###### **Procedure Name: Compliance Expectations/Discipline for Violations**

**Purpose:** The Agency is committed to fostering a culture where compliant behavior is encouraged and rewarded so that when instances of noncompliant behavior occur, the agency can respond swiftly and seriously.

Each employee or other has a responsibility to report any activity by any colleague, clinician, independent contractor, volunteer, or intern that appears to violate applicable laws, rules, regulations, agency policy or the Corporate Compliance plan. We encourage an environment in which all individuals feel free to report behaviors or actions which they believe should be reported. Open lines of communication between the compliance officer, quality management department and every employee are essential to the success of the Corporate Compliance Plan. The effectiveness of the plan depends on the willingness and commitment of individuals throughout the Agency to, in good faith, come forward with questions and concerns*.*

The Agency will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith. All compliance complaints and concerns shall be investigated commensurate with the seriousness or nature of the situation. Staff and independent contractors who, following investigation, are found to have committed violations of a law or regulation, the Agency’s Corporate Compliance Plan, Code of Conduct or any policy/ procedure of The Agency will be subject to appropriate disciplinary action, up to and including termination.

**Definitions**

Fraud - any type of intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself, or to The Agency or another person.

Abuse - practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the state or federal government or The Agency, or in reimbursement of services that are not medically necessary or fail to meet professionally recognized standards for health care.

# Detailed Procedure(s)

Scope: This policy applies to all staff and independent contractors of The Agency. Disciplinary Actions applicable to the Boards of Directors will be handled in accordance with the boards’ by-laws.

Procedure:

1. **Reporting compliance concerns**

Anyone who witnesses, learns of, or becomes aware of potential non-compliant activities that are a violation of the corporate compliance plan, must contact their supervisor, manager or corporate compliance officer.

A. Violations resulting in disciplinary action may include:

* Authorizing or participating in actions that violate law, regulations, the Agency Compliance Plan including the Code of Conduct and agency policies and procedures;
* Failure to report any violation of a peer, subordinate or supervisor;
* Failure to cooperate in an investigation;
* Retaliation against an individual for reporting a possible violation;
* Failure to act in an honest, reliable and trustworthy manner

B. Factors in determining appropriate disciplinary actions:

* Whether the violation was committed knowingly;
* Whether the individual lied or was otherwise dishonest during investigation;
* Whether there is a documented pattern of misconduct;
* Whether there was any attempted cover-up of the violation;
* Whether the violation involved retaliation against others acting in good faith;
* Whether there was deliberate failure to check policy or learn if the action was prohibited or not;
* Whether the violation was criminal in nature;
* Whether the individual cooperated with the investigation;
* Whether the individual received personal benefit;
* Whether the individual voluntarily reported the violation;
* The seriousness of the damage caused by the violation;
* Whether a person receiving services was or could have been harmed as a result.

1. **Discipline**

The Agency will apply progressive discipline consistent with the violation. The Agency may wish to report the employee or independent contractor to the appropriate federal or state regulatory agency for civil or criminal prosecution. The Corporate Compliance Officer will have the discretion to recommend a disciplinary process other than the normal procedure. Examples of disciplinary action that may be taken according to the agency’s established Disciplinary Policy include, but are not limited to:

* Verbal counseling or warning
* Written warning
* Requirement for training or update of previously completed training
* Reassignment or demotion;
* Suspension with/without pay
* Termination (of employment or of contract agreement)

1. Similar discipline for similar offenses:

Throughout the process of determining the appropriate disciplinary action to be taken in each instance of non-compliance, the CCO and Human Resource Administrator/designee will be responsible for ensuring that the disciplinary action to be taken is consistent with that taken in similar instances of non-compliance.

1. Collaboration between the Corporate Compliance Officer and Human Resources:

Disciplinary action will be taken according to the Agency Human Resource Guidelines. In addition, whenever the conduct issue is related to a violation of compliance standards, the CCO and the appropriate supervisor/manager/director will discuss any appropriate disciplinary actions.

The Vice President of Human Resource / designee will consult with the CCO on all matters related to the implementation of an effective Compliance Program. The VP or HR/designee is responsible to report to the CCO any disciplinary actions taken as a result of violations of the Corporate Compliance Plan.

The CCO will serve as a liaison with the Chief Financial Officer/designee who is responsible for the engagement of an independent contractor who has possibly committed a violation as described in this policy.

1. Reports to the Board and/or the Corporate Compliance Committee (CCC)

When a compliance violation has occurred, the CCO will notify the Chief Executive Officer (CEO) and the individual’s supervisor or contractor contact. The CCO may wish to make notification to the Committee or the Board of Directors prior to the next regularly scheduled meeting with a full report to follow.

1. Documentation of Disciplinary actions:

Disciplinary measures for violations will be documented and retained in the disciplined employee’s personnel file (or in the independent contractor’s file) and will be considered during regular and promotional evaluations.

The CCO will maintain office records (log) of all disciplinary actions taken for compliance violations and will reference these records as necessary to ensure consistency of application.

1. **Non-retaliation/Intimidation**

No individual who files a report under this policy in good faith may be subject to retaliation/intimidation in any form. Retaliation is also prohibited against an employee for refusing to carry out any activity that is the subject of a report made under this policy in good faith. No employee may threaten to retaliate against another employee for filing a report.

Prohibited retaliation includes, but is not limited to, terminating, suspending, demoting, failing to consider for promotion, harassing or reducing the compensation of an employee due to the employee’s intended or actual filing of a report under this policy. Retaliation is prohibited even if it is determined that the allegedly improper conduct was proper or did not occur, provided that the report was made in good faith. The Agency reserves the right to take disciplinary action against any employee who maliciously files a report he or she knows to be untrue.

Any actual or threatened retaliation should be reported by the affected employee or any other employee to the Compliance Officer. The Corporate Compliance Officer will investigate such allegations in the same manner as other investigations carried out under this policy.