



**CORPORATE COMPLIANCE PLAN**

**FOR**

**CABRINI OF WESTCHESTER**

**2025**

Dear Employee:

As a Catholic sponsored ministry, Cabrini of Westchester's values are grounded in two basic principles: (a) respect for the dignity and intrinsic value of all human life, and (b) a commitment to fundamental Judeo-Christian principles which foster our institutional culture and focus upon compassion, social justice, and integrity.

Among the overarching obligations of all those employed by Cabrini is a strong commitment to compliance and its applicable laws, as well as with the fundamental tenets of the Roman Catholic faith. To assist us in meeting these goals, we have developed the Cabrini Code of Conduct, also known as the Corporate Compliance Plan, which immediately follows. This plan summarizes the legal, regulatory and ethical requirements we must meet to effectively discharge our obligations. During your employment you will receive education to ensure that you understand and are able to implement the mandates of the Plan.

The Corporate Compliance Plan is expected to serve as a useful guide to assist us in this ongoing effort, and to help in identifying and addressing those instances when, for whatever reason, one believes we currently may not be in compliance with the law or with other applicable institutional policies. This Compliance Plan is reviewed at least annually to determine whether the written policies, procedures, and standards of conduct have been implemented and followed, whether they are effective, and whether any updates are required. In particular, the Compliance Officer and Compliance Committee review whether requirements of 18 NYCRR 521 have been met on an annual basis and implement revisions or corrective actions as necessary. Such review shall include on-site visits, interviews with affected individuals, review of records, surveys, or comparable methods that do not compromise the independence or integrity of the review. Cabrini shall document the design, implementation and results of its effectiveness review and corrective action implemented. Additionally, the results of the annual Compliance Plan reviews shall be shared with the Cabrini chief executive, senior management, Compliance Committee and the governing body. If you have concerns or questions, you can reach out to Cabrini's Compliance Officer, Sandra D. George, at 914-693-6800, extension 573, or the Compliance hotline at 914-999-5330, or through email at: [scnhcompliance@cabrini-eldercare.org](mailto:scnhcompliance@cabrini-eldercare.org).

Through our collective efforts we are confident that together we can, and will, enhance our existing reputation for excellence and succeed in meeting the requirements of the Plan.

Respectfully,

The Board of Trustees  
Cabrini of Westchester

Page 2 of 33

*JUNE 1998*

*Revised: 11/1/99, 6/5/2000, 6/20/2000, 6/18/2001, 9/25/2001, 6/1/2002, 9/30/2002, 10/3/2002, 11/28/2003, 6/12/2006, 3/10/2010/, 11/8/2012, 2/18/2014, 11/11/2016, 4/22/2017, 12/12/2018, 12/18/2018, 12/30/2019, 12/22/2020, 12/21/2021, Reviewed 12/2022; Revised 3/2023 Revised 2/2025*

### **CORPORATE COMPLIANCE PLAN/CODE OF CONDUCT**

Often, you will see the titles “Code of Conduct” and “Corporate Compliance Plan” used interchangeably. The subject matter is much the same, but the definitions are slightly different. The “Code of Conduct” describes the behaviors and practices that are expected by those who work at, or for, Cabrini of Westchester. The Corporate Compliance Plan (“Compliance Plan”) operationalizes those expectations. It provides the practices, rules and laws related to each expectation, as well as a description of how an instance of failure to comply, both suspected and actual, is identified, managed, investigated and corrected.

#### **Your Role in Compliance**

There may be instances when an employee, agent, volunteer or affiliate discusses or learns of practices at Cabrini of Westchester (“Cabrini”) which may be of concern. While there are numerous ways in which an employee, agent, volunteer and affiliate can seek to address those concerns, the initial choice made in that regard will likely depend upon the relationships with the particular employee(s), agent(s), volunteer(s) or affiliate(s) involved in the conduct at issue, upon the relationship you (or those employees, agents, volunteers or affiliates) have with supervisors, or upon a person’s familiarity with the substantive area in which the concerns arise. For instance, you may elect to inquire directly about the questionable conduct with the relevant employee(s), agent(s), volunteer(s) or affiliate(s), or you may choose to bring the situation to your supervisor’s attention. This Compliance Plan outlines the process, expectations, and responsibilities that apply to every Cabrini employee, agent, volunteer, affiliate, or contractor in maintaining Cabrini’s compliance with law, regulation, and policy.

#### **The Compliance Officer**

Cabrini has appointed a Compliance Officer to help you when you are unable, for any reason, to assure yourself that the conduct in question is in fact appropriate, or if you believe that the problem has not been effectively remedied. The Compliance Officer is Sandra D. George. Ms. George may be contacted at:

Cabrini of Westchester  
telephone: 914-693-6800 x 573; hotline: 914-999-5330 email:  
[scnhcompliance@cabrini-eldercare.org](mailto:scnhcompliance@cabrini-eldercare.org)

Ms. George is an experienced senior and well-respected employee who, together with such others as may be necessary or appropriate to properly resolve the complaint or concern, is committed to ensuring full compliance with all existing laws, rules, regulations, protocols and policies governing our institutions. The Compliance Officer reports directly to the President and Chief Executive Officer of Cabrini and to the Board Chair or designee, and has been educated, at the direction of the Board of Trustees, to aid the institution in identifying any potential areas of non-compliance, to assist in investigating areas of concern raised by our employees or by others, and to remedy any deficiencies detected. Ms. George reports on progress in adopting, implementing, and maintaining this Compliance Plan at least quarterly.

Ms. George’s responsibilities include but are not limited to overseeing and monitoring the adoption, implementation, and maintenance of the compliance program, and evaluating its effectiveness; drafting,

implementing, and updating this Compliance Plan; investigating and independently acting on matters related to the compliance program; and coordinating the implementation of Cabrini's fraud, waste, and abuse prevention program.

### **The Compliance Committee**

The Compliance Officer also chairs Cabrini's Compliance Committee. Cabrini's Compliance Committee has been formed at the direction of Cabrini's Board of Trustees, and reports to the Audit and Compliance Committee of the Board of Trustees, to aid in identifying any potential areas of noncompliance, to assist in investigating areas of concern raised by our employees or by others, and to remedy any deficiencies. Contact and membership information for the Compliance Committee is listed on Attachment A to this document.

The Compliance Committee coordinates with the Compliance Officer to ensure that the written policies and procedures, and standards/code of conduct are current, accurate, and complete, and that training topics are timely completed. The Compliance Committee also ensures communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity required to ensure compliance with federal and state laws, regulations, and policy.

The Compliance Committee advocates for allocation of sufficient resources, staffing, and funding to ensure that the Compliance Officer can fully perform their responsibilities and ensures that Cabrini has effective systems and processes in place to identify, prevent, report, investigate, and respond to compliance issues. Finally, the Compliance Committee advocates for adoption and implementation of required modifications to the Compliance Plan, and reviews and updates the Compliance Committee Charter at least annually.

### **The Process for Identifying, Reporting, Investigating, and Resolving Compliance Issues**

#### **Identifying and Reporting**

All employees, agents, volunteers and affiliates are expected to bring all concerns to the attention of the Compliance Officer, their supervisor, or any member of the Compliance Committee, either directly and immediately upon learning of the potential problem or upon determining through their dealings with their co-employees or supervisors that their concerns have not been satisfactorily and completely addressed.

Reports of any compliance concerns may be made in person, in writing, over the telephone, or by email at the addresses and number designated above. Reports may also be made by calling the hotline at 914-999-5330 or by email to [scnhcompliance@cabrini-eldercare.org](mailto:scnhcompliance@cabrini-eldercare.org). Correspondence and any written communications, relating to these issues, or to the Code in general, should be marked "CONFIDENTIAL" and, if you wish, placed in a sealed envelope. Since a response to the reporting individual by the Compliance Officer is anticipated in virtually all instances, the reporting employee, agent, volunteer or affiliate should provide his or her name and work location when the report is made. However, reports may be made anonymously and directly to the Compliance Officer. In this situation, the reporter must provide as much information as possible regarding the concern. A way to achieve anonymity is to submit the

concern in writing. Cabrini does not require a specific form. We believe that having to access a mandated form may impede reporting compliance concerns, both in terms of anonymity and convenience of reporting.

### **Investigating and Resolving**

All reports and communications received will be deemed to be confidential and privileged. Upon receipt, the communication will be reviewed, and appropriate investigatory steps will be decided by the Compliance Officer, in conjunction with other appropriate individuals. The cooperation of the reporting employee, agent, volunteer or affiliate may be sought during any investigation that may take place. Upon conclusion of the investigation, the Compliance Officer, or other appropriate individuals, will determine the necessary follow-up action to be taken, and will determine which individuals shall have responsibility for such action.

Upon the detection of potential compliance risks and compliance issues, whether through reports received, or as a result of the auditing and monitoring process, Cabrini shall take prompt action to investigate the conduct in question and determine what, if any, corrective action is required, and likewise promptly implement such corrective action.

Cabrini shall document its investigation of the compliance issue which shall include any alleged violations, a description of the investigative process, copies of interview notes and other documents essential for demonstrating that the required provider completed a thorough investigation of the issue. Where appropriate, Cabrini may retain outside experts, auditors, or counsel to assist with the investigation.

Failure to comply with the written policies and procedures, standards of conduct, or state and federal laws, rules and regulations will result in progressive discipline including verbal warning, written warning, escalating to final written warning and suspension or termination. Escalated disciplinary actions will take place for non-compliance with Cabrini's Compliance Program when intentional or reckless behavior is involved. Cabrini shall document any disciplinary action taken and the corrective action implemented. (See policy: "Employee Conduct, Discipline.")

If the required provider identifies credible evidence or credibly believes that a state or federal law, rule or regulation has been violated, the required provider shall promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation. The compliance officer shall receive copies of any reports submitted to governmental entities. Cabrini's compliance policy is one of non-intimidation and non-retaliation for good faith participation in its compliance program. Instances of intimidation or retaliation should be reported to the Compliance Officer or a member of the Compliance Committee and will be investigated and responded to in the same manner outlined above for reports of compliance issues.

The Compliance Officer's work, although vital and necessary to our collective well-being, may be perceived by some as threatening or disquieting. We wish to dispel any such concerns. The Compliance Officer is dedicated to ensuring that all inquiries are handled efficiently, effectively and fairly.

Nevertheless, any dissatisfaction with the Compliance Officer's actions or determinations also must be effectively and properly addressed, and may be brought directly to the President and Chief Executive Officer of Cabrini of Westchester (see Addendum A) or to the Board Chair, or to the Chair's designee.

Questions with regard to the procedures outlined above, or particular issues as they relate to the Compliance Plan, may be directed (orally or in writing) to your Compliance Officer, who shall as promptly as practicable provide an appropriate response. Again, all such communications shall be deemed privileged and confidential, and all writings in this regard should be designated as "CONFIDENTIAL," although the failure to so designate them in that manner will not necessarily affect their confidential status.

### **ELEMENTS OF THE CABRINI CODE OF CONDUCT**

This Compliance Plan is a critical element to implementing an effective compliance program as required by the federal Office of the Inspector General and New York State Office of the Medicaid Inspector General. Those elements include:

1. Written policies, procedures, and standards of conduct that describe compliance expectations and structure of the compliance program, require employees to bring Compliance matters to the attention of the Compliance Committee without fear of intimidation or retaliation, threats or punishment, and promote Cabrini's commitment to compliance;
2. Written policies, procedures, and standards of conduct that articulate Cabrini's commitment and obligation to comply with all applicable federal and state standards;
3. Written policies and procedures that describe responsibilities of all affected individuals in carrying out the functions of the compliance program, provide guidance to affected individuals in identifying potential compliance issues, questions, and concerns;
4. Written standards or code of conduct which serves as Cabrini's foundational document describing its principles and values, and commitment to conduct its business in an ethical manner;
5. The designation of a Compliance Officer and Compliance Committee that operates and monitors the Compliance Program and initiates the actions necessary to correct any compliance problems;
6. Compliance program training and education that is regular and effective for all employees;
7. Lines of communication that allow for the questions regarding compliance issues, reporting of compliance issues, confidentiality of the reporting person, reporting of and protection against threats, intimidation, retaliation, as well as truly anonymous reporting of Compliance issues or concerns;
8. The above lines of communication shall be publicized to the Compliance Officer, and must be available to all affected individuals and all Medical Assistance recipients of service from Cabrini;
9. Cabrini shall ensure the confidentiality of persons reporting compliance issues 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, and such persons shall be protected under the required provider's policy for non-intimidation and non-retaliation;

10. Disciplinary standards to address potential violations and encourage good faith participation in the Compliance program by staff and other affected individuals;
11. Disciplinary standards shall be enforced fairly and consistently, and the same disciplinary actions shall apply to all levels of personnel;
12. Auditing and monitoring of Compliance risks designed and implemented to prevent, detect and correct non-compliance with Medicaid program requirements, including fraud, waste and abuse that may potentially occur in Cabrini's risk areas and organizational experience, and
13. Responding to Compliance issues, whether identified through internal or external audits or brought by an employee or other affected individuals, and following New York State procedures for reporting, explaining and correcting any overpayments.

### **Conduct Generally Expected of Employees, Agents, Volunteers and Affiliates**

At the core of Cabrini's Compliance Plan is the expectation that all employees, agents, volunteers and affiliates follow not only the letter, but also the spirit and the intent of all applicable laws, rules and regulations. To that end, all employees, agents, volunteers and affiliates should fully comply with all statutes, regulations and guidelines applicable to federal and state health care programs. All internal policies and protocols will be honored as well, and employees, agents, volunteers and affiliates will avoid not only improper conduct, but also the appearance of impropriety. All employees, agents, volunteers, and affiliates must refuse to participate in unethical or illegal conduct, and must report unethical or illegal conduct to the Cabrini Compliance Officer.

We are justifiably proud of our employees and our staff, and we wish to avoid any actions that could injure our fine reputation. We also believe that we must deal fairly and honestly with others, and we must treat all residents, clients, patients, co-workers, agents, volunteers and affiliates as we would expect to be treated. We must respect the dignity of all persons, and demand that others in our midst also demonstrate that level of respect toward others.

Certain behavior assists in the pursuit of these laudable objectives and in fostering such an environment, including that:

- We will support and nurture those who obey the applicable laws, rules, regulations, policies or guidelines.
- We expect candor, honesty and fair dealing in our relationships with others.
- We want to create a professional atmosphere and encourage conduct in which we can take pride.
- We will not condone those who act in such a manner as to potentially bring discredit to our institutions or cause injury to their reputation or to the reputation of their sponsor.



- We will not permit behavior that improperly discriminates against others, or that diminishes the dignity of others.
- We will not foster an environment in which inappropriate or unlawful behavior is tolerated, encouraged, supported or is not effectively addressed and eradicated.
- We will not allow employees, agents, volunteers and affiliates to ignore, condone, promote or fail to report inappropriate or unlawful behavior if it becomes evident in others.

The New York State Office of the Medicaid Inspector General (“OMIG”) has also identified 9 discrete areas that mandatory compliance programs must address. These areas are defined under 18 NYCRR Section 521-1, 521-2, and 521-3. Cabrini’s Compliance Plan provides you with guidance on each of those 9 areas below, as well as other risk areas Cabrini has identified as important to address. Additionally, the written policies and procedures described in this subsection are available, accessible, and applicable to all affected individuals.

### **Compliance Area No. 1: BILLINGS**

Compliance with billing requirements applicable to Cabrini is being met in the following ways:

1. Internal controls implemented for documentation during data entry and billing,
2. Billing office internal audit results shared with Compliance,
3. Conduct a root cause analysis for persistent billing denials,
4. Conduct tracer audits for work being billed,
5. Self-assess to determine if number and value of adjustments are appropriate, and
6. Assess separation of duties in billing and receipts functions.
7. Bi-Annual audit by the Finance Department of all claims submitted by the contracted biller, including federal health care program claims, to assure accuracy of submitted claim, and results of the audit provided to the Compliance Committee for review.

However, compliance requires the commitment of all employees. Therefore, it is important for you to understand the key laws and rules that govern billing as well as the importance of complying with billing requirements and the risks of non-compliance.

### **FRAUD AND ABUSE LAWS**

“Fraud and Abuse” laws encompass a wide range of statutes and regulations that make certain billing practices unlawful and, in some cases, criminal. Below is a discussion of the key legal provisions you should be aware of.

#### **False Claims Act and Related Statutes**

A substantial number of our residents, clients, and patients are beneficiaries in the Medicaid and Medicare Programs. The following laws make it illegal for any person to: (i) knowingly\* present, or cause



to be presented a false or fraudulent claim to Medicare or Medicaid for payment or reimbursement for caring for such beneficiaries; (ii) knowingly make, use or cause to be made or used, a false record or statement material to a false or fraudulent claim; (iii) conspire to commit a violation of these laws; (iv) knowingly make, use or cause to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the government, or (v) knowingly conceal or knowingly and improperly avoid or decrease an obligation to pay or transmit money or property to the government.

\*“Knowingly” means that the person has actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information, or acts in reckless disregard of the truth or falsity of the information and requires no proof of specific intent to defraud.

- Federal Civil False Claims Act
- New York State False Claims Act
- Federal Program Fraud Civil Remedies Act
- Section 145-b of the New York State Social Services Law
- Article 177 of the New York State Penal Law (the “Health Care Fraud” Laws)
- Section 366-b of the New York State Social Services Law

To comply with the relevant false claims laws, and to further ensure the accuracy and appropriateness of claims submitted, Cabrini has undertaken to detect and prevent the following examples of false claims:

1. **Filing of claims for services not rendered.** All documentation must be reviewed and checked for accuracy by clinical staff prior to submission. Furthermore, billing staff must review the completeness and check for inconsistencies in the documentation supporting the bill prior to submitting a claim.
2. **Submission of any claim which contains false information.** All claim forms must be reviewed for accuracy prior to presentation for payment.
3. **Filing a claim for inadequate or substandard services.** Clinicians must review services rendered and supporting documentation to determine that the level of services provided is adequate to support a claim for payment.
4. **Filing of claims for services rendered that were not medically necessary.** Documentation submitted by the clinical departments must be consistent with medical necessity requirements (“reasonable and necessary” in the context of Medicare). All clinical and billing staff shall communicate effectively to ensure that documentation is consistent.

The clinical and billing staff, in coordination with the Compliance Officer, will conduct periodic reviews to determine the accuracy of documentation utilized to support claims for reimbursement.

While the False Claims Act and related statutes apply only to billing for Medicare, other federal health care programs, and Medicaid, it is our intention to comply with all reasonable payor requirements.

Where the requirements themselves are unclear, as they occasionally are, you or your supervisor may seek guidance from the payor directly.

### **Anti-Kickback Laws**

The state and federal anti-kickback laws generally prohibit the knowing and willful solicitation or offer, receipt or payment of any remuneration (the transfer of anything of value) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring an individual to a person or in return for purchasing, leasing, ordering or arranging for or recommending purchasing, leasing or ordering any goods, facility, service or item for which payment may be made in whole or in part under a federal health care program. It is important to note that an actual referral to or the mere recommendation of a service or item in return for anything of value can implicate these laws where the referral or recommendation was made with the intention of garnering a benefit.

Under the federal anti-kickback prohibition, a conviction can result in a fine of up to \$50,000 or imprisonment for five (5) years, or both. Organizations can be excluded from participation in federal healthcare programs (e.g., Medicare and Medicaid). In addition, submitting a claim to Medicare and Medicaid that is the result of a violation of the anti-kickback statute also constitutes a violation of the False Claims Act, discussed earlier.

The activities that can implicate the anti-kickback laws are too numerous to list. The far-reaching implications of these laws may not yet have been fully realized and continue to be debated. Notwithstanding the foregoing, the following practices have been found by government agencies to implicate the anti-kickback laws;

1. Free goods and services to or from referral sources;
2. Free items such as computers, fax machines, supplies and products;
3. Routine waivers of co-payments;
4. Discounts that are not properly documented and reported, or which are given with the intent to induce referrals of more lucrative business.

### **Physician Self-Referral Laws**

Laws applicable to physician self-referrals prohibit physicians and other health care practitioners from referring individuals for the provision of designated health care items or services to entities with which they (or an immediate family member) have a financial relationship (ownership or compensation) and prohibit those entities from billing for services performed as a result of an inappropriate referral from such physicians or practitioners. “Designated items and services” include:

- Referrals for clinical laboratory services;
- Physical therapy;
- Occupational therapy;
- Radiology services;

- Radiation services;
- Durable medical equipment;
- Parenteral and enteral nutrients and supplies
- Prosthetics and orthotics;
- Home care;
- Outpatient drugs;
- Inpatient and outpatient hospital services.

The federal and state statutes and regulations define “referral” broadly to include the request or mere suggestion by a practitioner for the provision of a designated item and/or service and/or the participation in the establishment of a plan of care by a practitioner which includes a designated item and/or service. There are some exceptions for certain financial arrangements when specific criteria are met.

A provider can also be liable under the False Claims Act for billing Medicare or Medicaid for services that are the result of an improper self-referral.

### **Questions or Concerns about Billing**

Cabrini is committed to compliance with all statutes, regulations and guidelines applicable to federal and state health care programs, as well as private health care programs and payors, including a commitment to prepare and submit accurate bills. Therefore, employees and billing or coding consultants are expected to comply with all statutes, regulations and guidelines for federal and state health care programs, as well as the requirements of existing corporate integrity agreement(s) with the Office of the Inspector General.

If, however, you are uncertain as to a particular charge or billing practice, or if you believe the documentation supporting a bill may be inadequate, you should contact your supervisor or Finance Department for guidance, or contact your Compliance Officer immediately. If after you seek guidance you remain concerned about any aspect of the billing, you should bring that concern directly to the Compliance Officer, or any member of the Compliance Committee.

When provided a response to any billing question you may have, you should carefully document that advice, including the name of the payor representative, the time, date, and the place of the communication. You should then forward copies of that advice, together with any relevant correspondence, to your supervisor for review, and to the Compliance Officer, when necessary.

Possible consequences of any evidence of non-compliance include termination for employees and cancellation of agreements with contractors. All employees, agents, volunteers and affiliates of Cabrini may also use the confidential disclosure program of Cabrini to report any suspected violations.

## **Compliance Area No. 2: PAYMENTS**

To ensure that Cabrini is appropriately paid in compliance with laws and requirements, Cabrini is undertaking the following:

1. Track and analyze any overpayments, underpayments and denials (See “60-day Rule on page 16).
2. Share results of accounts receivable internal audits with the compliance officer.
3. Conduct tracer audit for payments to assess accuracy of billing and resulting payments.
4. Determine if billing and payment weaknesses are being identified and corrected as necessary.

In addition, when an overpayment is identified, an analysis is generally conducted to determine the cause, and to address and correct any issues contributing to the overpayment. Notice should be provided to the NYS OMIG utilizing the designated form. Corrective measures may be chosen as part of the Compliance Work Plan for ongoing oversight by the Compliance Committee to assure ongoing improvement.

### **Questions or Concerns about Payments**

Given the number of resident, client, and patient encounters at Cabrini, and the occasional ambiguous, complex or conflicting rules, there may well be times when you discover an error in a previously submitted bill that may result or may have resulted in an overpayment. You should immediately report that error to your supervisor, so that it may be rectified. If you feel you are unable to make such a report to your supervisor, for any reason, or if appropriate corrective action in your judgment is not taken, you should contact the Compliance Officer, or any member of the Compliance Committee immediately.

## **Compliance Area No. 3: ORDERED SERVICES**

Ordered Services means any services (e.g., Physical Therapy, Prescriptions, Durable Medical Equipment, diagnostic tests, etc.) which can be ordered (prescribed) by an appropriately licensed entity enrolled in Medicaid. Responsibility for appropriately ordered services is two-fold: the provider ordering the service has an obligation to assure it is appropriate and necessary, and the entity filling the order must determine the same.

Cabrini will affirm, through auditing and oversight, that ordering and fulfilling orders is appropriate, and within proper Medicaid policies, procedures and the law.

Cabrini will adhere to the rules and regulations provided in the NY Medicaid Program Provider Manual(s)—eMedNY.org. Other areas available for information include 18 NYCRR §504.1(19); Orderprescribing 18 NYCRR §505.3; 505.5; Prescriptions—NYS Education Law §6810; Orders-Rehabilitation 10 NYCRR 85.34; Orders-OR Referral 10 NYCRR §752.11

#### **Compliance Area No. 4: MEDICAL NECESSITY**

The appropriateness, reasonableness, and necessity of medical services provided are of paramount importance. The medical care evaluation process is utilized to determine medical appropriateness of care.

To ensure that Cabrini provides and is paid for medically necessary, code-compliant care and services, Cabrini is engaging in the following:

1. Provide compliance oversight of the quality process.
2. Conduct periodic tracers of care to assess if quality requirements are being met and provide reports to compliance.
3. Develop quality scorecards with resolution of outliers being reported to the compliance function.

Cabrini is committed to providing the care and services necessary to attain or maintain residents' and patients' highest practicable physical, mental and psychosocial well-being in accordance with expectations and requirements of applicable laws. Each resident, client, and patient is entitled to receive ethical treatment in accordance with accepted standards of care and the Cabrini Quality Assurance and Performance Improvement Plan. It should be the express goal of all employees, agents, volunteers and affiliates to treat all residents, clients, patients, their families and visitors with courtesy, compassion and dignity, while recognizing and honoring their rights to privacy and confidentiality. In this connection, all employees, agents, volunteers and affiliates shall fully familiarize themselves with the New York State Residents' Bill of Rights, posted prominently throughout Cabrini, and conduct themselves at all times in a manner that comports with these rights.

In order to achieve this high level of care, Cabrini will:

1. Perform a comprehensive, accurate assessment of each resident/patient's functional capacity and develop a comprehensive care plan that includes measurable objectives and timetables;
2. Provide adequate staffing levels of trained and supervised staff at all times;
3. Implement an on-going quality improvement effort.

Recognizing that there may be some complications that are not preventable, the organization, from time to time, will conduct an internal investigation to rule out deviations from acceptable standards of care. The OIG, CMS, Department of Justice, and state enforcement agencies have identified quality of care risk areas for patients and residents. For its skilled nursing facility, Cabrini utilizes the CMS MDS 3.0 Facility Level Quality Measure Report to evaluate and constantly improve the quality of care and services we provide. Indicators from the CMS Report are part of the Compliance Work Plan and are reported to the Compliance Committee on a quarterly basis.

### **Quality Assurance and Performance Improvement**

It is expected that all employees, agents, volunteers and affiliates, regardless of responsibility, participate as appropriate in our quality improvement efforts. As part of the overall quality assurance and performance improvement plan, it is the responsibility of each of us to familiarize ourselves with the quality improvement activities applicable to our positions and to fully participate in and cooperate with the goal of total quality improvement.

To obtain copies of or information about the overall quality improvement plan and activities, or about your Department's plan and activities, please contact the person in your Department with quality improvement responsibility, or your supervisor.

### **Prescriptive Practices: Controlled substances and therapeutic devices**

Drugs and medications dispensed by the vendor pharmacy are restricted by law to use for residents/patients of the nursing home and its programs only. The pharmacy may not provide drugs to be used by non-residents, non-patients, or non-clients, or by Medical Staff members in their private practices without specific, prior approval.

Cabrini is also required to scrupulously follow various requirements in connection with the handling, distribution and administration of controlled substances such as drugs, medications and pharmaceuticals, as well as therapeutic devices to residents, patients, or clients. Applicable laws include prohibitions against distribution of these substances to any unauthorized individual or entity. Such distributions are prohibited strictly by federal and state laws, and frequently will constitute felonious criminal activity for which imprisonment is mandated. Needless to say, violations of our policy in this area also can lead to termination, and to potentially adverse licensure actions.

**All Cabrini personnel involved in the handling and distribution of prescription drugs or controlled substances must strictly adhere to all applicable laws, regulations, and policies.** Care should be taken at all times to safeguard the supply of controlled substance and therapeutic devices, and employees will be expected to discharge their obligations scrupulously in this regard.

### **Compliance Area No. 6 GOVERNANCE**

To ensure that Cabrini has in place a governance body that faithfully and effectively discharges its oversight responsibilities, Cabrini has undertaken the following:

1. Adopt a meaningful Conflict of Interest policy for governing body and management with reporting of unresolved conflicts.
2. Implement a compliance function that is connected to all management and governing body entities within the enterprise.
3. Include the governing body in compliance plan approval process and in setting compliance budget.



4. Include governing body in self-assessment and work plan process to include planning, tracking progress and budgeting

Below is a discussion of the key laws as well as policies that frame Cabrini's governance, which you should be aware of.

### **Non-Profit Revitalization Act of 2013**

The primary statutory framework for lawful governance of a New York not-for-profit corporation such as Cabrini is the Non-Profit Revitalization Act of 2013 as amended (the "Act"). This Act overhauls the laws governing New York State's non-profit sector. It amends numerous sections of the New York Not-for-Profit Corporation Law and several sections of other New York laws, including, but not limited to, the Executive Law, Education Law, Religious Corporations Law and the Estates, Powers and Trusts Law. The purpose of the Act is two-fold: to reduce unnecessary and expensive regulatory burdens on nonprofits and to strengthen nonprofit governance and accountability. Its key requirements include:

1. Independent Board oversight over Compensation—prohibits any director, member or officer of a not-for-profit corporation whose compensation is being deliberated or voted on by the corporation's board or committee from participating in such board or committee deliberation or vote.
2. Independent Board Leadership—prohibits any employee of a not-for-profit corporation from serving as chair of the corporation's board or holding any other title with similar responsibilities.
3. Board Oversight of the Cabrini's Financial Processes and Audit.
4. Board Oversight of Related Party Transactions—prohibits any not-for-profit corporation from entering into a related party transaction unless such transaction is determined by the board to be fair, reasonable and in the corporation's best interest.
5. Attorney General's Power to Police "Self-Dealing."
6. Conflict of Interest Policy—discussed below.
7. Whistleblower Policy—discussed below.

### **Conflict of Interest**

A conflict of interest may arise where an individual stands to benefit personally or at the expense of Cabrini or where that individual is in a position to put his or her personal interests above those of Cabrini. For the purposes of this section, "individual" is defined as an employee, member of the Board of Trustees, Administrative staff (President, Vice Presidents and Department Heads), Clinical Directors, and those employees with responsibility for purchasing for Cabrini. We believe strongly that all Cabrini employees owe a duty of loyalty to the institution, and therefore should avoid any actual or apparent conflicts of interest. While conflicts can arise in many different contexts, in general, we expect that all employees will put the interests of Cabrini before their personal concerns, and will not seek to benefit themselves, their family members or significant others, at the expense of, or as a result of, their affiliation with Cabrini. We expect all Cabrini employees will become familiar with and obey policies in this area.



Therefore, each year members of the Board of Trustees, Administrative Staff, Department Heads, Clinical Directors and those employees with responsibility for purchasing for Cabrini are expected to complete and sign Cabrini's "Conflict Disclosure Statement" form.

Although it is difficult to set forth all possible situations which might be considered as conflicting with Cabrini's interest, the following are examples of situations which employees must avoid:

1. No employee should engage in or be employed by another organization that may interfere with the efficient performance of their duties as a Cabrini employee.
2. No employee should have a financial interest in another organization or firm that is doing, or seeking to do, business with Cabrini, or which is a competitor of Cabrini. However, ownership of less than one percent of the securities of a publicly traded organization or firm shall not be considered significant or contrary to Cabrini's policy.
3. No employee should render services in any capacity, such as a director, officer, employee or consultant, to any person, organization or firm that is competitive with Cabrini. This provision does not include the caregiver staff, as it is understood that caregivers may accept similar work with other health care organizations or companies.
4. No officer, manager, or supervisor should accept a position as an outside corporate director without the approval of the Compliance Officer.
5. No employee should use other organization or Agency positions for personal gain such as by soliciting or accepting for personal benefit business opportunities that might otherwise accrue to the benefit of Cabrini.
6. No employee should use for his or her personal benefit or disclose to unauthorized person any confidential or proprietary information about Cabrini or its operations.
7. No employee should borrow money from individuals or firms (other than banks or other lending institutions) doing, or seeking to do, business with Cabrini.
8. No employee should compete with Cabrini by selling or offering to sell services or products similar to services offered by Cabrini.
9. No employee should purchase services or products for Cabrini from their family members, or from business organizations with which they or their family are associated, without first obtaining written permission from the Compliance Officer, or designee.

### **Whistleblower Protection**

In furtherance of federal and state law, Cabrini has undertaken to inform all employees, agents, volunteers and affiliates (each, a "Covered Person") regarding (1) the Federal False Claims Act (the "FCA"), the New York State False Claims Act (the "NYSFCA") and other applicable New York State civil and criminal laws regarding false claims; and (2) protections for employees as whistleblowers under Federal and State laws. All Covered Persons should be aware of the laws regarding fraud and abuse and false claims and report any issues immediately in accordance with this policy.

New York Labor Law § 740 also states that an employer may not take any retaliatory action against an employee if the employee discloses information about the employer’s policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the employer: (1) is in violation of a law that creates a substantial and specific danger to the public health and safety; or (2) has committed health care fraud (as defined in Penal Law Article 177). Under New York Labor Law § 741, protected disclosures are also those that the employee believes in good faith to constitute improper quality of resident/patient care. This employee disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public and the employee believes in good faith that reporting to a supervisor would not result in corrective action.

Any individual reporting his/her own violation cannot utilize anonymous reporting to satisfy his/her obligation to report a Concern. In that circumstance, the individual should report the Concern directly to the Compliance Officer. (See policies: “Deficit Reduction Act of 2005 [Agent, Employee and Contractor Education about False Claims, False Statements and Whistleblower Protections]” and “Whistleblower Protection”).

### **Political Activity**

Federal and state laws limit the nature and extent to which we as an institution may participate in the political process. For example, as an institution, we are expressly prohibited by law from contributing to political candidates or officeholders. Our employees, agents, volunteers and affiliates, of course, may participate in the political process if they desire to do so. Such participation, to the extent it includes campaigning or soliciting political support or contributions, must take place off grounds, unless specifically authorized. Our assets also cannot be used to support political activity or political candidates. Unless authorized, you should not use your affiliation with Cabrini in such a way as to suggest or imply that Cabrini, as opposed to you personally, supports a particular candidate, party or issue.

### **AntiTrust and Unfair Competition**

Generally speaking, federal and state law prohibit us from agreeing with competitive providers (be they non-affiliated facilities or other individuals or entities) to allocate residents, clients, patients or services, to restrict or limit operations in defined specialties or geographic areas, or to take steps which would create an unlawful monopoly in a particular market or for a particular service. All antitrust concerns should be brought immediately to the attention of your supervisor, or the Compliance Officer, or to any member of the Compliance Committee. Violations of these laws can result in criminal, as well as civil liability, and blatant violations have led to imprisonment of individuals, in addition to steep fines.

### **Not-for-profit and Tax Exemption Considerations**

Because Cabrini is a not-for-profit organization with a charitable purpose, Cabrini is generally entitled to an exemption from taxation. To maintain this exemption, we cannot act for the benefit of a particular individual or private, for-profit entity. Such conduct, commonly referred to as “private inurement”, is illegal under the not-for-profit and tax laws. Private inurement issues can arise in a variety

of ways, but issues meriting particular attention are the salary, wages or benefits conferred by Cabrini on particular persons or entities. Generally speaking, we cannot authorize or pay compensation and benefits that is unreasonable or in excess of the “fair market”; similarly, we must receive fair market value for things such as space rented by particular individuals, services or materials purchased by particular individuals, and the like. If fair market value is not paid or received, or if certain individuals receive excessive compensation or benefits, Cabrini may be subject to taxation, and other sanctions may be imposed, including civil liability, personal liability of our Board members, senior officers and the recipients of the “excess” amounts, as well as the potential loss of our tax-exempt status. It is therefore crucially important that private inurement issues be avoided.

### **Loans and Advances**

Loans to, or guarantees of obligations of, Trustees, executive officers, or members of their families are also specifically prohibited by applicable law or regulation and Cabrini policy.

### **Charitable Contributions**

As a not-for-profit charitable organization, Cabrini depends upon contributions to support its clinical, educational and other charitable objectives. You must be careful that any fundraising activities you conduct are approved by and coordinated with our Fund Development personnel at Cabrini.

Voluntary donations, even from individuals or entities that may do business with us, are proper, provided that the donations are unrelated to the value or volume of any actual or prospective services or supplies that they may offer, or to any actual or prospective referrals of business between them and us. Solicitation of monies or goods from vendors to Cabrini, however, may raise significant issues relevant to various federal and state laws that prevent kickbacks or payments for preferred treatment. Therefore, all donations should be referred to the attention of the Fund Development Department. All monetary donations or other items of value received on behalf of Cabrini, either as gifts or donations, should be deposited immediately in an appropriate institutional account. Donations or contributions should never be used for personal benefit, or for the benefit of any person or entity other than Cabrini; violations of this policy constitute grounds for termination.

### **Union Relations**

Many of our employees are members of labor unions. It is our policy to comply with all of the laws governing our relationships with labor unions, and to honor the provisions of any collective bargaining agreements we may enter into with these unions. It is our intention that no employee shall be subject to adverse employment action for exercising his or her right to participate in a union, or in concerted protected activity. Questions with regard to union activity may be directed to our Human Resources Department, any member of the Compliance Committee, or to the Compliance Officer.

### **Wage and Hour Issues**

As an employer, we are required to comply with all applicable wage and hour laws, and other laws governing the employment relationship. You are entitled to receive fair and equitable wages and benefits in

connection with your services, and you may receive overtime pursuant to applicable policies or collective bargaining agreements. You are encouraged to bring any concerns or dissatisfaction in this regard to Human Resources, any member of the Compliance Committee, or to the Compliance Officer.

### **Compliance Area No. 7: MANDATORY REPORTING**

Cabrini seeks to address this area of compliance through the following measures:

1. Periodic testing on completeness of mandatory reporting of billing, payment, quality and contractual issues
2. Report, repay and explain all overpayments as required by the Affordable Care Act—the Compliance Committee can assess comprehensiveness of process. This section pertains to all payors.
3. Conduct root cause analyses for areas in issue

Health care institutions and providers must adhere to myriad reporting requirements under state and federal law, and it is the policy of Cabrini to comply with all reporting requirements. It is important that you be aware of any reporting requirements applicable to your job responsibilities.

### **Reporting Requirements**

Without limitation, reports to various governmental bodies are required to be made in certain circumstances in connection with the following:

1. Medical incidents;
2. Medical devices;
3. Environmental incidents;
4. Professional misconduct by licensed health care professionals;
5. Outbreaks of infection;
6. Diversion or loss of narcotics;
7. Resident or resident-related (or client or client-related, patient or patient-related) criminal activity, including gunshot wounds, stabbing and sexual assaults;
8. Threats to community safety;
9. Public Health Emergencies
10. Actual or suspected Resident/patient abuse or neglect issues
11. Fires that disrupt services, and
12. Suspicious deaths
13. Breaches of Protected Health Information (PHI) and personal information

Highlighted below are some of the specific reporting obligations that Cabrini and its employees must comply with:

## **Reporting and Refunding Overpayments**

### **60-day Rule**

In compliance with the Affordable Care Act, Cabrini will identify, report, explain and return any payor overpayment within 60 days after identification (or the date any corresponding cost report is due), whichever is later (“the 60-day Rule”)—Section 1128J(d) of the Social Security Act. There is no minimum monetary threshold; all identified overpayments must be returned. An investigation will ensue to determine the cause for the overpayment, and to correct root causes in an effort to prevent recurrence. Procedures employed regarding overpayments will adhere to 18 NYCRR §521-3

### **Reviews, Approvals and Inspections**

New York State law requires Cabrini to obtain prior approval of the Department of Health before purchasing major medical equipment, significantly expanding or reducing the scope of the services it provides, or embarking upon other significant capital expenditures. Without this approval, the Department of Health can sanction Cabrini, or refuse to permit the expenditures to be eligible for reimbursement. Before undertaking any such activity in this area, you should contact senior administration at Cabrini. Questions with regard to the process can be directed to Administration. Administration may consult Cabrini’s legal counsel to discuss the required review and approval process.

The Department of Health, through relevant, detailed regulations, imposes numerous recordkeeping and reporting obligations on us, in addition to those discussed elsewhere in this Compliance Plan. You are expected to become familiar with these requirements as they affect your work area, and to ensure compliance with them. Our failure to comply can lead to monetary penalties, to the implementation of detailed plans of correction, and in extreme circumstances, to the restriction of licensed programs and services. Questions on specific provisions of state or federal requirements, or suspected violations, should be directed to your supervisor, department head, Administration, any member of the Compliance Committee, or the Compliance Officer.

### **Questions and Concerns about Mandatory Reporting**

If you are aware of any incident or situation that may require reporting to a governmental agency, you should take all steps necessary to bring it to the attention of the person or Department with responsibility to make such a report, or to the Compliance Officer. Cabrini may notify its legal counsel if warranted. If any employee intentionally fails to make a report required by a governmental body, or attempts to cover up facts that would warrant such a report, he or she will be subject to internal disciplinary action, up to and including termination, and could also face criminal charges.

### **Compliance Area No. 8: CREDENTIALING**

All health care professionals providing resident, client, and patient care services must be fully capable of discharging their clinical responsibilities, with the requisite education, licensure, and experience to do so, broadly known as “credentialing.” Below are some of the ways Cabrini is addressing this requirement:

1. Periodically check accuracy and comprehensiveness of credentialing process
2. For associates (non-employees) that provide Medicaid reimbursable services through you, determine if they are independently required to have a compliance program
3. Check excluded party lists as recommended

### **Professional Licensure and Credentialing**

No health care professional will be permitted to provide resident, client, patient care services at or on behalf of Cabrini unless it has been demonstrated that he or she possesses the education, licensure and experience necessary to perform his or her clinical responsibilities. All health care providers shall be properly credentialed. Cabrini will check the status of the practitioner's credentials on a monthly basis and maintain a file on each health care provider that contains documentation of the practitioner's credentials.

All personnel involved in the credentialing of health care providers should diligently adhere to credentialing requirements. If you become aware of any information or documentation indicating that anyone in Cabrini has not adhered to the requirement for credentialing or licensure, you should immediately bring it to the attention of Cabrini Administration, the Compliance Officer, or a Compliance Committee member.

### **Federal and New York State Exclusion Screening**

The OIG has issued a clear warning against contracting with, or employing, individuals or entities who have been excluded from federal program reimbursement. The New York State Office of Medicaid Inspector General has similar laws in place. Through a special advisory bulletin, dated September 1999, providers were put on notice that such contracts can trigger a civil monetary penalty (CMP). Through an updated special advisory bulletin, dated May 2013, providers were given guidance on the scope and frequency of screening employees and contractors. The effect of an OIG exclusion from federal health care programs is that no federal health care program payment may be made for any items or services:

1. Furnished by an excluded individual or entity; or
2. Directed or prescribed by an excluded physician (See 42 CFR S. 1001.1901). An excluded individual or entity that submits a claim for reimbursement to a federal health care program, or causes such a claim to be submitted, may be subject to a CMP of \$11,181 to \$22,363, increasing annually to reflect inflation, for each item or service furnished during the period that the person or entity was excluded (See 42 U.S.C. S.1320a-7a(a)(1)(D)). The individual or entity may also be subject to treble damages for the amount claimed for each item of service. (See 42 U.S.C. S. 1320a71a(a)).

Accordingly, Cabrini does not enter into business relationships with individuals or entities that have been excluded from participation in any federal program or state health benefit program. (See policy: "Exclusion Screening for OIG/OMIG.")



Upon hire, engagement or appointment, and on a monthly basis, Cabrini checks all employees, vendors, physicians, and Board of Trustee members against the General Services Administration (GSA) Excluded Parties List System (EPLS), OIG List of Excluded Individuals/Entities (LEIE), OIG Most Wanted, Specially Designated Nationals, Office of Foreign Assets Control (SDN-OFAC), and the NYS OMIG list. These federal and state lists maintain information regarding entities debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving federal or state contracts, certain subcontracts, and certain federal assistance and benefits.

Cabrini shall promptly share the results of the activities above with the Compliance Officer and appropriate compliance personnel.

### **Compliance Area No. 9: MEDICAL ASSISTANCE PROGRAM AND CONTRACTS AND CONTRACTED SERVICES**

Cabrini requires that contracts with contractors, agents, subcontractors, and independent contractors (together, “Contractors”), specify that the Contractors are subject to Cabrini’s Compliance program to the extent that such Contractors are affected by Cabrini’s risk areas (described below), only within the scope of the contracted authority and affected risk areas. More specifically, this applies to Contractors engaged in providing health care services and billing functions. Areas that are reimbursed by Medicaid are included.

Risk areas include:

- (1) Billing;
- (2) Payment;
- (3) Ordered services;
- (4) Medical necessity;
- (5) Quality of care;
- (6) Governance;
- (7) Mandatory reporting;
- (8) Credentialing;
- (9) Contractor, subcontractor, agent, or independent contract oversight;
- (10) Other risk areas that are or should reasonably be identified by Cabrini through its organizational experience; and
- (11) for MMCOs,
  - (i.) Compliance with terms of the MMCO’s contract with the department to participate as an MMCO;
  - (ii.) Cost reporting;
  - (iii.) Submission of encounter data to the department;
  - (iv.) Network adequacy and contracting;



- (v.) Provider and subcontractor oversight;
- (vi.) Underutilization;
- (vii.) Marketing;
- (viii.) Provision of medically necessary services;
- (ix.) Payments and claims processing; and (x.) Statistically valid service verification.

All such contracts will contain termination provisions for failure to adhere to Cabrini's Compliance program requirements. Additionally, Cabrini remains ultimately responsible for the adoption, implementation, maintenance, enforcement, and effectiveness of its compliance program regardless of its arrangements with Contractors.

## **OTHER COMPLIANCE AREAS**

To ensure that Cabrini is identifying and addressing any additional, emerging risk areas, Cabrini is undertaking the following:

1. Identify new or additional risk areas associated with Cabrini's operations
2. Determine if compliance program is covering all risk areas
3. Assess affiliates' program integrity
4. Stratify risk within compliance program
5. Expand risk areas based upon compliance program history and its operations

## **Compliance Area No. 10 BUSINESS OPERATIONS AND EMPLOYMENT MATTERS**

Besides the rules and standards for corporate governance, discussed earlier, there are rules and standards regulating other areas of our operations. Employees are expected to conform their behavior to the law and Cabrini policies in these areas highlighted below.

### **Harassment, Discrimination and Employment Issues**

Consistent with its mission values, Cabrini is committed to equal opportunity and to the respect for human dignity. Unequal treatment or discrimination based upon gender, color, race, national origin, age, religious affiliation or belief, disability, sexual orientation or other non-performance or ability related ground is inconsistent with that mission, and unacceptable. We will hire, promote and retain individuals based upon their ability to meet bona fide occupational qualifications, and to effectively and efficiently discharge the obligations of their job. Similarly, we do not condone, and will not tolerate, conduct which demeans or undermines the residents, clients, patients and our employees, or which creates or encourages a hostile or oppressive working environment.

Harassment of any sort is not tolerated, including such behaviors as violence, intimidation, sexual advances, exploitation and derogatory conduct that reflect bias. In relationships where there is unequal

power, such as those between supervisor and his or her direct report, the person in the position of authority is obligated to avoid potential conflicts of interest, abuse of power, sexual or romantic relationships, or exploitation of any type of those he or she supervises. Cabrini has developed and maintains various employment-related policies that are available through supervisors in particular areas, or through the Human Resources Department. We expect that all employees will be familiar with, and will adhere to, these policies.

### **Immigration**

We are not permitted to employ anyone who is not a citizen or permanent resident of the United States, unless that person holds an appropriate visa or work authorization which allows him or her to work in the United States. It is our policy to fully comply with the immigration laws and, therefore, no person shall be permitted to work without providing documentation of citizenship or immigration status to our Human Resources Departments. Any concerns regarding immigration issues should be brought to the attention of the Human Resources Department or the Compliance Officer or a member of the Compliance Committee. Employees who wish to avail themselves of its services may seek assistance from Cabrini Immigrant Services.

### **Corporate Assets**

All employees are required to promote responsible use of, and control over, all corporate (i.e. Cabrini of Westchester property) assets and resources employed or entrusted, (i.e., computers, furniture, telephones, etc.) and not use corporate assets, information, or position for personal gain.

### **Use of Alcohol or Illegal Drugs**

Cabrini is committed to a workplace that is free from the influence of alcohol and illegal drugs.

You may not consume alcohol while on duty. Do not use, possess, sell, purchase, provide, or be under the influence of alcohol or illegal drugs while on duty.

### **Gifts and Gratuities**

You should be aware that the receipt or giving of gifts by Cabrini personnel may raise questions about relationships with our vendors, governmental officials, or others who interact with Cabrini. We must always refrain from activities that could possibly be construed as an attempt to improperly influence those relationships. You should not offer or receive a gift in circumstances where it could appear that the purpose of the gift is to improperly influence Cabrini's relationship with a vendor, regulator, or other person or entity.

It is Cabrini's policy to reimburse its employees and agents for all reasonable expenses, including meals, and travel, that are appropriately incurred while conducting Cabrini business off campus. Rarely, therefore, will justification exist for you to permit someone else to pay for such items. We are confident that if you follow Cabrini's policy, as explained on Page 32 of the Employee Handbook, and exercise reasonable judgment and common sense with respect to gifts and gratuities, you will avoid situations that

might bring you or Cabrini's integrity into question, or violate Cabrini's policy concerning gifts or gratuities. If you have any questions in connection with the receipt or offer of gifts or entertainment, you should consult the applicable Cabrini policy and your supervisor or the Compliance Officer.

Employees may refer those offering them gifts to the Fund Development Office where that individual may make a donation to Cabrini in that employee's name. Donations received in this manner will be used for the benefit of all Cabrini residents.

### **Business Expenses**

Similar to the receipt of or giving of gifts or entertainment, improper use by Cabrini personnel of business accounts for expenses may present potential conflicts of interest. All purchases should be made through the Purchasing Department, and are subject to the appropriate approvals. In regards to other expenses, such as meals, all business expenses must be reasonable and be purchased through a corporate card. Employees should not use personal credit cards for business expenses. All business expenses must be supported by appropriate documentation and properly recorded on Cabrini's records.

### **Compliance Area No. 11 EDUCATION & TRAINING PLAN**

Cabrini is committed to complying with the OIG and OMIG's mandates for education and training of staff of Cabrini, and to assuring a 'culture of compliance' at Cabrini. To that end, Cabrini conducts mandatory annual Compliance training for all employees and volunteers, including the Compliance Officer. Compliance training is conducted during mandatory orientation for all new employees and volunteers and is scheduled promptly upon hiring. All training and education will be provided in a form and format accessible and understandable to all affected individuals, consistent with federal and state language and other access laws, rules, and policies. In addition, mandatory education and training in specific compliance areas discussed earlier, will be conducted periodically. Additional training is provided for those with coding and billing responsibilities. Attendance and participation in training programs is a condition of continued employment. Corporate compliance is a core agenda topic at regular departmental meetings.

All staff that are involved in resident, client, and patient care activities shall attend periodic inservice training sessions dealing with these issues. Such training shall cover:

1. Informed consent and refusal of treatment;
2. Advance directives, including 'do not resuscitate' and 'withdrawal of life-sustaining treatment' situations;
3. Use of physical restraints;
4. Privacy and confidentiality;
5. Mental hygiene law;
6. Patient complaints, and
7. Access to medical information

8. Corporate Compliance and Ethics
9. Sexual Harassment

In addition to periodic training and in-service programs, the Compliance Officer will disseminate any relevant, new compliance information to affected personnel. Such information may include, but is not limited to, updated policies, fraud alerts, advisory opinions, newsletters, bulletins, OIG and OMIG Work Plans.

## **Compliance Area No. 12: ENVIRONMENTAL MATTERS**

As a conscientious member of the community, we recognize our responsibility to strictly adhere to the laws and regulations governing the generation and disposal of hazardous materials. The laws in this area mandate that Cabrini obtains and complies with all necessary permits for discharges of particular substances, contract with and adequately document deliveries of such substances to responsible and licensed transporters, and guard against the inadvertent discharge of pollutants into the environment. Suspected leaks or spills, particularly of heating oils, hydrocarbons or hazardous matter, should be reported immediately pursuant to applicable Cabrini policy to appropriate Cabrini personnel, and appropriate care should be taken in the handling, storage and disposal of any and all radioactive or hazardous material generated. Where applicable, safety data sheets, prepared by a manufacturer or supplier of a hazardous substance, are available and accessible.

Cabrini works actively to minimize use of non-biodegradable products whenever feasible. Efforts toward this goal include:

1. Establishing a “Green Team” consisting of employees who support the work of protecting the environment;
2. Collaborating with local authorities and agencies to maximize available resources and stay abreast of current, environmental legislation;
3. Sharing successful methods of reducing the waste stream for landfills, and
4. Educating staff, residents, patients, and visitors of our efforts to go “green,” and asking for their support and cooperation.

### **Medical Waste**

Through its operations, Cabrini generates infectious wastes. There are stringent statutory and regulatory provisions governing the handling, transportation and disposal of such material, and there are severe sanctions, both criminal and civil, for the failure to do so. In addition, accurate and complete records of the handling of infectious wastes, and the disposal of that matter in an approved facility is mandated. Care should be taken to carefully review and understand our policies in this regard.

## **OSHA—Health and Safety**

Cabrini aims to have an injury and illness-free work environment for the benefit of employees, agents, volunteers, affiliates and residents/clients/patients. We expect that employees will, at all times, adhere to the various laws and precautionary measures instituted to help assure their safety, and will avail themselves of appropriate safety equipment, or request such equipment if it is not otherwise readily available.

## **Hazardous Communication Program**

Cabrini has a “Hazardous Communication Program” that assists employees in managing hazardous materials through the availability of policies and the Safety Data Sheets (“SDS”) describing the type of exposure, measures to be taken to mitigate injury and identification of types of chemicals contained within a specific product.

## **Compliance Area No. 13: PROTECTION OF CONFIDENTIAL INFORMATION**

### **Confidential Information—Protected Health Information (“PHI”) and Personal Private Information**

Cabrini recognizes the paramount importance of confidentiality in the provision of health care and services, and it is our policy to keep all information and records pertaining to a resident/patient’s care, treatment and services confidential in accordance with law. All personnel with access to confidential patient information and records are required to strictly adhere to Cabrini’s confidentiality/HIPAA/NYS policies. A resident or patient’s protected health information and/or personal, private information should never be copied in any format for personal use. No reference to protected health information or personal, private information in any manner should be made on any social media network. Only those authorized to transmit protected health information or personal, private information via email may do so using encryption ONLY. Any copies of protected health information or personal, private information created for appropriate purposes must be removed from the copier (original and copies) immediately. Conversations regarding residents or patients must never occur in public areas, such as the elevator, café or hallway. Documents containing protected health information or sensitive information must not be left in public view, or in unsecured locations. Computers or terminals with access to confidential information should not be left unattended, and should be locked when not in use. Passwords should never be shared. Any employee who intentionally breaches a resident/patient’s privacy will be terminated. If you become aware of unauthorized or inappropriate disclosure by Cabrini personnel of confidential information or documents, you should contact your supervisor, the Compliance Officer, or a Compliance Committee member immediately.

Access to confidential information in the patient record is permitted only to personnel involved in planning or providing patient care, or evaluating the quality of care and those responsible for payment for care on behalf of the patient, and as required by law. Any Cabrini personnel engaging in unauthorized access and/or disclosure of information, or in violation of the privacy rights of Cabrini patients or others, may be subject to immediate termination, in addition to possible civil or criminal sanctions. Any personnel who becomes aware of such unauthorized disclosure, should report it immediately to their supervisor or the Corporate Compliance Officer.

## **Electronic Medical Record**

Requests for PHI or personal, private information must comply with HIPAA, the NYS Personal Privacy Law, and the Information Blocking Rule.

## **Security**

Cabrini of Westchester complies with the Security Rule (45 CFR Part 160 and Part 164, Subparts A and C), which establishes a national set of security standards for protecting certain health information that is held or transferred in electronic form, or “electronic protected health information” (e-PHI). Within HHS, the Office for Civil Rights (OCR) has responsibility for enforcing the Privacy and Security Rules with voluntary compliance activities and civil money penalties. The Security Rule does not apply to PHI transmitted orally or in (non-electronic) writing.

Cabrini utilizes the “Security Standards Matrix” to apply the Security Rule’s Administrative, Physical and Technical Safeguards, as well as the Organizational and Policies, Procedures and Documentation Requirements.

## **Cyber Security**

This involves more than installing a good antivirus package, implementing a strong firewall or modifying existing security practices to protect the digital workplace from all the cyber threats that exist, or may exist in the future. Creating awareness of the need for data security and integrity, and developing strategies to overcome the challenges of Information Technology can help support a rapid response to a threat or breach, as well as preparedness. The best protection is education. Cabrini helps staff, volunteers, physicians and leadership understand the threats, how to identify a possible breach attempt and to be aware of risks. This provides an excellent first line of cyber defense.

Cabrini employs ever-evolving industry best practices for healthcare and information security in order to protect residents, personnel, assets and data from cyber security threats. This includes an array of security hardware and software solutions and security services that work together to help protect individual devices, as well as the corporate network as a whole. Cabrini also partners with Information Technology vendors to manage and monitor network activity so that vulnerable systems can be identified and remediated quickly. Additionally, Cabrini educates all staff on cyber security awareness in order to minimize the types of activity that could degrade the security posture of its systems.

These elements taken in tandem provide a very good defense against an increasing number of cyber security threats.

Cabrini utilizes notifications from staff, medical staff, the Department of Homeland Security, Centers for Medicare and Medicaid Services, OCR and I.T. network and maintenance contractors to learn of, or identify, actual breaches of security. Staff have been educated about encrypting emails containing PHI, and routine system back-ups of data are conducted.



## **Social Networking**

Cabrini of Westchester (Cabrini) recognizes that social networking (personal websites, blogs, Facebook, Twitter, Instagram, Snapchat, online group discussions, text messaging, message boards, chat rooms, etc.) may be used by employees, agents, volunteers and affiliates for personal, and in some cases, business purposes. Cabrini also understands how the use of internet social network sites and blogs can shape the way the public views our services, employees, agents, volunteers, affiliates and customers.

Cabrini respects the right of any employee to maintain a personal blog or post a comment on social networking sites. However, Cabrini is also committed to ensuring that the use of such communications serves the needs of our business and mission by maintaining Cabrini's identity, integrity and reputation in a manner consistent with our values and policies. (See Cabrini's policy: "Social Networking.")

## **Proprietary Information—Confidential Business Information**

One of our most valuable assets is our body of confidential information about our operations. Our confidential assets include valuable ideas, business plans, and other information about Cabrini's business. As an employee of Cabrini, you are responsible and accountable for the integrity and protection of business information you may use in connection with your job duties. Examples of confidential information include:

1. Business information, such as patient/client/resident lists, marketing, financial, contract information and development plans;
2. Personnel information, such as job titles, levels, duties, skills or salaries; and
3. Any information disclosure of which could adversely affect the interests of Cabrini.

Employees shall not during the term of employment or any time after termination, without the prior written consent of Cabrini, disclose to any person, corporation, business or other legal entity; or use for any purpose whatsoever, any business, financial, technical, or other information of Cabrini of a confidential nature, or not generally or publicly known. Employees shall not endeavor to entice away from Cabrini with the use of such information, any customer or any person, firm or corporation employed by or doing business with Cabrini.

## **Copyrights, Patents, and Intellectual Property in General**

As a general rule you should ensure that all original written work created with the support of Cabrini and intended to be presented or disseminated publicly is copyrighted; the failure to do so, timely, could lead to a forfeiture of the right to claim a proprietary interest in the work.

In certain cases, Cabrini obtains grants for research purposes from various grantors. Employees must also respect confidentiality rules related to research and development projects. Prior to initiation of any research project/development project by any employee there must be an explicit statement in writing regarding ownership of the data, patents, rights etc. If the data derived from research projects does not specifically belong to Cabrini, the Administrator should sign off on the appropriate ownership.



It is unlawful for anyone to use or reproduce copyrighted work without permission, or to misappropriate, or disseminate patented or trademarked properties, products, or developments without a license to do so. This has become a particularly sensitive area given the explosion of new products, concepts, and ideas generated in connection with computers and software. Should you have any questions about your ability to use, modify, reproduce, expand upon, or incorporate any work potentially subject to a copyright, patent, or trademark, or that otherwise might be considered proprietary and sensitive business information, you should immediately consult your supervisor, department head or Administration. Should you learn of a potential misuse of copyrighted, patented or trademarked information, or of potential unlicensed use of computer software, you should immediately report the issue and the circumstances to the Compliance Officer or a Compliance Committee member. Finally, theft or unauthorized use of protected Cabrini intellectual property is strictly prohibited. Such behavior is not only criminal and may lead to significant civil liability, but it also constitutes a ground for immediate termination.

### **Employee Privacy**

Cabrini will collect personal information about Employees for various purposes, primarily relating to establishing and managing the employment or other work relationship between Cabrini and its Employees. Cabrini may also collect personal information from other sources including previous employers, personal references or other third parties to whom the employee has given permission to disclose the information. The collection of personal information will be limited to the amount and type of information required specifically for an identified purpose.

Consent requirements may vary depending upon circumstances and upon the type of personal information that Cabrini intends to collect, use or disclose. When determining whether an employee's consent is required, Cabrini will take into account both the sensitivity of the personal information and the purposes for which Cabrini will use the information. Cabrini may, from time to time, seek an Employee's consent to collect, use or disclose personal information for a new purpose.

Cabrini shall not use or disclose personal information for purposes other than those for which it was collected, except with the consent of the Employee or if the use or disclosure is authorized or required by law or lawful process.

Cabrini may disclose personal information about its Employees for human resources and benefits administration and in the context of providing references regarding current or former employees in response to requests from prospective employers.

Although Cabrini will protect and limit the use of personal information about Employees that is disclosed to third parties, Cabrini is not responsible for the subsequent uses or disclosure of the subject personal information by the third-party recipient such as government agencies.

## **Investigations**

Various federal, state and local officials may have occasion to conduct investigations of Cabrini, its employees, vendors, consultants, residents, clients, or patients. While we wish to ensure cooperation with these officials when performing their investigations, we need to do so in an orderly manner, and in a way that does not violate the privileged and confidential relationship we have with our residents, clients, patients, or with others.

Accordingly, upon receipt of any subpoena, civil investigation demand, summons or letter request for information or documents (other than routine requests for medical records and imaging documents pursuant to a properly executed consent, release or subpoena such as in a malpractice or negligence lawsuit), we expect that you will contact the appropriate administrative staff immediately, and hand-deliver the relevant subpoena or request for review to Administration. Similarly, if contacted by any representative of any regulatory or law enforcement agency in connection with a pending investigation, or with regard to questions about a particular resident, client, nursing home or employee (except routine contact with such individuals in connection with your job function), you should refer the inquiries to the appropriate administrative staff, or the administrator on call.

You are not, with certain limited exceptions, obligated to speak with law enforcement officials, even if they are insistent that you do so, and you may always seek the assistance of counsel in order to determine whether you must respond to any particular inquiry. You may wish to speak with your supervisor or administrator about arranging consultation with counsel. This will assure that the request for information is appropriate, and that our response is complete and satisfactory.

**You are never permitted, under any circumstances, to lie to or intentionally mislead an investigator, nor may you destroy or delete documents or information that is subject of a pending investigation or otherwise obstruct an ongoing, government investigation.** Such behavior could well result in termination, and can result in criminal sanctions, including imprisonment.

## **Accuracy, Retention and Destruction of Records**

Accuracy and reliability in the preparation, maintenance and submission of all patient documentation and business records, whether in hard copy or contained in computer files, is required by law, as well as Cabrini policies. At all times, documents, including patients' notes, route sheets, nurse time cards, claims for reimbursement, and invoices must be prepared accurately, in accordance with Cabrini policies and procedures, and must honestly reflect the facts of the matter. Also, all assets and funds must be recorded in accordance with proper accounting procedures and Cabrini policies.

The law requires Cabrini to retain certain records and documents for specified periods of time. In order to comply with these obligations, Cabrini has implemented systems of controls and policies to assure proper maintenance, retention and destruction of records. You are expected to follow these policies. As noted earlier, you are not, however, to destroy or discard any records if you know that they may be the focus of a pending investigation, or subject to a pending request (see "Investigations" section previously).

You should contact your supervisor or a Compliance Committee member or the Compliance Officer in the event you learn of a potential violation of our policies. For information concerning policies pertaining to retention of finance records, contact the Vice President of Finance.

Resident/patient records must also be timely completed as well as accurately maintained. These records provide a basis for future treatment decisions and support for billing, as well as an important historical account of the actions taken by Cabrini personnel that is critical to respond to claims made against us. There are specific protocols on the completion, maintenance, and modification of these records, and you are expected to comply fully with those protocols. A failure to do so can result in internal sanctions, as well as professional licensure action.

### **Key Component to Compliance: AUDITING**

To assess compliance in the foregoing areas of our operations, Cabrini conducts periodic audits that are performed by internal or external auditors who have expertise in state and federal Medical Assistance program requirements and applicable laws, rules, and regulations, or in the subject area of the audit. The audits will be supervised by the Administrator and/or Compliance Officer or his/her designee. Audits will include various departments and will be designed to address the risk areas outlined above, reimbursement, cost reporting and other relevant compliance issues, including compliance with facility policy and procedures, conditions of participation, medical documentation, medical necessity, quality and any other areas designated by the Compliance Committee for special review and focus. The design, implementation, and results of any internal or external audits will be documented and shared with the Compliance Committee and governing body. Additionally, the results of these audits will be reviewed for risk areas that can be incorporated into updates to the Cabrini Compliance Plan. Employees are expected to cooperate in such audits.

### **REFERENCES**

18 NYCRR § 521-1; § 521-2; § 521-3  
NYS Social Services Law 363-d  
18 NYCRR § 504.1 (19); § 505.5  
NYS Education Law § 6810  
10 NYCRR 85.34  
10 NYCRR 752.11  
42 USC § 1396 et seq.

## **ATTACHMENT A Corporate Compliance Committee 914-693-6800**

The Cabrini Compliance Committee is comprised of senior managers and meets no less frequently than quarterly. The Compliance Committee shall report directly and be accountable to Cabrini's Chief Executive and governing body.

Sandra George, Chairperson (Compliance Officer), x 573  
[scnhcompliance@cabrini-eldercare.org](mailto:scnhcompliance@cabrini-eldercare.org) Compliance  
telephone: 914-999-5330

David Arditti, Vice President for Finance/CFO, x 508  
Cassidy Barnes, Director of Information Systems, x 569  
Bonita Burke, Vice President for Operations/Administrator, x 557  
Enrique Vargas, Director of Food and Nutrition, x 423  
Catherine Smith, Director of Health Information Management, x 546  
Mark Pohar, Director of Nursing, x520  
David Leyden, Director of Rehabilitation, x524  
Miguel Puig, Director of Purchasing, x 407  
Simone Smith, Vice President for Human Resources, x571  
Soodabeh Zolfaghari, Medical Director X531  
Sandi Schreier, Director of Social Services, x312  
Patricia Krasnausky, President & C.E.O. of Cabrini of Westchester, x500

