  - Generally, employees may not receive or accept any gifts or gratuities of any kind from any vendor (including persons or entities) that has, or seeks to have, a business relationship with Search for Change. Gifts include, but are not limited to, the provision of any item or service to an employee at less than fair market value.
  - Employees may accept unsolicited gifts (*e.g.*, candy during the holiday season), and may allow vendors to pay for business-related meals, entertainment, or travel, so long as the gifts, meals, entertainment, or travel are of nominal value (*i.e.*, less than one hundred dollars (\$100.00) per year), 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 Search for Change. Gifts include, but are not limited to, the provision of any item or service to an employee at less

than fair market value. Meals, entertainment, and travel are considered business-related only if they are used predominantly to facilitate business-related discussions.

- Employees may not accept gifts, meals, or social invitations with a value of more than one hundred dollars (\$100.00) per year without the prior approval of the Compliance Officer. If possible, employees are encouraged to make nominal gifts available to individuals receiving services and/or specific departments or programs of Search for Change. Employees must contact the Compliance Officer if they have any questions about whether a gift from a vendor violates this Policy.
- Avoid putting yourself in a position where your own personal interests and the interests of Search for Change are in conflict or may interfere with the ethical performance of your job and responsibilities.
- It is prohibited to facilitate a contract between Search for Change and a specific company for one's own personal financial interest or gain.
- The Board of Directors must abide by the Directors and Officers Conflict of Interest Policy and complete an annual disclosure in accordance with the policy. The Board may also require other Members of the Search for Change Community to complete the annual disclosure form.
- This is not an exhaustive list of examples and if an employee is unsure about the presence of a conflict of interest the Compliance Officer should be contacted for assistance.
- The Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b) prohibits any person or entity from knowingly and willfully soliciting, receiving, offering, or paying anything of value to another person or entity in return for the referral of a patient, or in return for the purchasing, leasing, ordering, or arranging for any item or service, reimbursed by a State or Federal health care program, such as the Medicare or Medicaid Programs. Penalties for violating the Federal Anti-Kickback Statute can include imprisonment, criminal fines, exclusion from government health care programs, and civil monetary penalties.
  - A similar New York State law (N.Y. Social Services Law § 366-d) prohibits the exchange of remuneration for referrals for items or services covered by the State's Medicaid Program. Payments by vendors to induce Search for Change to contract with the vendor may violate these State and Federal Anti-Kickback Statutes.
  - Anything of value conveyed by the vendor to Search for Change must generally be reflected as a price discount or rebate. Discounts and rebates usually fit within a "safe harbor" to the Federal and New York State Anti-Kickback Statutes. Any other payments, in cash or in kind, proposed by vendors that are not structured as discounts or rebates—such as "contract implementation allowances," free equipment, grants, or charitable contributions—must be approved by the Compliance Officer in consultation with legal counsel, as appropriate. A violation of this Policy's restrictions on gifts and gratuities may also be illegal under the State and Federal Anti-Kickback Statutes.
- Every contract entered into by Search for Change must contain certain standard provisions designed to ensure that Search for Change does not do business with contractors that have engaged in fraud, waste, abuse, or other improper or unethical conduct. The list of standard provisions may be expanded by Search for Change's Compliance Officer and/or legal counsel. These standard provisions (or ones substantially similar) for contractors, including agents, subcontractors, and independent contractors, include the following:

- The contractor is not included on the HHS-OIG List of Excluded Individuals/Entities (“LEIE”), the Excluded Parties List System (“EPLS”), the OMIG Excluded Provider List, or another similar list or database, and has not been convicted of a crime relating to the provision of, or billing for, health care services.
- The contractor will adhere to the applicable provisions of Search for Change’s Compliance Program, which will be made available to the contractor, to the extent that the contractor is affected by Search for Change’s Compliance Risk Areas and only within the scope of the contractor’s contracted authority and affected Compliance Risk Areas.
- The contractor will subcontract only with Search for Change’s prior approval, will not subcontract with any persons or entities included on the LEIE, EPLS, OMIG Excluded Provider List, or another similar list or database, or that have been convicted of a crime relating to the provision of, or billing for, health care services, and will terminate any subcontractors that engage in fraudulent or other illegal conduct
- The contractor will immediately report any fraud, waste, abuse, or other improper or unethical activity of which it becomes aware that relates to Search for Change’s operations or the services provided to Search for Change by the contractor or any subcontractors to Search for Change’s Compliance Officer.
- The contractor will promptly notify Search for Change of any government audit, inquiry, or investigation of which it becomes aware that relates to Search for Change or the services provided to Search for Change by the contractor or any subcontractors.
- The contractor and its subcontractors will make their employees available for interviews or other proceedings at the request of government investigative agencies subject to the individual’s right against self-incrimination.
- Search for Change may immediately terminate the contract in the event that the contractor becomes an “excluded provider” or “excluded person” on a government database or engages in any fraud or other illegal activity.
- Search for Change may immediately terminate the contract in the event that the contractor fails to adhere to Search for Change’s Compliance Program requirements.
- The contractor will immediately notify Search for Change if any of the above representations cease to be true during the term of the contract.
- Employees will promptly notify the Compliance Officer if they become aware of any suspected fraud, waste, abuse, or other improper or unethical conduct by a contractor, agent, subcontractor, or independent contractor.
  - The Compliance Officer, in coordination with other appropriate personnel, will investigate the matter and determine whether the contractor, agent, subcontractor, or independent contractor has engaged in improper conduct.
  - Search for Change will promptly terminate the contract of any contractor, agent, subcontractor, or independent contractor that has been found to have engaged in fraud, waste, abuse, or other improper or unethical conduct, or whose subcontractor has been found to have engaged in fraud, waste, abuse, or other improper or unethical conduct.

Department: Corporate Compliance

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## Training and Education

### Purpose

This policy serves to detail the process by which affected individuals [CM3] will be trained about [CM4] the Search for Change Corporate Compliance Program [CM5].

### Policy

All Agency employees, managers, Board members, and contractors, including the Compliance Officer, vendors, and subcontractors, are required to be trained annually about the Corporate Compliance Program. The Compliance Officer, HR Department and Compliance Committee are responsible for facilitating and ensuring these trainings are provided and completed. All new hires will be trained at orientation or within 30 days of hire and annually thereafter. All Board members and contractors will be trained within 30 days of appointment or contracting, and at least annually thereafter. Compliance Training will include a review of Compliance policies and topics as set out in this Policy, including, but not limited to, preventing Medicaid fraud, waste, and abuse, the code of conduct, duty to report, communication lines, and disciplinary actions. All Agency staff are required to complete HIPAA training within 30 days of their date of hire and annually thereafter.

### Procedure

- HR staff will provide all new hires with the Corporate Compliance Policy and Procedure Manual and review the Compliance Code of Conduct during orientation.
- All newly hired staff will sign off on acknowledgments of the Compliance Manual and Code of Conduct.
- The Compliance Code of Conduct will be distributed annually to all employees who must attest to it in writing every year.
- All Manual and Code of Conduct attestations and training completion forms shall be tracked by the HR Department and stored in employee personnel files.
- The Compliance Officer will conduct Agency wide Compliance Program training no less than twice a year for all employees to attend. Other modes of completing the annual training requirement may include virtual webinars, video trainings, or pre-recorded presentations that will require prior approval by the Compliance Officer.
- All employees will complete mandatory HIPAA training within 30 days from hire and on an annual basis.
- The Compliance Officer will train the Board of Directors on the Compliance Program at the time of each Board members' appointment and no less frequently than annually thereafter.
- The HR Department will track employee training due dates and remind them about training requirements.
- The Compliance Officer will attend and complete relevant compliance related trainings to stay up to date with current and changing regulations that may affect the Agency's Compliance Program and Policies.
- Supervisors will continue to educate staff about the importance of the Search for Change Compliance Program during on site trainings and staff meetings.
- Contractors, including vendors and identified subcontractors, who are affected by Search for Change's Compliance Risk Areas shall be educated on the Agency Compliance Program. The training may consist of

providing the contractor with Search for Change's Compliance Program Policy & Procedure Manual and Code of Conduct for self-study, and affording the contractor the opportunity to ask questions and receive responses about the Compliance Program. Search for Change shall maintain a dated distribution letter and request they complete an acknowledgement evidencing that compliance training occurred.

- Employees are not to complete billing and service related documentation until all required Compliance trainings are completed.
- Any employee, Board member, or contractor who fails to complete mandatory trainings as required will be subject to the disciplinary action policy.
- Training programs will include an overview of all elements of the Compliance Program as described in Search for Change's Compliance Program policies, procedures, and Code of Conduct. All Compliance Program training and education will include, at a minimum, the following topics:
  - Search for Change's Compliance Risk Areas and Organizational Experience;
  - Search for Change's written policies and procedures related to its Compliance Program;
  - The individual's obligation to participate in Search for Change's Compliance Program;
  - The types of issues that constitute compliance issues (actual or suspected fraud, waste, abuse, or other improper or unethical conduct, violations of law, regulations, administrative guidance, or Search for Change's Compliance Program, policies, procedures, and Code of Conduct);
  - The individual's obligation to report compliance issues in good faith and methods for reporting (including method for anonymous and confidential reporting) to the Compliance Officer and others;
  - The individual's ability to ask questions regarding Search for Change's Compliance Program;
  - The Compliance Officer's and Compliance Committee's role and their interactions with management and the Board;
  - How internal and external audits and investigations are handled and an individual's obligation to assist in audits and investigations as requested;
  - The various types of remedial measures and corrective action plans for non-compliance, including how Search for Change responds to compliance issues and implements corrective action plans;
  - The consequences of failure to comply with Search for Change's Compliance Program (*i.e.*, discipline, termination, liability) and information about Search for Change's Non-Retaliation and Non-Intimidation Policies;
  - The responsibilities of supervisors/managers to detect and report compliance issues;
  - The requirements specific to the Medicaid Program and Search for Change's categories of service;
  - An overview of relevant laws and requirements, including requirements related to reporting overpayments; and
  - If applicable, coding and billing requirements and best practices, and the claim development and submission process.

- The Compliance Officer, with the assistance of the Director of Human Resources, shall be responsible for implementing this Policy and for developing and maintaining a compliance training plan. The training plan will, at a minimum, outline the following:
  - The subjects or topics for training and education;
  - The timing and frequency of the training;
  - Which employees, contractors, and Board members are required to attend;
  - How attendance is tracked; and
  - How the effectiveness of the training will be periodically evaluated (*e.g.*, pre- and post-tests, surveys, etc.).
- The training plan shall be periodically updated by the Compliance Officer, with the assistance of the Director of Human Resources, to indicate the outcome of the various trainings provided by Search for Change throughout the year. These periodic updates will include the following information, as applicable:
  - A list of the employees, Board members, and contractors that received, or did not receive, the Compliance Program training during the year covering the training plan including the name and role of the individual (*e.g.*, employee, Chief Executive Officer, senior administrator, manager, contractor, Board member, corporate officer, etc.);
  - The type of compliance training(s) received (*e.g.*, annual, orientation, both);
  - The format in which the training was provided;
  - The date(s) of completion; and
  - The date of hire for those who received initial Compliance Program training.

Department: Corporate Compliance

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## Duty to Report and Compliance Hotline

### Purpose

Search for Change, Inc. is committed to the timely identification and resolution of all issues that may adversely affect employees, clients, or the organization.

### Policy

Search for Change, Inc. is committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the Agency. Every employee has an individual responsibility and duty to report activity by any employee, contractor, Board member, or vendor that appears to violate applicable laws, rules, regulations, or the Code of Conduct and/or Corporate Compliance Program Policies.

Search for Change has established and implemented effective lines of communication which ensure confidentiality of reporters to report problems and concerns, including a Corporate Compliance Hotline at (914) 428-5600 ext. 9239. The Hotline is available 24 hours, seven days a week. Individuals are encouraged to report any problem or concern either anonymously or in confidence via the Hotline as they deem appropriate. Individuals also have the option of contacting the Compliance Officer, Crystal Meyer, directly via telephone at 914-428-5600 ext. 4857, via email at [CMeyer@searchforchange.com](mailto:CMeyer@searchforchange.com), or via written letter marked "Confidential" attention to Compliance Officer and mailed to the main office at 400 Columbus Avenue, Suite 201E, Valhalla, NY 10595. Reports may also be made to Search for Change's CEO, any member of the Compliance Committee, any member of the Board of Directors, or any supervisor.

The Corporate Compliance Hotline is an avenue by which individuals or interested parties (including employees, Board members, contractors, and Medicaid Program beneficiaries who receive services from Search for Change) may report any issue associated with any of the Agency's Compliance policies, conduct, practices, or procedures believed by the individual to be a potential violation of criminal, civil, or administrative law, or any unethical conduct. Employees, Board members, contractors, Medicaid Program beneficiaries, and interested parties may also contact the Corporate Compliance Hotline to ask questions regarding Search for Change's Compliance Program.

All individuals, including Medicaid Program beneficiaries who receive services from Search for Change, are protected from intimidation and retaliation for good faith participation in Search for Change's Compliance Program. Failure to report a compliance issue may be grounds for disciplinary action.

Examples of potential compliance issues include, but are not limited to:

- Inappropriate documentation of billing services
- Inappropriate copy and pasting of billing related documentation
- Inappropriate billing claims submission
- Overpayments
- False or fraudulent documentation issues
- HIPAA or patient privacy issues

- Failure to follow Compliance policies and procedures
- Failure to follow the Agency Compliance Code of Conduct
- Potential violations of the Anti-Kickback Statute related to vendors (e.g., inappropriate gifts)
- Provider or employee excluded from the federal or state healthcare programs
- Inappropriate conflict of interest
- Retaliation or intimidation

Individuals who report problems and concerns in good faith are protected from any form of retaliation, intimidation, and/or retribution as detailed in the Non-Retaliation and Non-Intimidation and Whistleblower Policies. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee, and/or abuses the system of anonymous reporting will be subject to discipline.

Information concerning the Corporate Compliance Hotline and various ways to make reports will be posted in prominent common areas of Search for Change's facilities, units, and office locations. Information regarding Search for Change's Compliance Program, including its Code of Conduct and reporting information, will also be made available on Search for Change's website.

All individuals who receive compliance inquiries are expected to act with the utmost discretion and integrity in assuring that information received is acted upon in a reasonable and proper manner. Everyone who receives or is assigned responsibilities for assisting with compliance inquiries shall keep the inquiries confidential to the extent possible.

### **Procedure**

- The Compliance Officer will ensure that all compliance inquiries are addressed in an appropriate and timely manner, as well as in accordance with this and all related policies and procedures. No attempt will be made to identify a caller to the Corporate Compliance Hotline who requests anonymity. Whenever callers disclose their identity, it will be held in confidence unless the matter is subject to a disciplinary proceeding, referred to or under investigation by MFCU, OMIG, or law enforcement, or disclosure is required during a legal proceeding. Reporters (including Medicaid Program beneficiaries) will be protected under Search for Change's Non-Retaliation and Non-Intimidation Policy. Although not required, employees, contractors, and Board members are encouraged to identify themselves in reports in order to ensure a thorough investigation.
- Upon receipt of the disclosure, the Compliance Officer or their designee shall gather all relevant information from the disclosing individual where practicable. The Compliance Officer or their designee shall make a preliminary inquiry into the allegations to ensure all the necessary information has been obtained to determine whether a further review should be conducted.
- In accordance with Search for Change's Corporate Compliance Internal Investigation Policy, the Compliance Department shall conduct an internal review of the allegations and ensure that sufficient follow-up is conducted for any disclosure. Compliance staff shall decide about the validity of the alleged improper practice or behavior and identify a corrective action if needed.

- Calls and reports will be logged, tracked, and documented in Compliance Department records.
- The investigation and response process may involve other departments, as appropriate, for advice and/or further investigation.
- The Compliance Officer will communicate any matter that results in an OMIG self-disclosure to the Compliance Committee consistent with the Agency policy on overpayments and self-disclosures.
- The Compliance Officer will communicate any potentially unlawful or illegal conduct to the Compliance Committee, CEO, and Agency legal counsel.
- The Compliance Officer will periodically report on Corporate Compliance Hotline activity to the Compliance Committee and Search for Change's CEO and Board of Directors.

Department: Corporate Compliance

Date Adopted: 12/09

Reviewed/Revised: 12/10, 09/14, 06/16, 12/22, 03/23, 02/24, 03/24, 03/25

## Good Faith Compliance Program Participation

### Purpose

To ensure all employees, Board members, and contractors understand the definition and expectations of good faith participation in the Search for Change, Inc. Corporate Compliance Program.

### Policy

All employees, contractors, and Board members are expected to participate in the Corporate Compliance Program in good faith and based upon a reasonable belief.

“Good faith” is based on the individual’s motivation and generally describes an honesty of purpose, freedom from intent to defraud, and being faithful to one’s duty or professional obligation. “Reasonable belief” exists when there is a reasonable basis to believe that a violation of Search for Change’s Compliance Program, an applicable Federal or State law, rule, regulation, policy, or standard, or other improper or unethical conduct has occurred. Employees, contractors, and Board members should bear in mind that all reports made in good faith will be protected from retaliation or intimidation as outlined in Search for Change’s Non-Retaliation and Non-Intimidation and Whistleblower Policies.

In accordance with Search for Change’s Disciplinary Action Policy, disciplinary sanctions or actions may be taken if an employee, contractor, or Board member:

- Fails to report suspected or potential compliance issues;
- Participates in fraud or behavior in violation of Agency policy or procedure;
- Encourages, directs, or facilitates fraudulent or non-compliant behaviors either actively (directly) or passively (indirectly); or
- Deliberately makes a false accusation with the purpose of harming or retaliating against another employee, and/or abuses the system of anonymous reporting.

### Procedure

Employees are expected to report compliance issues which are fully outlined in Search for Change’s Corporate Compliance Policy and Procedure Manual and assist in investigations, internal or external, and resolutions as needed. Methods to report compliance issues are outlined in the “Duty to Report and Compliance Hotline Policy” and include:

- The **Anonymous**<sup>[CM6]</sup> and Confidential Compliance Hotline at (914) 428-5600 ext. 9239 which is maintained by the Compliance Officer (or their designees during vacations and other prolonged absences).
- Directly to the Compliance Officer in writing by mailing reports to: Search for Change, Inc., 400 Columbus Avenue, Suite 201E, Valhalla, NY 10595 to the attention of the Compliance Officer. Envelopes should be marked “confidential”.

- Voice mail or face-to-face reports to the Compliance Officer or any manager or supervisor may be made at any time. In all cases, supervisors who receive employee reports will be encouraged to discuss the report with the Compliance Officer and they will maintain confidentiality and discretion.
- By mail or email to report problems or concerns. Mail and email can be directed to the Compliance Officer or to another member of the Compliance Committee.
- Reports may also be made to Search for Change's CEO, any member of the Compliance Committee, or any member of the Board of Directors.

Department: Corporate Compliance

Date Adopted: 03/17

Reviewed/Revised: 12/22, 03/23, 02/24, 03/25

## Non-Retaliation and Non-Intimidation

### Purpose

To define whistleblower and advise employees, contractors, Board members, and Medicaid Program beneficiaries who receive services from Search for Change of the protections afforded to them when making a good faith report about any compliance related concerns, issues, or violations. This policy reinforces the Agency's commitment to ensuring a speak-up culture where all employees, contractors, Board members, and Medicaid Program beneficiaries who receive services from Search for Change feel safe raising issues and concerns without fear of being retaliated against for doing so.

Any employee, contractor, Board member, or Medicaid Program beneficiary who receives services from Search for Change who, in good faith, reports a suspected violation, assists in the investigation of a potential issue, or requests information or clarification about the proper interpretation or application of any law, rule, regulation, policy, or standard, our Code of Conduct, or any Compliance policy or procedure should be able to do so freely and without worrying they will be retaliated against as a result.

### Policy

Search for Change, Inc. defines a whistleblower as an employee, contractor, Board member, or Medicaid Program beneficiary who receive services from Search for Change (hereinafter, a "Reporter") who reports or participates in the investigation of an activity that the Reporter considers to be illegal, dishonest, a violation of Compliance policies, or fraudulent behavior as described in the "Duty to Report" policy. The Reporter is not responsible for investigating the activity or for determining fault or corrective measures; appropriate compliance staff is charged with these responsibilities.

Search for Change, Inc. and its employees, contractors, and Board members will not retaliate or in any manner discriminate against any Reporter based upon any lawful action with respect to:

- Good faith reporting of possible violations of applicable law, the Code of Conduct, or any Company policy or procedure to appropriate personnel;
- Good faith participation in any investigation, audit, self-evaluations, remedial actions, or other action related to such a report;
- Good faith reporting of instances of intimidation or retaliation;
- Good faith reporting of potential fraud, waste, or abuse to the appropriate State or Federal entities; or
- Objecting to conduct that reasonably appears to be a potential compliance violation.

Search for Change, Inc. prohibits retaliation against Reporters even if their concerns are ultimately found to be unsubstantiated after investigation, unless the Reporter knowingly made a false allegation, provided false or misleading information in the course of an investigation, or otherwise acted in bad faith.

Retaliation can take many different forms, but all forms are designed to "punish" or penalize a person for speaking up. Some examples of retaliation include, but are not limited to, the following occurring after a Reporter raises a compliance concern or matter:

- Their employment is terminated;
- They are transferred to a less desirable shift, location, or job;
- Their job responsibilities are reduced (demotion);
- They are threatened or otherwise harassed;
- They are given a negative performance evaluation only as a result of reporting a concern in good faith;
- No longer having input into projects they were once involved in; or
- Being ignored or “iced out” by their coworkers.

No matter what form it takes, retaliation creates a hostile, threatening, and uncomfortable environment; negatively affects employment conditions for everyone; and is not consistent with Search for Change, Inc’s values. Not all adverse actions are necessarily examples of retaliation. For example, if a negative performance review is the result of poor performance by the Reporter and is unrelated to speaking up, this would not be an example of retaliation.

### **Procedure**

- Reporters must exercise sound judgment to avoid reports not made in good faith or not based on a reasonable belief.
- A Reporter who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination of employment, Board appointment, or relationship with Search for Change.
- Confidentiality of the Reporter will be maintained by the Agency whenever possible unless the matter is subject to a disciplinary proceeding, referred to or under investigation by MFCU, OMIG, or law enforcement, or disclosure is required during a legal proceeding. Reporters will also be protected under Search for Change’s Non-Retaliation and Non-Intimidation Policy.
- Search for Change, Inc. will not retaliate against a Reporter. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as discipline or termination, compensation decreases, poor work assignments, and threats of physical or other harm.
- Any Reporter who believes they are being retaliated against or intimidated must contact the Director of HR or the Compliance Officer immediately.
- The right of a Reporter for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and substantiated.

### **Statutory Protections**

In addition to the protections afforded to Reporters under this Policy, the following New York State laws also protect employees from retaliatory action for good-faith reporting. In addition to the information below, Search for Change will inform employees of their protections, rights, and obligations under the New York State Labor Law by posting a notice of the same. The notices will be posted conspicuously in easily accessible and well-lit places that are customarily frequented by employees and applicants for employment.

### New York State Labor Law Section 740

An employer may not take any retaliatory action against an employee (including former employees) if the employee discloses, or threatens to disclose, information about the employer's policies, practices, or activities to a regulatory, law enforcement, or another similar agency or public official.

Protected disclosures include disclosures of an activity, policy, or practice of the employer that the employee reasonably believes are in violation of law, rule, or regulation (including health care fraud under Penal Law § 177<sup>3</sup> or Social Services Law § 145-b<sup>4</sup>), or that the employee reasonably believes pose a substantial and specific danger to the public health or safety. The employee's disclosure is protected only if the employee first raised the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. However, employer notification is not required where:

- There is an imminent and serious danger to the public health or safety;
- The employee reasonably believes that reporting to the supervisor would result in destruction of evidence or other concealment of the activity, policy, or practice;
- The activity, policy or practice could reasonably be expected to lead to endangering the welfare of a minor;
- The employee reasonably believes that reporting to the supervisor would result in physical harm to the employee or any other person; or
- The employee reasonably believes that the supervisor is already aware of the activity, policy, or practice and will not correct it.

Employees are also protected from retaliatory action if the employee objects to, or refuses to participate in, any activity that is in violation of law, rule, or regulation or that the employee reasonably believes poses a substantial and specific danger to the public health or safety. Additionally, employees are protected when the employee provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into an employer's activity, policy, or practice.

If an employer takes retaliatory action against the employee, the employee may sue in State court for reinstatement to the same position held before the retaliatory action, or to an equivalent position, any back wages and benefits, and attorneys' fees, among other remedies. If the employer's violation was willful, malicious, or wanton, punitive damages may be imposed.

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<sup>3</sup> New York State Penal Law § 177 criminalizes knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions.

<sup>4</sup> New York State Social Services Law § 145-b criminalizes submission of false statements or deliberate concealment of material information in order to obtain public assistance, including Medicaid.



### New York State Labor Law, Section 741

A health care employer may not take any retaliatory action against a health care employee<sup>5</sup> if the health care employee discloses, or threatens to disclose, certain information about the health care employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official, to a news media outlet, or to a social media forum available to the public at large.

Protected disclosures include disclosures of an activity, policy, or practice of the health care employer that the health care employee, in good faith, reasonably believes constitute improper quality of patient care or improper quality of workplace safety. Health care employees are also protected from retaliatory action if the health care employee objects to, or refuses to participate in, any activity, policy, or practice of the health care employer that the health care employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The health care employee's disclosure is protected only if the health care employee first raised the matter with a supervisor and gave the health care employer a reasonable opportunity to correct the activity, policy, or practice. However, employer notification is not required where the improper quality of patient care or workplace safety presents an imminent threat to public health or safety, to the health of a specific patient, or to the health of a specific health care employee and the health care employee reasonably believes, in good faith, that reporting to a supervisor would not result in corrective action.

If a health care employer takes retaliatory action against the health care employee, the health care employee may sue in State court for reinstatement to the same position held before the retaliatory action, or to an equivalent position, any back wages and benefits, and attorneys' fees, among other remedies. If the health care employer's violation was willful, malicious, or wanton, punitive damages may be imposed.

Department: Corporate Compliance

Date Adopted: 03/17

Reviewed/Revised: 12/22, 03/23, 02/24, 03/25

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<sup>5</sup> A "health care employee" is any person who performs health care services for and under the control and direction of any public or private employer that provides health care services for wages or other remuneration. See N.Y. LAB. LAW § 741(1)(a).

## **Disciplinary Action**

### **Purpose**

To identify the disciplinary action steps that may be taken by the Agency should an employee, Board member, or contractor violate the Compliance Program policies, procedures, and/or Code of Conduct or State and Federal laws, rules, and regulations (the “Compliance Standards”).

### **Policy**

Search for Change, Inc. has established Compliance Policies and Procedures and a Code of Conduct to ensure the legal and ethical behavior of all employees, Board members, vendors, and subcontractors. All employees, Board members, and contractors covered by the Compliance Program are expected to conduct themselves in accordance with these established policies, procedures, and requirements. Any violation of Search for Change’s Compliance Standards, including the Compliance Code of Conduct or Compliance Policies, may result in disciplinary action. Disciplinary action shall be enforced consistently, fairly and equally for all individuals regardless of tenure, status, or job classification.

Examples of Compliance violations include but are not limited to:

- Failure to report a known or suspected compliance violation or issue
- Falsification of service documentation and backdating
- Inappropriate use or disclosure of client confidential information
- Billing for services not provided or engaging in other fraudulent billing practices
- Making false reports to the Compliance Hotline
- Directing other staff to violate any Compliance Policy or Procedure
- Violating the Conflict of Interest Policy
- Retaliation against an individual who make a report in good faith
- Failure to complete required trainings
- Non-cooperation with a Compliance Investigation

### **Procedure**

Disciplinary action may include the issuance of verbal, written, or final warnings, suspension, and/or termination depending upon the nature of the conduct. The Compliance Committee shall decide on the level of disciplinary action warranted based on the severity of the conduct with more severe, reckless, or intentional behaviors (such as intentionally committing Medicaid fraud) resulting in immediate termination.

The HR Director and Compliance Officer will be present during the presentation of any warnings issued related to a violation of the Compliance Program’s policies, procedures, or code.



Violations of the Agency’s Compliance Standards by an affected contractor, vendor, or subcontractor may result in the termination of their contract with Search for Change, Inc. Violations of Search for Change’s Compliance Standards by a Board member will result in removal from the Board of Directors consistent with Search for Change’s Bylaws and applicable laws, rules, and regulations.

Department: Corporate Compliance

Date Adopted: 12/09

Reviewed/Revised: 12/10, 09/14, 06/16, 12/22, 03/23, 02/24, 03/25

## Internal Compliance Investigations

### Purpose

Search for Change has established and implemented procedures and systems for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of internal auditing and monitoring, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with State and Federal laws, rules, and regulations, and Medicaid Program requirements. This policy serves to identify and describe how Search for Change, Inc. will complete investigations into all reports of non-compliant behavior or other compliance issues and concerns.

### Policy

Search for Change, Inc. is committed to investigating all reported compliance concerns promptly and confidentially to the extent possible. It is required that all employees cooperate with the investigation process which may include providing written statements, furnishing documentation, and/or participating in interviews. It is expected that all employees participate in good faith and truthfully.

### Procedure

- The Compliance Officer is responsible for independently acting on compliance-related investigations and other Compliance Program matters. This independence notwithstanding, the Compliance Officer will generally consult with senior management and the Compliance Committee in conducting investigations within 24 hours of receiving a report.
- Compliance reports will be documented using a report tracking form.
- The Compliance Officer will coordinate and conduct the investigations to determine validity of reports.
- Search for Change may retain outside experts, auditors, or counsel to assist with compliance investigations, where appropriate.
- Employees, contractors, and Board members of Search for Change are required to cooperate with investigations of compliance issues, subject to the right against self-incrimination.
- Staff will have the option of having the Director of HR present during investigative interviews.
- The Compliance Officer will recommend any needed corrective action which may include implementing procedures, policies, and systems to reduce the potential for recurrence.
- Any disciplinary action taken or corrective action plan implemented will be documented.
- The Compliance Officer will complete a summary of the investigation using a written report.
- The Compliance Officer will report all investigative actions and findings, and any resulting disciplinary actions and corrective actions taken, to the Compliance Committee, CEO, and Board.
- If it is determined that a Medicaid self-disclosure is needed the Agency Self-Disclosure policy shall be followed to return any overpayments.
- Search for Change will promptly report violations to the appropriate governmental entity when there is credible evidence or a credible belief that a State or Federal law, rule, or regulation has been violated, and

when such reporting is required by law, rule, or regulation. Copies of any reports submitted to governmental entities will be received and maintained by the Compliance Officer, and will be retained in accordance with the Agency's Records Management and Document Retention Policy.

- All compliance investigations will be documented, and such documentation will include any alleged violations, a description of the investigative process, copies of interview notes, and any other documents essential for demonstrating that the issue was thoroughly investigated. All documents, notes, and written reports related to a Compliance Investigation will be retained in accordance with the Agency's Records Management and Document Retention Policy.
- Investigations will be completed on a timely basis in order to allow Search for Change to meet the requirements of the OIG, OMIG, SCR, and the DOJ for reporting violations.

Department: Corporate Compliance

Date Adopted: 12/09

Reviewed/Revised: 12/10, 09/14, 06/16, 12/22, 03/23, 02/24, 03/25

## **Fraud Prevention Policy**

### **Purpose**

This policy details Search for Change, Inc.'s commitment and procedures related to preventing, detecting, and correcting any fraud, waste, or abuse or improper or unethical conduct related to Federal and State health care programs, including Medicaid claims and payments. The following information about the applicable Federal and State fraud, waste, and abuse laws and the Agency's policies and procedures to prevent and detect fraud, waste and abuse in its programs is provided to employees, contractors, and Board members of Search for Change.

### **Policy**

Search for Change is committed to preventing and detecting any fraud, waste, or abuse related to Federal and State health care programs. Search for Change maintains a Compliance Program which includes educating its work force on fraud, waste, and abuse laws, including the importance of submitting accurate claims and reports to Federal and State government agencies.

Search for Change, Inc. prohibits the knowing submission of a false claim for payment from a Federal or State funded health care program. Such a submission is a violation of the Federal and New York State False Claims Acts and can result in civil and criminal penalties under the New York State False Claims Act, portions of the New York State Social Services Law and Penal Law, among other State statutes. To assist in the prevention and detection of Medicaid fraud, waste, and abuse, Search for Change has an established Corporate Compliance Program that includes auditing and monitoring of Medicaid billable services, claims, and related documentation by the Compliance Officer.

Any employee, contractor, or Board member who reasonably suspects or is aware of the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a Federal or State funded health care program is required to report such information as detailed in the Duty to Report and Compliance Hotline Policy. Any employee, contractor, or Board member of Search for Change, Inc. who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for coming forward with such information both under Search for Change, Inc.'s Whistleblower Policy, Non-Retaliation and Non-Intimidation, and Federal and State law. However, Search for Change, Inc. retains the right to take appropriate action against an employee, Board member, or contractor who has participated in a violation of Federal or State law or Agency policy.

As an organization, Search for Change, Inc. commits itself to investigate any suspicion of fraud, waste, or abuse swiftly and thoroughly and requires all employees, contractors, and Board members to assist in such investigations. Failure to report and disclose or assist in an investigation of fraud and abuse is a breach of the obligations of employees, Board members, and contractors and may result in disciplinary action.

Some examples of Medicaid fraud, waste, and abuse include, but are not limited to, the following:

- Billing for services not provided
- Billing for services that are not identified in the active service plan
- Billing for the wrong service code

- Billing without a completed service plan and service plan review
- Accidentally billing for the incorrect date or time the service was provided
- Billing without a valid Physician's Authorization
- Backdating documentation in order to provide a service
- Submitting services for billing that were completed by an unauthorized or untrained staff
- Billing for a client while they were admitted to another facility (ie. hospitalized)
- Billing twice for the same client in the same day
- Re-using previous notes for services in place of documenting a unique billing note

### **Procedure**

- All Search for Change, Inc. employees, contractors, and Board members are educated about the False Claims Act, other applicable State and Federal laws, and these policies and procedures.
- The Compliance Officer provides one on one training regarding Medicaid billing documentation to new licensed program residential staff within 30 days of their hire and additionally when deemed necessary.
- Program supervisors provide ongoing training on Medicaid billing documentation and service plans.
- The Compliance Officer oversees the Medicaid billing documentation for the licensed programs.
- The Program Director's for licensed programs review Medicaid billable progress notes monthly and certify their validity and accuracy via electronic signatures before submitting billing reports.
- Program supervisors are responsible for ensuring service plan documentation is fully completed, reviewed, and certified prior to documenting billing service progress notes.
- The Compliance Officer routinely conducts random audits and reviews of service plans for completion and to ensure documentation meets Medicaid billing standards and requirements, in accordance with Search for Change's Auditing, Monitoring, and Effectiveness Reviews Policy.
- The Compliance Officer tracks due dates of Physician Authorizations for all clients receiving services in licensed housing and reminds the assigned staff responsible to obtain renewals as required.
- The Compliance Officer checks the credentials of all providers who sign a Physician Authorization to ensure validity and that the provider is not placed on any exclusion lists and is enrolled with OPRA, in accordance with Search for Change's Screening, Credentialing, and Excluded Individuals Policy.
- The Compliance Officer verifies the billable diagnosis code listed on Physician Authorizations.
- The Compliance Officer reviews monthly billing reports for accuracy and to ensure the Agency only bills for services that are covered by a valid authorization and service plan.
- Residential staff may not submit a billing claim for any service that did not have an active and valid authorization and/or completed service plan or service plan review.
- All staff are prohibited from backdating documentation, billable progress notes, service plans, and service plan reviews.

- Digital signatures (e-signatures) will be used in the EHR for all billing related documentation to increase the security and controls over service documentation which will aide in preventing unintentional Medicaid fraud, waste, or abuse.
- The Compliance Officer oversees the Utilization Review process. All charts from licensed programs are reviewed twice a year and this review includes ensuring all billing documentation meets the required standards. Staff may not review their own units' charts and the Compliance Officer is responsible for assigning charts and tracking when they are due for review. Any documentation or billing issues identified during the UR process should be brought to the Compliance Officer.
- Employees, contractors, and Board members who become aware of a potential compliance issue should make a report using any of the reporting methods set out in Search for Change's Duty to Report and Compliance Hotline Policy. Employees, contractors, and Board members are encouraged to first report their potential compliance issue directly to Search for Change to allow Search for Change the opportunity to promptly address the issue.
- Any employee, Board member, or contractor (including contractors' staff members) who report a potential compliance issue in good faith and based upon a reasonable belief have a right to do so confidentially and anonymously, and will be protected against retaliation and intimidation in accordance with Search for Changes Non-Retaliation and Non-Intimidation and Whistleblower Policies.
- However, if an employee, Board member, or contractor (including companies and individuals) have participated in a potential compliance issue, the employee, Board member, or contractor is not protected against retaliation and intimidation and Search for Change has the right to take appropriate action against the individual and/or company, including termination of employment, Board appointment, contract, or relationship.
- While Search for Change encourages its employees, Board members, and contractors to first report compliance issues directly to Search for Change, certain laws—including the laws set out below—allow individuals to also bring their concerns to the government.

## **Laws Regarding the Prevention of Fraud, Waste, and Abuse**

### **A. Federal Laws.**

#### **1. False Claims Act (31 USC §§ 3729 – 3733; 18 USC § 287).**

Under the Federal Civil False Claims Act, any person who knowingly and/or willfully submits a false or fraudulent claim for payment to the Federal government may be subject to civil penalties, including monetary penalties, treble damages, exclusion from participation in the Medicare and Medicaid Programs, and fines of up to three times the government's loss plus up to \$11,000 per claim filed (*i.e.*, each instance of an item or service billed to a government health care program). Examples of prohibited conduct include billing for services not rendered, upcoding claims, double billing, misrepresenting services that were rendered, falsely certifying that services were medically necessary, making false statements to the government, failing to comply with conditions of payment, and failing to refund overpayments made by a Federal health care program. Notably, no specific intent to defraud the government is required, as "knowing" is defined to include not only actual knowledge but also instances in which the person acted in deliberate ignorance or reckless disregard of the truth or falsity of the information. The civil False Claims Act also contains a whistleblower provision that permits private citizens ("relators") to file suits



on behalf of the government (“*qui tam* suits”) against those who have defrauded the government and the relator, if successful, may receive a portion of the government’s recovery.

Federal law also establishes criminal liability against individuals or entities that knowingly submit, or cause to be submitted, a false or fraudulent claim for payment to the Federal government. Criminal False Claims Act liability can result in imprisonment of up to five years and/or substantial fines.

## 2. Administrative Remedies for False Claims (31 USC §§ 3801 – 3812).

Federal law allows for administrative recoveries by Federal agencies related to false claims. The laws penalize any person who makes, presents, or submits (or causes to be made, presented, or submitted) a claim that the person knows or has reason to know:

- Is false, fictitious, or fraudulent;
- Includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent;
- Includes or is supported by any written statement that omits a material fact, is false, fictitious, or fraudulent as a result of such omission, and is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; or
- Is for payment for the provision of property or services which the person has not provided as claimed.

The Federal agency receiving the false claim may impose a penalty of up to \$5,000 for each claim, as well as an assessment of up to twice the amount of the claim in violation of the False Claims Act. In these instances, the determination of whether a claim is false and the imposition of fines and penalties is made by the Federal administrative agency, rather than by a court. Moreover, in contrast to the False Claims Act, a violation of these laws occurs when a false claim is submitted, rather than when it is paid.

## 3. Anti-Kickback Statute (42 USC § 1320a-7b(b)).

The Federal Anti-Kickback Statute is a criminal law that prohibits the knowing and willful payment of “remuneration” to induce or reward patient referrals or the generation of business involving any item or service that is payable by a Federal health care program. Remuneration includes kickbacks, bribes, and rebates paid directly or indirectly, overtly or covertly, in cash or in kind (*i.e.*, anything of value), and items or services includes drugs, supplies, or health care services provided to Medicare or Medicaid patients. The Statute covers both the payers and recipients of kickbacks. No intent to violate the Statute is required, and the Statute has been interpreted to cover any arrangement where one purpose of the remuneration was to obtain money for the referral of services or to induce further referrals.

An individual or entity that is found to have violated the Anti-Kickback Statute may be subject to criminal penalties and administrative sanctions including fines, imprisonment, and exclusion from participation in Federal health care programs, including the Medicaid and Medicare Programs. Safe harbors protect certain payment and business practices from criminal and civil prosecution that could otherwise implicate the Anti-Kickback Statute. To be protected by a safe harbor, the arrangement must fit squarely within the safe harbor and must satisfy all of its requirements.

4. Exclusion Statute (42 USC § 1320a-7).

The Federal Exclusion Statute requires HHS-OIG to exclude individuals and entities convicted of certain types of criminal offenses from participation in all Federal health care programs (including the Medicare and Medicaid Programs), and gives HHS-OIG the discretion to exclude individuals and entities on several other grounds. The following types of criminal offenses require exclusion:

- Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare or Medicaid;
- Patient abuse or neglect;
- Felony convictions for other health-care-related fraud, theft, or other financial misconduct; and
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

Physicians who are excluded from participation in Federal health care programs are barred from receiving payment from programs such as Medicaid and Medicare for items or services furnished, ordered, or prescribed. Additionally, individuals and entities providing health care services may not employ or contract with excluded individuals or entities in any capacity or setting in which Federal health care programs may reimburse for the items or services furnished by those employees or contractors. Employing or contracting with an excluded individual or entity may result in civil monetary penalties and an obligation to repay any amounts paid by a Federal health care program attributable to the excluded individual or entity's services.

5. Civil Monetary Penalties Law (42 USC § 1320a-7a).

The Federal Civil Monetary Penalties Law authorizes HHS-OIG to seek civil monetary and other penalties against individuals and entities for a wide variety of conduct, including presenting a claim that a person knows or should know is for an item or service that was not provided as claimed or is false or fraudulent, presenting a claim that the person knows or should know is for an item or service that is not payable, or making false statements or misrepresentations on applications or contracts to participate in Federal health care programs, among others. Violations of the False Claims Act, Anti-Kickback Statute, and Stark Law implicate the Civil Monetary Penalties Law and can lead to civil monetary and other penalties.

The amount of the penalties and assessments that HHS-OIG is authorized to seek under the Civil Monetary Penalties Law differs depending on the type of violation at issue. Specifically, the Civil Monetary Penalties Law authorizes penalties in the amount of \$100,000 for each act in violation of the Anti-Kickback Statute, in addition to any other penalty that may be prescribed by law. Regulations also permit HHS-OIG to impose a penalty up to \$50,000 for each offer, payment, solicitation or receipt of remuneration, and violations of the Anti-Kickback Statute can result in assessments of up to three times the total amount of the remuneration offered, paid, solicited, or received. Remuneration under the Civil Monetary Penalties Law includes waivers of coinsurance and deductible amounts (including partial waivers), and transfers of items or services for free or for amounts other than fair market value. In addition to civil monetary penalties, persons or entities may also be excluded from participation in Federal health care programs, fines, treble damages, denial of payment, and repayment of amounts improperly paid.

**B. New York State Laws.**

1. New York State False Claims Act (N.Y. State Finance Law §§ 187 – 194).

The New York State False Claims Act closely tracks the Federal False Claims Act, and imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any State or local government, including health care programs such as the Medicaid Program. Specifically, the Act penalizes any person or entity who, among other conduct:

- Knowingly presents, or causes to be presented, to any employee, officer, or agent of the State or a local government a false or fraudulent claim for payment or approval, or conspires to do the same;
- Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim, or conspires to do the same;
- Conspires to defraud the State or a local government by getting a false or fraudulent claim allowed or paid; or
- Knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State or a local government.

The penalty for filing a false claim is \$6,000 to \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the person or entity that filed the false claim may have to pay the government’s legal fees, including the costs of a civil action brought to recover any penalties or damages and attorneys’ fees. The New York State False Claims Act also allows private individuals (“relators”) to bring an action on behalf of the State or local government (“*qui tam suits*”). If the lawsuit results in a recovery or settlement, the relator may share in a percentage of the proceeds.

2. New York Social Services Law § 145.

Under Section 145 of the New York Social Services Law, any person who makes false statements or representations, deliberately conceals any material fact, impersonates another, or through another fraudulent device obtains, or attempts to obtain, or aids or abets any person to obtain, public assistance or care to which the person is not entitled, including Medicaid Program benefits, is guilty of a misdemeanor. However, if the act constitutes a violation of a provision of the New York Penal Law, the person will be punished in accordance with the penalties fixed by the applicable law.

3. New York Social Service Law § 145-b.

Section 145-b of the New York Social Services Law makes it unlawful to knowingly make a false statement or representation, to deliberately conceal any material fact, or to engage in any other fraudulent scheme or device to obtain or attempt to obtain public funds, including Medicaid Program funds. In instances where a violation of this law occurs, the local Social Services District or the State may recover civil damages equal to three times the amount by which any figure is falsely overstated. In the case of non-monetary false statements, the local Social Services District or State may recover three times the damages sustained by the government due to the violation or \$5,000, whichever is greater. The Department of Health may also impose a civil penalty of up to \$2,000 per violation, and if repeat violations occur within five years, a penalty of up to \$7,500 per violation may be imposed

if the conduct involves more serious violations of Medicaid rules, billing for services not rendered, or providing excessive services.

4. New York Social Services Law § 145-c.

Under Section 145-c of the New York Social Services Law, any person who applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the needs of the person or their family are not taken into account for various periods of time based on the offense committed. Specifically, the person's or their family's needs will not be taken into account for six months on the first offense, 12 months on the second offense or a single offense that resulting in the wrongful receipt of benefits in an amount of between \$1,000 and \$3,900, 18 months on the third offense or upon an offense that results in the wrongful receipt of benefits in an amount in excess of \$3,900, and five years for any subsequent occasion of any such offense. These sanctions are in addition to any sanctions which may be provided for by law with respect to the offenses involved.

5. New York Social Services Law § 366-b.

Under Section 366-b of the Social Services Law, any person who obtains or attempts to obtain, for themselves or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor. Additionally, any person who, with intent to defraud, presents for payment a false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation, or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor. Finally, if an act also constitutes a violation of a provision under the New York Penal Law, the person committing the act will be punished in accordance with the penalties fixed by such law.

6. New York Penal Law Article 155.

Article 155 of the New York Penal Law establishes the crime of Larceny, which occurs when a person, with intent to deprive another of their property, obtains, takes, or withholds the property by means of trick, embezzlement, false pretense, false promise, a scheme to defraud, or other similar behavior. The four crimes of Larceny have been applied to Medicaid fraud cases. These crimes include:

- Penal Law § 155.30, Grand Larceny in the Fourth Degree, which involves property valued over \$1,000, and is a Class E felony;
- Penal Law § 155.35, Grand Larceny in the Third Degree, which involves property valued over \$3,000, and is a Class D felony;
- Penal Law § 155.40, Grand Larceny in the Second Degree, which involves property valued over \$50,000, and is a Class C felony; and
- Penal Law § 155.42, Grand Larceny in the First Degree, which involves property valued over \$1 million, and is a Class B felony.

7. New York Penal Law Article 175.

The four crimes in Article 175 of the New York Penal Law, Offenses Involving False Written Statements, relate to filing false information or claims and have been applied in Medicaid fraud prosecutions. These crimes include:

- Penal Law § 175.05, Falsifying Business Records, which involves entering false information, omitting material information, or altering an enterprise's business records with the intent to defraud, and is a Class A misdemeanor;
- Penal Law § 175.10, Falsifying Business Records in the First Degree, which includes the elements of Penal Law § 175.05 and the intent to commit another crime or conceal its commission, and is a Class E felony;
- Penal Law § 175.30, Offering a False Instrument for Filings in the Second Degree, involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information, and is a Class A misdemeanor; and
- Penal Law § 175.35, Offering a False Instrument for Filing in the First Degree, which includes the elements of Penal Law § 175.30 and an intent to defraud the State or a political subdivision, and is a Class E Felony.

8. New York Penal Law Article 176.

Article 176 of the New York Penal Law, Insurance Fraud, applies to claims for insurance payment, including Medicaid or other health insurance, and contains six crimes. The crimes include:

- Penal Law § 176.10, Insurance Fraud in the Fifth Degree, which involves intentionally filing a health insurance claim knowing that it is false, and is a Class A misdemeanor;
- Penal Law § 176.15, Insurance fraud in the Fourth Degree, which involves filing a false insurance claim for over \$1,000, and is a Class E felony;
- Penal Law § 176.20, Insurance Fraud in the Third Degree, which involves filing a false insurance claim for over \$3,000, and is a Class D felony;
- Penal Law § 176.25, Insurance Fraud in the Second Degree, which involves filing a false insurance claim for over \$50,000, and is a Class C felony; and
- Penal Law § 176.30, Insurance Fraud in the First Degree, which involves filing a false insurance claim for over \$1 million, and is a Class B felony;
- Penal Law § 176.35, Aggravated Insurance Fraud, which involves committing insurance fraud more than once, and is a Class D felony.

9. New York Penal Law Article 177.

Article 177 of the New York Penal Law establishes the crime of Health Care Fraud, and applies to claims for health insurance payment, including claims submitted to the Medicaid Program and other health plans, including non-government plans, and contains five crimes. The crimes include:

- Penal Law § 177.05, Health Care Fraud in the Fifth Degree, involves knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions, and is a Class A misdemeanor;
- Penal Law § 177.10, Health Care Fraud in the Fourth Degree, involves filing false claims and annually receiving over \$3,000 in the aggregate, and is a Class E felony;
- Penal Law § 177.15, Health Care Fraud in the Third Degree, involves filing false claims and annually receiving over \$10,000 in the aggregate, and is a Class D felony;
- Penal Law § 177.20, Health Care Fraud in the Second Degree, involves filing false claims and annually receiving over \$50,000 in the aggregate, and is a Class C felony; and
- Penal Law § 177.25, Health Care Fraud in the First Degree, involves filing false claims and annually receiving over \$1 million in the aggregate, and is a Class B felony.

**C. Whistleblower Protections.**

1. Federal False Claims Act (31 USC §§ 3730(h)).

The civil False Claims Act provides protection to relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act. Remedies include reinstatement with comparable seniority as the relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. However, if the *qui tam* action has no merit or is for the purpose of harassing the person or entity, the individual may have to pay the person or entity for its legal fees and costs in defending the suit.

2. New York State False Claims Act (N.Y. State Finance Law § 191).

The New York State False Claims Act provides protection to an employee of any private or public employer who is discharged, demoted, suspended, threatened, harassed, or otherwise discriminated against in the terms and conditions of employment by their employer because of lawful acts taken by the employee in furtherance of an action under the New York State False Claims Act. Remedies can include reinstatement to the same position or an equivalent position, two times back pay, reinstatement of full fringe benefits and seniority rights, and compensation for any special damages sustained, including litigation costs and reasonable attorneys' fees.

3. New York Labor Law § 740.

An employer may not take any retaliatory action against an employee (including former employees) if the employee discloses, or threatens to disclose, information about the employer's policies, practices, or activities to a regulatory, law enforcement, or another similar agency or public official. Protected disclosures include disclosures of an activity, policy, or practice of the employer that the employee reasonably believes are in violation of law, rule, or regulation, or that the employee reasonably believes pose a substantial and specific danger to the public health or safety. The employee's disclosure is protected only if the employee first raised the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. However, employer notification is not required where:

- There is an imminent and serious danger to the public health or safety;
- The employee reasonably believes that reporting to the supervisor would result in destruction of evidence or other concealment of the activity, policy, or practice;
- The activity, policy or practice could reasonably be expected to lead to endangering the welfare of a minor;
- The employee reasonably believes that reporting to the supervisor would result in physical harm to the employee or any other person; or
- The employee reasonably believes that the supervisor is already aware of the activity, policy, or practice and will not correct it.

Employees are also protected from retaliatory action if the employee objects to, or refuses to participate in, any activity that is in violation of law, rule, or regulation or that the employee reasonably believes poses a substantial and specific danger to the public health or safety. Additionally, employees are protected when the employee provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into an employer's activity, policy, or practice. If an employer takes retaliatory action against the employee, the employee may sue in State court for reinstatement to the same position held before the retaliatory action, or to an equivalent position, any back wages and benefits, and attorneys' fees, among other remedies. If the employer's violation was willful, malicious, or wanton, punitive damages may be imposed.

#### 4. New York State Labor Law § 741.

A health care employer may not take any retaliatory action against a health care employee if the health care employee discloses, or threatens to disclose, certain information about the health care employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official, to a news media outlet, or to a social media forum available to the public at large. Under the law, a "health care employee" is any person who performs health care services for, and under the control and director of, any public or private employer that provides health care services for wages or other remuneration.

Protected disclosures include disclosures of an activity, policy, or practice of the health care employer that the health care employee, in good faith, reasonably believes constitute improper quality of patient care or improper quality of workplace safety. Health care employees are also protected from retaliatory action if the health care employee objects to, or refuses to participate in, any activity, policy, or practice of the health care employer that the health care employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The health care employee's disclosure is protected only if the health care employee first raised the matter with a supervisor and gave the health care employer a reasonable opportunity to correct the activity, policy, or practice. However, employer notification is not required where the improper quality of patient care or workplace safety presents an imminent threat to public health or safety, to the health of a specific patient, or to the health of a specific health care employee and the health care employee reasonably believes, in good faith, that reporting to a supervisor would not result in corrective action.

If a health care employer takes retaliatory action against the health care employee, the health care employee may sue in State court for reinstatement to the same position held before the retaliatory action, or to an equivalent



position, any back wages and benefits, and attorneys' fees, among other remedies. If the health care employer's violation was willful, malicious, or wanton, punitive damages may be imposed.

Department: Corporate Compliance

Date Adopted: 12/09

Reviewed/Revised: 12/10, 09/14, 06/16, 12/22, 03/23, 02/24, 03/24, 03/25



## **Auditing, Monitoring, and Effectiveness Reviews**

### **Purpose**

This policy serves to define and describe Search for Change’s internal monitoring, auditing (including internal and external audits), and effectiveness reviews of compliance policies and billing practices. The goal of Search for Change’s Auditing, Monitoring, and Effectiveness Reviews Policy is to evaluate the Agency’s compliance with applicable Medicaid Program requirements and the Compliance Program’s overall effectiveness.

### **Policy**

Search for Change is committed to the monitoring of compliance with its policies and procedures. This monitoring effort is provided by the Compliance Officer in conjunction with the Compliance Committee. Search for Change conducts internal compliance auditing and monitoring and, as appropriate, external audits, to evaluate the Agency’s compliance with Medicaid Program requirements and the overall effectiveness of its Compliance Program. The Compliance Officer routinely conducts internal audits of billing documentation to prevent Medicaid fraud, waste, or abuse. Much of these documentation audits are completed via the utilization chart review process. The Compliance Officer and Committee monitor employee adherence to compliance policies to measure and determine the effectiveness of the Agency’s Compliance Program via an annual compliance program effectiveness review. To this end, Search for Change’s Compliance Program is reviewed on at least an annual basis to ensure that Medicaid Program requirements, as well as any other applicable requirements set out in State and Federal laws, rules, and regulations, have been met.

### **Procedure**

- The Compliance Officer will be responsible for overseeing Search for Change’s auditing and monitoring system. The Compliance Officer is authorized to delegate auditing duties to other personnel of Search for Change, as well as outside attorneys, accountants, and vendors as necessary and appropriate.
- The Compliance Officer and Committee will review and analyze trends of hotline calls.
- The Director of HR will include compliance program related questions during exit interviews and provide this information to the Compliance Officer for analysis.
- Compliance questionnaires or surveys may be used to assess the program and elicit staff feedback.
- Employees, contractors, and Board members may be asked to participate in compliance interviews as part of the auditing, monitoring, and effectiveness review processes. Employees, contractors, and Board members are required to cooperate with and assist with internal and external audits and monitoring efforts, as requested by the Compliance Officer. This includes assisting in the production of documents, explaining program operations or rules to auditors, and implementing any corrective action plans.
- Audits will be tailored as needed to identified areas of concern and risk as identified by the Compliance Risk Assessment. Consistent with its Compliance Risk Assessment Policy, Search for Change’s Compliance Risk Areas will be identified by the Compliance Officer and Compliance Committee by reviewing the:
  - Results of all internal or external audits, including audits or surveys performed by Federal and State government agencies, payors, and credentialing bodies;
  - Annual work plans and other resources from OMIG, HHS-OIG, and other regulatory agencies; and

- Reviewing risk areas raised by compliance complaints filed or identified by Search for Change's employees, Board, and/or contractors.
- The Compliance Officer and their designee(s) will select audit subjects based on the level or risk associated with the subject, any prior history of violations, the length of time that has passed since the most recent audit of the same subject, and the cost and time to perform the audit. The Compliance Officer will ensure that any internal audits mandated by law or contract are carried out on a schedule consistent with such requirements.
- The Compliance Officer, in conjunction with their designee(s) and any appropriate supervisors, will determine the audit tools and procedures for carrying out the audits. Audits will be performed by internal or external auditors who have expertise in State and Federal Medicaid Program requirements and applicable laws, rules, and regulations, or who have expertise in the subject area of the audit. The Compliance Officer may contract with outside companies to perform certain auditing functions. The Compliance Officer will oversee the services provided by any outside vendors.
- If the Compliance Officer determines it is in the best interests of Search for Change to keep the contents and/or findings of an audit confidential, the Compliance Officer will arrange for legal counsel to conduct and/or supervise the audit under the attorney-client and/or attorney work product privileges.
- Upon completion of an audit, the Compliance Officer will arrange for the preparation of a written audit report. The report will set forth the subject of the audit, audit methodology, audit findings, and any recommended corrective action. The report or a summary thereof will be provided to the Compliance Committee, CEO, Board, and any appropriate supervisors.
- The Compliance Officer will work with the relevant program supervisors to ensure that all recommended corrective actions are taken and will require the program supervisor to report to the Compliance Officer when implementation is complete.
- Any overpayments and/or fraud and abuse discovered through an audit, including the potential for self-disclosure to the appropriate State and/or Federal health care program and/or agency, will be handled in accordance with Search for Change's Internal Compliance Investigations Policy. All audit reports will be maintained by Search for Change for 10 years, in accordance with the Agency's Records Management and Document Retention Policy.
- Compliance trainings will be updated as needed based on findings of internal audits to improve the effectiveness of the Compliance Program.
- Compliance quizzes will be used as a way to measure the effectiveness of trainings.
- Conflict of Interest disclosure statements from Board members will be audited and monitored.
- The Compliance Officer will conduct targeted and random audits of billing documentation to prevent erroneous Medicaid billing submission.
- The Compliance Officer will monitor compliance State and Federal laws, rules, regulations, policies, and standards to ensure any changing guidance results in updates to the Agency's Compliance Program.
- Search for Change's Compliance Program will be reviewed at least annually to ensure that the Medicaid Program requirements, as well as the requirements set out in State and Federal laws, rules, and regulations, have been met. The purpose of this review will be to determine the effectiveness of Search

for Change's Compliance Program, as well as whether any revision or corrective action is required. Additionally, the annual Compliance Program review will determine whether:

- The Compliance Program and Code of Conduct have been implemented;
  - Employees, Board members, and contractors are following the policies, procedures, and Code of Conduct;
  - The policies, procedures, and Code of Conduct are effective;
  - Any updates are required;
  - The Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program; and
  - The Compliance Officer was able to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program, including whether the Compliance Officer's other duties hindered the Compliance Officer in carrying out their primary responsibilities, if applicable.
- The annual Compliance Program review may be carried out by Search for Change's Compliance Officer, Compliance Committee, external auditors, or other individuals who have the necessary knowledge and expertise to evaluate the effectiveness of the Compliance Program components that they are reviewing and are independent from the functions being reviewed. The annual review will include:
    - On-site visits;
    - Interviews with employees, Board members, and contractors;
    - Review of records;
    - Surveys; and/or
    - Any other comparable method Search for Change deems appropriate, so long as the method does not compromise the independence or integrity of the review.
  - The design, implementation, and results of the annual review, as well as any corrective action implemented, will be documented.
  - Results of Compliance Effectiveness Reviews will be shared with the Board of Directors, CEO, and Compliance Committee at minimum annually.

Department: Corporate Compliance

Date Adopted: 12/09

Reviewed/Revised: 12/10, 09/14, 06/16, 12/22, 03/23, 02/24, 03/25

## Screening, Credentialing, and Excluded Individuals

### Purpose

Search for Change, Inc. is committed to maintaining the integrity of our services and business operations. This policy describes how the Agency ensures we only hire and do business with individuals and entities—including employees, Board members, and contractors—that have the same respect for the law, regulations, and standards.

### Policy

Search for Change will conduct appropriate screening activities to make sure members of the Search for Change community have not been sanctioned or excluded from government health care programs by a federal or state law enforcement agency, regulator, or licensing agency. This screening will include checking the Office of the Inspector General (OIG) Exclusion list and the Office of the Medicaid Inspector General (OMIG) Exclusion list.

### Procedure

- Screenings and background checks of potential employees prior to hire will be conducted by the HR Department.
- Applicants for employment will be screened prior to receiving a job offer.
- Employment applications will include a question that potential employees must complete attesting to whether or not he/she has ever been convicted of a crime or sanctioned by federal or state law enforcement, regulator, or licensing agency and whether such actions are pending.
- Search for Change employees will be screened prior to hiring and monthly (every 30 days) thereafter against the OIG exclusion list and the OMIG exclusion list.
- Employees who have been sanctioned by a federal or state law enforcement, regulatory body, or licensing agency may be subject to disciplinary action up to and including termination.
- All providers who have signed an active Authorization for Restorative Services that is being used for Medicaid billing will be screened monthly (every 30 days) using both the OMIG and OIG Exclusion lists.
- Affected contractors (including subcontractors and vendors) will be screened against exclusion lists at the time of contracting and on a monthly basis (every 30 days) thereafter. The Agency may terminate its business relationship with any contractor that has been sanctioned. Contractors will also be required to comply with the exclusion check requirements for their employees and subcontractors.
- All Board members will be screened against the OIG exclusion list and the OMIG exclusion list at appointment and on at least a monthly basis (every 30 days) thereafter.
- The Agency may utilize a 3<sup>rd</sup> party service to conduct these monthly exclusion list screenings.

Department: Corporate Compliance

Date Adopted: 12/09

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## Compliance Risk Assessments

### Purpose

Compliance risk assessments are designed to assess, review, and prioritize the risks within the Agency. The risk assessment will help identify areas to target when developing and updating the Compliance Program's education, auditing, and monitoring plans.

### Policy

Search for Change's Compliance Committee and Compliance Officer will complete an internal baseline risk assessment and determine the risk profile of the Agency. Risk assessment is a dynamic and ongoing process that will be reviewed during Committee meetings. The Compliance Risk Assessment will be updated at least annually to include changes to the Agency's risk culture, tolerance, and mitigation plans.

### Procedure

#### Identification of Compliance Risk Areas

Search for Change's key Compliance Risk Areas include, but are not limited to, those risk areas set out in applicable regulation (see 18 NYCRR § 521-1.3(d)), including billings, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, contractor oversight (including contractors, subcontractors, agents, and independent contractors), and other risk areas that are or should reasonably be identified by Search for Change through its Organizational Experience. Specific Compliance Risk Areas for Search for Change include, but are not limited to, the following:

- Billing for individuals not actually served by Search for Change;
- Billing for services rendered to individuals that are not properly documented;
- Billing the same service twice in the same month [CM7];
- Billing at a rate in excess of the rate permitted under the applicable program;
- Billing for services that are knowingly also being billed to the government by another health care provider;
- Failing to document a monthly summary note; [CM8]
- Failing to have Service Plans completed timely resulting in gaps between plans; [CM9]
- Failing to properly coordinate an individual's benefits among Medicare, Medicaid, and other third-party payors;
- Submitting cost reports that are inaccurate or incomplete;
- Ordering unnecessary or excessive services;
- Failing to properly document the provision of ordered services;
- Determining if billing and payment system weaknesses are being identified and corrected as necessary;
- Providing medically unnecessary services;

- Failing to properly credential licensed health care professionals;
- Employing an excluded individual or company or billing for services provided by an excluded individual or company;
- Failing to properly oversee contractors, subcontractors, agents, and independent contractors; and
- Ensuring compliance with applicable mandatory reporting obligations.

#### Compliance Risk Assessments

The Compliance Officer and Committee will complete and update the risk assessment on an annual basis. The risk assessment process will include the review of policies and procedures to assess Compliance Risk Areas. Compliance reports received during the year will be analyzed to identify risk areas and trends from internal audits will be used. The risk assessment will include evaluating the training and education of employees, contractors, and Board members on the Compliance Program and this may include results from compliance quizzes, employee interviews, and/or surveys. The assessment will identify obstacles to reducing Agency risk and weaknesses in the Compliance Program will be remediated as soon as possible by the Committee.

Additional Compliance Risk Areas will also be identified by reviewing external audits performed by governmental agencies, payors, and credentialing bodies. Compliance Risk Areas may also be identified by reviewing the annual work plans and other resources from OMIG, HHS-OIG, and other regulatory agencies.

Results of the Compliance Risk Assessment will be shared with the Board of Directors at least annually. An external risk assessment may be completed if deemed necessary and appropriate by the Compliance Committee and/or Board of Directors.

Department: Corporate Compliance

Date Adopted: 01/23

Reviewed/Revised: 03/23, 02/24, 03/25

## **Government Investigations, Subpoenas, and Court Orders**

### **Purpose**

Subpoenas and other requests for information from attorneys, courts, governmental agencies and investigators are very serious matters that must be handled properly with the advice of counsel, as needed. Search for Change intends to cooperate fully in all government audits and investigations. The purpose of this Policy is to set out the procedures applicable to cooperation in government audits and investigations by Search for Change's employees, contractors, and Board members.

### **Policy**

Employees, contractors, and Board members are required to cooperate fully in all government audits and investigations. Search for Change will respond to, and cooperate with, all appropriate written requests for documents received from government agencies. Subpoenas need to be addressed differently depending upon the party that issued the order. Where a subpoena is issued by the Deputy Attorney General for Medicaid Fraud, the United States Department of Health and Human Services Office of the Inspector General, the Federal Bureau of Investigations, District Attorneys, or another investigative agency or prosecutor, the Chief Executive Officer and the Compliance Officer should be notified immediately and counsel should be consulted. Counsel will then discuss options for response with the Agency. Employees, contractors, and Board members are strictly prohibited from altering, removing, destroying, or otherwise making inaccessible any paper or electronic documents, records, or information relating to the subject matter of any government subpoena, information request, or search warrant during the course of an audit or investigation.

### **Procedure**

Employees, contractors, and Board members are required to cooperate fully in all government audits and investigations. If contacted by governmental investigators or auditors, all employees are expected to request the following information:

- The name, agency, business telephone number, and address of all investigators or auditors;
- The reason for the contact; and
- If the contact is in person, the investigators' or auditors' business cards.

Employees, contractors, and Board members shall direct the investigators or auditors to the Compliance Officer, or in their absence, the Chief Executive Officer and/or Director of Human Resources.

Employees, contractors, and Board members may receive subpoenas and other written or verbal requests for documents from government agencies. When an employee receives a subpoena or other request for information, the employee should contact their supervisor immediately. The Chief Executive Officer, Clinical Director, Director of Human Resources, and Compliance Officer should also be immediately notified. When a contractor or Board member receives a subpoena or other request for information, the contractor or Board member should contact the Chief Executive Officer, Clinical Director, Director of Human Resources, and/or Compliance Officer.

Management staff will enlist the guidance and advice of legal counsel if deemed necessary. The Compliance Officer or Chief Executive Officer, in conjunction with Search for Change's legal counsel, will evaluate the

subpoena or written request, and if appropriate, coordinate the production of documents to the government agency. It is Search for Change's policy to respond only to written requests for documents and to cooperate with all appropriate written requests for documents from government agencies.

If an investigator appears at the Agency, staff should request identification and obtain the name, agency and telephone number of the investigator. The investigator's business card, or a copy thereof, should also be requested by staff. Staff should notify the Chief Executive Officer, Clinical Director, Director of Human Resources, and the Compliance Officer immediately. Staff should provide no records without the express consent of senior management.

In all cases, no subpoenaed document should ever be altered or destroyed. Employees, contractors, and Board members are strictly prohibited from altering, removing, destroying, or otherwise making inaccessible any paper or electronic documents, records, or information relating to the subject matter of any government subpoena, information request, or search warrant during the course of an audit or investigation. This prohibition shall override any record destruction that would otherwise be carried out under Search for Change's ordinary record retention and destruction policies. Employees, contractors, and Board members are also barred from directing or encouraging another person to alter, remove, destroy, or otherwise make inaccessible any such paper or electronic documents, records, or information. No documents should ever be created to comply. Any document to be given to an investigative agency should be date stamped and copied and an inventory of all materials produced should be kept.

If an employee, contractor, or Board member receives a request from a government official to provide an interview in the course of a government audit or investigation, the individual should immediately contact the Compliance Officer, or in their absence, the Chief Executive Officer. The Compliance Officer or Chief Executive Officer will, as appropriate, seek advice from legal counsel. If the request is deemed to be appropriate, the Compliance Officer, Chief Executive Officer, or legal counsel will coordinate and schedule all interview requests with the relevant government agency.

Employees, contractors, and Board members are required to reasonably cooperate with government officials, including providing them with timely access to facilities and records upon reasonable notice, and being truthful and complete in their communications. Although individuals have the right not to incriminate themselves, any failure by an employee to provide cooperation or follow the requirements set forth in this Policy will be subject to disciplinary action including termination of employment. Any Board member who fails to provide such cooperation will be subject to sanctions as set forth in Search for Change's Bylaws and policies, as well as applicable laws and regulations. Any contractor who fails to provide such cooperation will be subject to termination of its contract or relationship.

Department: Corporate Compliance

Date Adopted: 12/09

Reviewed/Revised: 12/10, 09/14, 06/16, 12/22, 03/23, 02/24, 03/25



## **Overpayments, Self-Disclosure, and Corrective Action**

### **Purpose**

One of the purposes of the Compliance Program is to identify issues related to billing and payment and take actions to address them. It is important for the Compliance Program to detect and report issues timely and by doing so we help maintain the integrity of our programs and quality of services. Early detection and timely disclosure can reduce the actions taking by government agencies and preserves the status of the Agency as a trustworthy, reliable, and honest healthcare provider.

### **Policy**

If a compliance problem is reported or detected internally, Search for Change Compliance staff will investigate to determine if credible evidence exists that a violation of law, regulation, or policy has occurred. If it is determined that credible evidence exists of a violation the Compliance Program will implement a corrective action plan to correct the problem and prevent its recurrence. The actions taken to address compliance problems can include additional training, modifying of procedures, disciplinary action, and self-disclosure to payers. This can include returning any overpayments that may have been received as a result of non-compliance. Search for Change will consult with legal counsel if needed to determine if a report needs to be made to law enforcement, any governmental agency, or health care payor.

### **Procedure**

- Any employee, contractor, or Board member who receives a report of a violation of law or regulation or observes what they feel is a violation must promptly make a report using any of the reporting methods set out in Search for Change's Duty to Report and Compliance Hotline Policy.
- Reports made to supervisors must be brought to the attention of the Compliance Officer immediately.
- Reports will be investigated and corrective actions will be implemented using the procedures set out in Search for Change's Internal Compliance Investigations Policy.
- The Board of Directors will be immediately notified of any intentional violation of law that requires further action or legal involvement.
- Legal counsel will be consulted as needed to determine if other actions need to be taken such as reporting violations of civil, criminal, or administrative law to third-party law enforcement agencies, regulatory/governmental agencies, or health care payors.
- If it is found that an overpayment occurred the Compliance Officer and CFO will report, return, and explain the overpayment in compliance with regulatory requirements found at 18 NYCRR Part 521-3 by completing a self-disclosure statement within 60 days of the date the overpayment was identified and quantified, and follow all recommendations from the OMIG to resolve the matter. The Compliance Officer and CFO may also consult with Search for Change's legal counsel regarding the self-disclosure.

Department: Corporate Compliance

Date Adopted: 12/09

Reviewed/Revised: 12/10, 09/14, 06/16, 12/22, 03/23, 02/24, 03/25

## **Records Management and Document Retention**

### **Purpose**

This policy describes how Compliance Program-related documentation will be kept, stored, and retained.

### **Policy**

All client information and documentation is confidential and Search for Change is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, as well as New York State law, to protect the privacy of health information. In accordance with HIPAA all protected information must be secure and in accordance with the New York State Mental Hygiene Law and OMH regulations, all client records must be kept for a period of at least 10 years. In accordance with the Compliance Program regulations promulgated by OMIG, all documents and records demonstrating that Search for Change has adopted, implemented, and operated an effective Compliance Program and has satisfied all regulatory requirements—including, but not limited to, compliance related policies, documents, and reports—must be retained for at least 6 years from the date Search for Change’s Compliance Program was implemented or any amendments to the Program were made.

### **Procedure**

All Search for Change, Inc. staff are required to maintain the privacy and confidentiality of client information and records. All records must be locked and secured.

All currently active client records are maintained at their assigned unit in locked cabinets. The Compliance Officer stores all client records of persons discharged from the licensed housing programs in locked cabinets at the Agency main office in Valhalla. These stored documents include Medicaid billing documentation. Per OMH client records must be stored for 10 years after a person is discharged from a program. Discharged records are kept for 3 years in the Compliance Office and then sent to Iron Mountain for an additional 7 years of storage. After this 10-year period records may be destroyed using approved means.

Compliance related documentation is stored in the Compliance Officer’s locked office and/or on the Agency server for a minimum of 6 years from the date Search for Change’s Compliance Program was implemented or any amendments to the Program were made. Search for Change will retain all documents and records demonstrating that the Agency has adopted, implemented, and operated an effective Compliance Program and has satisfied all regulatory requirements. Compliance documentation that is retained includes, but is not limited to, past versions of policies and procedures, exclusion list findings, internal investigation notes and reports, audit findings, corrective action plans, previous versions of compliance trainings, educational materials, Board member conflict of interest statements, workplans, risk assessments, and effectiveness assessments.

In the event that Search for Change receives a “Notice of Litigation Hold” citing pending litigation involving Search for Change or any of its employees, Search for Change will take reasonable steps to preserve existing documents that are potentially relevant to an identified lawsuit, whether such documents are in hard copy or electronic form.

Department: Corporate Compliance

Date Adopted: 04/16

Reviewed/Revised: 12/22, 03/23, 02/24, 03/25

# **Appendix A**

## **Corporate Compliance Manual Acknowledgement Form**

## Corporate Compliance Manual Acknowledgment Form

By signing below, I acknowledge that I have received a copy of the Search for Change, Inc. Corporate Compliance Policy and Procedure Program Manual. I understand and agree to abide by the conditions contained therein. Recipients of the manual are encouraged to report problems, concerns, or raise questions regarding the Compliance Program to supervisory staff and/or Compliance Program personnel as instructed throughout the manual. I understand that any violation of any Compliance Policy or Procedure may be grounds for disciplinary action up to and including termination of employment, removal from the Board of Directors, or termination of contractual relationship. I understand that the policies and procedures in the Manual are reviewed on an annual basis and revised as needed. I understand that the most recent and current version of the Manual and its enclosed policies and procedures can be accessed on the Agency's electronic server or by asking the Compliance Officer and/or Director of HR for a current copy.

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Recipient signature

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Recipient name (please print)

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Date

# **Appendix B**

## **Conflict of Interest Policy**

## **Search for Change, Inc. Conflict of Interest Policy**

### **I. Overview**

#### **1. Purpose**

It is the policy of the Board of Directors (the “Board”) of Search for Change, Inc. (“SfC”) to avoid any conflict or appearance of conflict between the business or personal interests of the leadership of Search for Change and the interests of Search for Change. The purpose of this Conflict of Interest Policy (the “Policy”) is to protect the interests of Search for Change, Inc. (the “Corporation”) when it is considering taking an action or entering into a transaction that might (1) benefit the private interests of a director, officer, or key person, (2) result in the payment of excessive compensation to a director, officer, or key person; or (3) otherwise violate state and federal laws governing conflicts of interest applicable to nonprofit charitable organizations.

#### **2. To whom does the Policy apply?**

The Policy applies to all of SfC’s directors, officers, and key persons. At the time of the adoption of the Policy, this includes all members of the Board, as well as the Chief Executive Officer, the Chief Financial Officer, the Director of Human Resources, the Clinical Director, and the Director of Vocational Services of Search for Change, Inc. (collectively referred to hereafter as “you”).

#### **3. Why is the Policy necessary?**

As a nonprofit charitable organization, SfC is accountable to government agencies and members of the public for responsible and proper use of its resources. Directors, officers, and employees have a duty to act in SfC’s best interests and may not use their positions for their own financial or personal benefit. Conflicts of interest must be taken seriously since they can damage SfC’s reputation and expose both SfC and affiliated individuals to legal liability if not handled appropriately. Even the appearance of a conflict of interest should be handled carefully, as it could undermine public support for SfC. SfC’s integrity must be protected at all times. You are expected to refrain from placing yourself in situations in which your judgment may be affected by personal considerations or in which your duty to SfC may be compromised.

### **II. Identifying Conflicts of Interest**

#### **1. What is a conflict of interest?**

A potential conflict of interest arises when you or your relative<sup>6</sup> or business either: (a) stands to gain a financial benefit from an action SfC takes or a transaction into which SfC enters; or (b) has another interest that impairs, or could be seen to impair, your independence or objectivity in discharging your duties to SfC.

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<sup>6</sup> “Relative” means your spouse or domestic partner, ancestors, siblings, children, grandchildren, and great-grandchildren, and the spouses or domestic partners of those siblings, children, grandchildren, and great-grandchildren.

## **2. What are some examples of potential conflicts of interest?**

It is not possible to list all of the possible circumstances that could present conflicts of interest. But potential conflicts of interest include situations in which you or your relative or business:

- a. Have an ownership or investment interest in any third party that SfC deals with or is considering dealing with;
  - b. Serve on the board of, participate in the management of, or are otherwise employed by or volunteer with, any third party that SfC deals with or is considering dealing with;
  - c. Receive or may receive compensation or other benefits in connection with a transaction into which SfC enters;
  - d. Receive or may receive personal gifts or loans from third parties dealing with SfC;
  - e. Serve on the board of directors of another nonprofit organization that is competing with SfC for a grant or contract;
  - f. Have a close personal or business relationship with a participant in a transaction being considered by SfC; or
  - g. Would like to pursue a transaction being considered by SfC for your personal benefit.
3. A potential conflict is not necessarily a conflict of interest. A person has a conflict of interest only if the Board decides, pursuant to Section IV of this Policy, that a conflict of interest exists.
  4. In situations where you are unsure whether or not you have a conflict, err on the side of caution and disclose the potential conflict as set forth in Section III of this Policy.

### **III. Disclosing Potential Conflicts of Interest**

1. You must disclose, to the best of your knowledge, all potential conflicts of interest as soon as you become aware of them, and always before any actions involving the potential conflict are taken. Disclosures may be made verbally at a meeting of the Board and recorded in the minutes of such meeting, or via a signed written statement disclosing all the material facts submitted to Search for Change's Compliance Officer and the Board.
2. You must also file an annual disclosure statement in the form attached to the Policy. If you are a director, you must also file this statement prior to your initial election.

### **IV. Determining Whether a Conflict of Interest Exists**

1. After there has been disclosure of a potential conflict, and after gathering any relevant information from the potentially conflicted person, the Board shall determine whether there is an actual conflict of interest. The potentially conflicted person shall not be present for deliberation or vote on the matter and must not attempt to influence improperly the determination of whether a conflict of interest exists.

2. In determining whether a conflict of interest exists, the Board shall consider whether the potential conflict of interest would cause a transaction entered into by SfC to raise questions of bias, inappropriate use of the SfC's assets, or any other impropriety.
3. A conflict always exists in the case of a related party transaction, which is a transaction, agreement, or other arrangement in which a related party<sup>7</sup> has a financial interest and in which SfC or any affiliate<sup>8</sup> of SfC is a participant.<sup>9</sup>
4. If the Board determines that there is a conflict of interest, it shall review the transaction in accordance with the procedures described in Section V below.

#### **V. Procedures for Addressing a Conflict of Interest**

1. When a matter involving a conflict of interest comes before the Board, the Board may seek information from the conflicted person prior to beginning deliberation and reaching a decision on the matter. However, a conflicted person shall not be present during the discussion or vote on the matter and must not attempt to influence improperly the deliberation or vote.
2. The Chair of the Board shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
3. After exercising due diligence, the Board shall determine whether SfC can obtain, with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
4. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board shall determine, by a majority vote of the disinterested directors of the Board, whether the transaction or arrangement is in SfC's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, the Board shall make its decision as to whether to enter into the transaction or arrangement.

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<sup>7</sup> A "related party" is:

- a. a director, officer, or key person of SfC or any of the SfC's affiliates;
- b. the relatives of individuals described in Section a; or
- c. an entity in which any individual described in Sections a or b has an ownership or beneficial interest of 35% or more, or in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of 5%.

<sup>8</sup> An "affiliate" of SfC is any entity controlled by, or in control of, SfC.. At the time of the adoption of this Policy, Search for Change, Inc., Search for Change Community Residence Company, Inc., Search for Change Community Residence Company II, Inc., and Search for Change Community Residence Company III, Inc. are affiliates.

<sup>9</sup> A transaction is not a related party transaction if one of the following exceptions applies:

- a. the transaction, or the related party's financial interest in the transaction, is *de minimis*;
- b. the transaction would not customarily be reviewed by the Board or the boards of similar organizations in the ordinary course of business and is available to others on the same or similar terms; or
- c. the transaction constitutes a benefit to a related party solely as a member of a class of the beneficiaries that SfC intends to benefit as part of the accomplishment of its mission, and that benefit is available to all similarly situated members of the same class on the same terms.



5. Upon making its final determination, the Board shall document the existence and resolution of the Conflict of Interest in the Corporation's records and in accordance with Section VII of this Policy.

#### **VI. Procedures for Addressing a Related Party Transaction**

1. Any director, officer, or key person who has an interest in a related party transaction shall immediately disclose in good faith to the Board the material facts concerning such interest.
2. When a matter involving a related party transaction comes before the Board, the Board may seek information from the conflicted person prior to beginning deliberation and reaching a decision on the matter. However, a conflicted person shall not be present during the discussion or vote on the matter and must not attempt to influence improperly the deliberation or vote.
3. SfC may not enter into any related party transaction unless, after good faith disclosure of the material facts by the conflicted person, the Board determines that the transaction is fair, reasonable, and in SfC's best interest at the time of such determination.
4. If the related party has a substantial financial interest in the related party transaction involving SfC, the Board shall:
  - a. Prior to entering into the transaction, consider alternative transactions to the extent available;
  - b. Approve the transaction by a vote of a majority of the directors present at the meeting; and
  - c. Contemporaneously document in writing the basis for its approval, including its consideration of any alternative transactions.

#### **VII. Minutes and Documentation**

If a matter involving a potential or actual conflict of interest is discussed or voted upon at any Board meeting, the minutes of that meeting shall include:

1. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest and the nature of the interest;
2. Any action taken to determine whether a conflict of interest was present;
3. The decision as to whether the circumstances presented an actual conflict of interest;
4. Any resolution of the conflict of interest by the Board;
5. The names of the persons who were present for discussions, deliberations, and votes relating to the transaction or arrangement;
6. The content of the discussion and deliberation, including any alternatives to a proposed transaction or arrangement considered by the Board;
7. A record of any votes taken in connection with the proceedings; and

8. If the transaction was approved, the basis for the approval, including a statement as to why considered alternatives were rejected.

### **VIII. Procedures for Determining Compensation**

Compensation shall be approved by the Board in accordance with SfC's compensation policy. No person shall be present for or participate in the discussion or vote pertaining to their own compensation; the compensation of their relative; the compensation of any person who is in a position to direct or control the person in an employment relationship; or the compensation of any person who is in a position to directly affect their financial interests.

This requirement notwithstanding, the Board or an authorized committee is permitted to request that a person who may benefit from such compensation present information as background or answer questions at a committee or Board meeting prior to the commencement of deliberations or voting. Nothing herein shall be construed to prohibit a director from deliberating or voting concerning compensation for service on the Board that is to be made available or provided to all directors of SfC on the same or substantially similar terms.

### **IX. Loans to Directors or Officers**

SfC shall not make a loan to any director or officer.

### **X. Annual Statements**

Each director (and, in the discretion of the Board, any officer, key person, or member of a committee with Board-delegated powers) shall, prior to the person's initial election or appointment and annually thereafter, complete, sign, and submit to the secretary of SfC or other designated Corporate Compliance Officer a written statement:

1. Affirming such person has received a copy of this policy, has read and understands this policy, has agreed to comply with this policy, and understands that SfC is charitable and, in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes; and
2. Identifying, to the best of such person's knowledge, any entity of which such person is an officer, director, trustee, member, owner (either as a sole proprietor or a partner), or employee and with which SfC has a relationship, and any transaction in which SfC is a participant and in which such person might have a conflicting interest.

The secretary of SfC or other designated Corporate Compliance Officer shall provide a copy of all completed statements to the Chair of the Board.

### **XI. Periodic Reviews**

To assist SfC to operate in a manner consistent with its charitable purposes and not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

1. Whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm's length bargaining; and
2. Whether partnerships, joint ventures, and arrangements concerning the management of SfC conform to SfC's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes, and do not result in inurement, impermissible private benefit, or in an excess benefit transaction.<sup>10</sup>

When conducting the period reviews, SfC may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

Department: Corporate Compliance

Date Adopted: 07/19

Reviewed/Revised: 03/23, 02/24, 03/25

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<sup>10</sup> "Excess benefit transaction" means a transaction in which an economic benefit is directly or indirectly provided by SfC to, or for the use of, an entity or individual, and the value of the economic benefit provided by SfC exceeds the value of the consideration (including the performance of services) received by SfC.

# **Appendix C**

## **Whistleblower Policy**

**WHISTLEBLOWER POLICY  
OF  
SEARCH FOR CHANGE, INC.**

**Search for Change, Inc.** (the “Corporation”) requires its directors, officers, employees, volunteers, and contractors to observe the highest standards of business and personal ethics in the conduct of their duties and responsibilities. The purpose of this Whistleblower Policy (“Policy”) is to ensure that the Corporation has a governance and accountability structure that supports its mission, to encourage and enable directors, officers, employees, and volunteers of the Corporation to raise serious concerns about the occurrence of illegal, fraudulent, improper, or unethical actions within the Corporation before turning to outside parties for resolution, and to protect those individuals who report such suspected improper conduct from retaliation.

Notwithstanding anything contained herein, this Policy is not an employment contract and does not modify the employment relationship, if any, between the Corporation and any of its directors, officers, employees, or volunteers, nor does it change the at-will status of any employee of the Corporation. Nothing contained in this Policy provides any director, officer, employee, or volunteer of the Corporation with any additional rights or causes of action not otherwise available under applicable law. This Policy applies to any matter which is related to the Corporation’s business and does not relate to private acts of an individual not connected to the business of the Corporation.

It is intended that this Policy comply with the provisions of Section 715-B of the New York State Not-for-Profit Corporation Law, as added by the Non-Profit Revitalization Act of 2013, as amended, and Sections 740 and 741 of the New York State Labor Law, and shall be interpreted and construed accordingly. Additionally, the rights and protections set forth in this Policy are in addition to, and not in abrogation of, the protections provided by Section 191 of the New York State Finance Law or any applicable Federal law, including, but not limited to, the False Claims Act (31 U.S.C. § 3730(h)).

**ARTICLE I  
REPORTING RESPONSIBILITIES**

1.1 Reporting Responsibilities. All directors, officers, employees, and volunteers of the Corporation have a responsibility to report any action or suspected action taken by the Corporation itself, by its leadership, or by others on the Corporation’s behalf, that is illegal, fraudulent, unethical, improper, or violates any adopted policy of the Corporation (“Violations”).

1.2 Reporting in Good Faith. Anyone reporting a Violation must act in good faith, without malice to the Corporation or any individual, and have reasonable grounds for believing that the information shared in the report indicates that a Violation has occurred. A person who makes a report does not have to prove that a Violation has occurred. However, any report which the reporter has made maliciously or any report which the reporter has good reason to believe is false will be viewed as a serious disciplinary offense.

**ARTICLE II  
NO RETALIATION**

2.1 No Retaliation. No person who in good faith reports a Violation or who in good faith cooperates in the investigation of a Violation shall suffer intimidation, harassment, discrimination, or other retaliation or, in

the case of an employee, adverse employment consequence. Any individual within the Corporation who retaliates against another individual who has reported a Violation in good faith or who, in good faith, has cooperated in the investigation of a Violation shall be subject to discipline, including, without limitation, termination of employment or volunteer status.

2.2 Reporting of Retaliation. If you believe that an individual who has made a good faith report of a Violation or who has in good faith cooperated in the investigation of a Violation is suffering intimidation, harassment, discrimination, or other retaliation or, in the case of an employee, adverse employment consequence, please contact the Corporation's Corporate Compliance Officer.

### ARTICLE III PROCEDURES FOR REPORTING VIOLATIONS

3.1 Reporting Procedure. All directors, officers, employees, and volunteers should report their concerns relating to a Violation to any person within the Corporation who can properly address those concerns. In most cases, the direct supervisor of an employee or volunteer is the person best suited to address a concern. However, if the employee or volunteer is not comfortable speaking with their supervisor or if they are not satisfied with their supervisor's response, the employee should report the Violation to the Corporate Compliance Officer, to any member of the Board of Directors of the Corporation (the "Board"), or to anyone in management they feel comfortable approaching. Any person other than an employee or volunteer should report any Violation directly to the Corporate Compliance Officer of the Corporation.

3.2 Identity; Confidentiality. The Corporation encourages anyone reporting a Violation to identify themselves when making a report in order to facilitate the investigation of the Violation. However, reports addressed to an individual within the Corporation may be submitted on a confidential basis and reports may be submitted to the Corporate Compliance Officer anonymously by submitting them directly, without providing an identity or return address, to the Corporate Compliance Officer using the contact information set forth in **Section 5.2** below.

3.3 Report Content. The report of any Violation may be made in person, by telephone, or by mail, electronic mail, or other written communication. Such report should contain sufficient information to permit adequate investigation. At a minimum, the following information should be provided:

- (a) A description of the nature of the improper activity, with sufficient detail to permit an initial investigation;
- (b) The name(s) of the individual(s) and/or department(s) engaging in the activity or with knowledge of the activity;
- (c) The approximate or actual date(s) the activity took place; and
- (d) An explanation of any steps taken internally with the Corporation's management to report or resolve the complaint.

## ARTICLE IV COMPLIANCE AND ADMINISTRATION

4.1 Notification of Violation; Acknowledgement. Every supervisor, manager, director, and other representative of the Corporation is required to notify the Corporate Compliance Officer of every report of a Violation. The Corporate Compliance Officer will notify the sender and acknowledge receipt of a report of Violation within seven (7) business days, but only to the extent the sender's identity is disclosed or a return address is provided.

4.2 Investigation; Correction.

(a) The Corporate Compliance Officer is responsible for promptly investigating all reported Violations and for causing appropriate corrective action to be taken if warranted by the investigation. The Corporate Compliance Officer shall conduct an investigation into the reported Violation within thirty (30) days of receipt of the report, or as soon as practicable thereafter. Such investigation shall be conducted as confidentially as possible under the circumstances, consistent with the need to conduct an adequate investigation, to comply with all applicable laws, and if appropriate, to cooperate with law enforcement authorities.

(b) The Corporate Compliance Officer shall review the policies and procedures of the Corporation, and make note of the alleged Violation.

(c) The Corporate Compliance Officer shall assess, in the most confidential manner possible, the concerns of the director, officer, employee, or volunteer who reported the alleged Violation, as well as those of other directors, officers, employees, or volunteers who may have an understanding of, or be complicit in, the alleged Violation, in order to form an informative opinion on the matter and determine potential recommendations for resolution.

(d) The Corporate Compliance Officer may utilize the Corporation's general counsel, as needed, during an investigation of a reported Violation.

(e) The Corporate Compliance Officer will prepare and submit a written report on the reported Violation to the Board or another authorized committee thereof (as the case may be, the "Governing Body"), together with recommendations as to resolution and a timeline for implementation of recommended actions. The Corporate Compliance Officer will also forward a copy of the written report to the Board.

(f) The Governing Body shall act on the Corporate Compliance Officer's written report as appropriate, including reviewing all findings and recommendations identified therein, and submitting a written assessment of the matter, including recommendations as to resolution and a timeline for implementation of recommended actions, to the Board.

(g) Upon receipt of the written report from the Governing Body, the Board will consider the matter and render binding determinations as to resolution, up to and including, the suspension or removal of any director, officer, employee, or volunteer found to have engaged in the reported Violation.

4.3 Administration.

(a) The Corporate Compliance Officer shall administer this Policy and shall report directly to the Board of the Corporation and the Governing Body; provided, however, that directors who are employees may not participate in any Board or Governing Body deliberations or voting relating to administration of this Policy.

(b) Any person who is the subject of a whistleblower complaint shall not be present at or participate in Board or Governing Body deliberations or vote on the matter relating to such complaint; provided, however, that the Board or Governing Body may request that the person who is subject to the complaint present information as background or answer questions at the Board or Governing Body meeting prior to the commencement of deliberations or voting relating thereto.

(c) The Governing Body is responsible for addressing all reported concerns or complaints of Violations relating to corporate accounting practices, internal controls, or auditing. Accordingly, the Corporate Compliance Officer must immediately notify the Governing Body of any such concern or complaint. In addition, if the Corporate Compliance Officer deems it appropriate, the Corporate Compliance Officer may advise the Chairperson of the Board of any other reported Violations.

4.4 Reporting. The Corporate Compliance Officer has direct access to the Board and is required to report to the Board at least quarterly on compliance activity.

4.5 Documentation. The Governing Body or another appropriate Committee of the Board shall assure that all reported Violations and investigations are properly documented, including minutes of any meeting of any Committee or the Board where the matter was discussed.

## ARTICLE V NEW YORK STATE LABOR LAW PROTECTIONS

### 5.1 Protections Under New York State Labor Law § 740.

(a) Definitions. For purposes of this Section 5.1, the following terms shall have the following meanings:

(i) “Employee” shall mean an individual who performs services for and under the control and direction of the Corporation for wages or other remuneration, including former employees, or natural persons employed as independent contractors to carry out work in furtherance of the Corporation’s business enterprise who are not themselves employers.

(ii) “Law, Rule, or Regulation” shall mean any duly enacted Federal, State, or local statute or ordinance or executive order, any rule or regulation promulgated pursuant to such statute, ordinance, or executive order, or any judicial or administrative decision, ruling, or order.

(iii) “Public Body” shall mean:

A. The United States Congress, any State legislature, or any elected local governmental body, or any member or employee thereof;

B. Any Federal, State, or local court, or any member or employee thereof, or any grand or petit jury;



C. Any Federal, State, or local regulatory, administrative, or public agency or authority, or instrumentality thereof;

D. Any Federal, State, or local law enforcement agency, prosecutorial office, or police or peace officer;

E. Any Federal, State, or local department of an executive branch of government; or

F. Any division, board, bureau, office, committee, or commission of any of the public bodies described in subparagraphs (a)(iii)(A) – (E) of this Section 5.1.

(iv) “Retaliatory Action” shall mean an adverse action taken by the Corporation to discharge, threaten, penalize, or discriminate against any Employee exercising the Employee’s rights under this Section 5.1. Retaliatory Action shall include:

A. Adverse employment actions or threats of the same against an Employee regarding conditions of employment (including, but not limited to, discharge, suspension, or demotion);

B. Actions or threats of the same that would adversely impact a former Employee’s current or future employment; or

C. Contacting, or threatening to contact, United States immigration authorities or otherwise reporting or threatening to report to a Federal, State, or local agency an Employee’s suspected citizenship or immigration status or the suspected citizenship or immigration status of an Employee’s family or household member, as defined in New York Social Services Law § 459-a.

(v) “Supervisor” shall mean any individual within the Corporation’s organization who has the authority to direct and control the work performance of the affected Employee or who has managerial authority to take corrective action regarding a violation of Law, Rule, or Regulation of which the Employee complains.

(b) Prohibition Against Retaliatory Action. The Corporation shall not take any Retaliatory Action against an Employee, whether or not within the scope of the Employee’s job duties, because such Employee does any of the following:

(i) Discloses, or threatens to disclose, to a Supervisor or Public Body an activity, policy, or practice of the Corporation that the Employee reasonably believes is in violation of Law, Rule, or Regulation, or that the Employee reasonably believes poses a substantial and specific danger to the public health or safety;

(ii) Provides information to, or testifies before, any Public Body conducting an investigation, hearing, or inquiry into any such activity, policy, or practice by the Corporation; or

(iii) Objects to, or refuses to participate in, any such activity, policy, or practice.

(c) Notification to the Corporation. The protection against Retaliatory Action set out in Section 5.1(b) pertaining to disclosure to a public body shall only apply to an Employee who makes such disclosure after making a good faith effort to notify the Corporation by bringing the activity, policy, or practice to the attention of a Supervisor and has afforded the Corporation a reasonable opportunity to correct the activity, policy, or practice. However, notification to the Corporation shall not be required where:

- (i) There is an imminent and serious danger to the public health or safety;
- (ii) The Employee reasonably believes that reporting to the Supervisor would result in a destruction of evidence or other concealment of the activity, policy, or practice;
- (iii) Such activity, policy, or practice could reasonably be expected to lead to endangering the welfare of a minor;
- (iv) The Employee reasonably believes that reporting to the Supervisor would result in physical harm to the Employee or another person; or
- (v) The Employee reasonably believes that the Supervisor is already aware of the activity, policy, or practice and will not correct the same.

(d) Existing Rights. Nothing in this Section 5.1 shall be deemed to diminish the rights, privileges, or remedies of any Employee under any other Law, Rule, or Regulation or under any collective bargaining agreement or employment contract.

## 5.2 Protections Under New York State Labor Law § 741.

(a) Definitions. For purposes of this Section 5.2, the following terms shall have the following meanings:

(i) “Agent” shall mean any individual, partnership, association, corporation, or group of persons acting on behalf of the Corporation.

(ii) “Employee” shall mean any person who performs health care services for, and under the control and direction of the Corporation, for wages or other remuneration.

(iii) “Improper Quality of Patient Care” shall mean, with respect to patient care, any practice, procedure, action, or failure to act of the Corporation in violation of any law, rule, regulation, or declaratory ruling adopted pursuant to law. Violations considered to be Improper Quality of Patient Care are those violations which may present a substantial and specific danger to public health or safety or a significant threat to the health of a specific patient.

(iv) “Improper Quality of Workplace Safety” shall mean, with respect to an Employee, any practice, procedure, action, or failure to act of the Corporation which violates any law, rule, regulation, or declaratory ruling adopted pursuant to law. Violations considered to be Improper Quality of Workplace Safety are those violations which may present an unsafe workplace environment or risk of employee safety or a significant threat to the health of a specific Employee.

(v) “Public Body” shall mean:

- A. The United States Congress, any State legislature, or any elected local governmental body, or any member or employee thereof;
- B. Any Federal, State, or local court, or any member or employee thereof, or any grand or petit jury;
- C. Any Federal, State, or local regulatory, administrative, or public agency or authority, or instrumentality thereof;
- D. Any Federal, State, or local law enforcement agency, prosecutorial office, or police or peace officer;
- E. Any Federal, State, or local department of an executive branch of government; or
- F. Any division, board, bureau, office, committee, or commission of any of the public bodies described in subparagraphs (a)(v)(A) – (E) of this Section 5.2.

(vi) “Retaliatory Action” shall mean the discharge, suspension, demotion, penalization, or discrimination against an Employee, or other adverse employment action taken against an Employee in the terms and conditions of employment.

(vii) “Supervisor” shall mean any individual within the Corporation’s organization who has the authority to direct and control the work performance of an Employee or who has the authority to take corrective action regarding the violation of a law, rule, or regulation to which an Employee submits a complaint.

(b) Prohibition Against Retaliatory Action. Notwithstanding any other provision of law, the Corporation shall not take Retaliatory Action against any Employee because the Employee does any of the following:

(i) Discloses, or threatens to disclose, to a Supervisor, Public Body, news media outlet, or social media forum available to the public at large an activity, policy, or practice of the Corporation or an Agent that the Employee, in good faith, reasonably believes constitutes Improper Quality of Patient Care or Improper Quality of Workplace Safety; or

(ii) Objects to, or refuses to participate in, any activity, policy, or practice of the Corporation or an Agent that the Employee, in good faith, reasonably believes constitutes Improper Quality of Patient Care or Improper Quality of Workplace Safety.

(c) Notification to the Corporation. The protection against Retaliatory Action set out in Section 5.2(b) shall only apply if the Employee has brought the Improper Quality of Patient Care or Improper Quality of Workplace Safety to the attention of a Supervisor and has afforded the Corporation a reasonable opportunity to correct the activity, policy, or practice. However, notification to the Corporation shall not be required where the Employee makes a disclosure pursuant to Section 5.2(b)(i) and where the Improper Quality of Patient Care or Improper Quality of Workplace Safety:

(i) Presents an imminent threat to the public health or safety, to the health of a specific patient, or to the health of a specific health care Employee; and

(j) The Employee reasonably believes in good faith that reporting to a Supervisor would not result in corrective action.

**ARTICLE VI**  
**MISCELLANEOUS**

5.1 Access to Policy. A copy of this Policy shall be distributed to all directors, officers, employees, and volunteers who provide substantial services to the Corporation.

5.2 Corporate Compliance Officer. The contact information of the Corporate Compliance Officer is as follows:

Crystal Meyer  
Search for Change, Inc.  
400 Columbus Avenue, Suite 201E  
Valhalla, New York 10595  
(914) 428-5600 ext. 4857  
cmeyer@searchforchange.org

5.3 Modification. The Board may modify this Policy unilaterally at any time without notice. Modification may be necessary, among other reasons, to maintain compliance with Federal, State, or local laws and regulations and/or to accommodate organizational changes within the Corporation.

Department: Corporate Compliance  
Date Adopted: 03/23  
Reviewed/Revised: 02/24, 03/24, 03/25