

REACH MEDICAL

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Compliance Plan

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Introduction

REACH Medical, PLLC/The REACH Project, Inc. (REACH) is a 501(c)3 non-profit organization that specializes in the provision of low threshold, comprehensive, integrated clinical and behavioral services using an evidence-based, harm-reduction model.

REACH believes that everyone deserves respectful, equitable, access to compassionate healthcare in a setting where they will not be stigmatized or judged based on drug use, homelessness, or any other issue that may cause less than adequate care in today's healthcare environment.

Commitment to the Elements of a Corporate Compliance Program

New York State's Office of the Medicaid Inspector General ("OMIG") requires Medicaid providers to have a comprehensive compliance program to promote and ensure ethical business practices and provide guidance to each employee for their conduct.

REACH is committed to conducting business with integrity based on sound ethical and moral standards and holds its staff, contractors, and all affiliates to the same standards.

The goal of the REACH compliance plan is to prevent fraud, waste and abuse and uphold ethical business standards and conduct among its employees. The following compliance plan is modeled after the framework presented by OMIG and its definition of an effective compliance program.

Elements of an effective compliance program:

1. Written Policies and Procedures
2. Compliance Officer and Committee
3. Compliance Training and Education
4. Lines of Communication
5. Disciplinary Standards
6. Auditing and Monitoring
7. Responding to Compliance Issues

Mission & Vision

REACH's Mission and Vision are subject to change based on updates to the organization's strategic plan.

Mission

Be the national leader in harm reduction medicine by increasing health equity, reducing overdose rates, and expanding access to high-quality care.

Vision

To deliver Respectful, Equitable, Accessible, and Compassionate Healthcare (REACH) through a non-stigmatizing, low-threshold, evidence-based approach that emphasizes harm reduction. We serve individuals who experience substance use disorders, housing or food insecurity, and other social determinants of health that result in poor health outcomes.

Code of Ethics & Conflict of Interest

It is essential to the conduct of the business of the REACH that it maintains high standards of integrity and impartiality in its decision-making processes, and that these processes be free from conflicts of interest, and any appearances of conflict.

No member of the REACH Board, its committees, REACH staff/contractors, consultants, vendors, volunteers and interns (affected individuals) should have any direct or indirect interest, financial or otherwise, or engage in any business or transaction, or incur any obligation of any nature that conflicts with the proper discharge of that person's duties related to the REACH organization.

To avoid any conflict of interest or the appearance of a conflict of interest that could tarnish the reputation or undermine the public's trust of REACH, REACH staff and affected individuals will:

- Avoid any activity or outside interest that conflicts or appears to conflict with the best interests of REACH, including involvement with a current or potential vendor, grantee, or other organization, unless disclosed to, and not deemed to be inappropriate by, the Board of Directors (the Board).
- Ensure that outside employment and other activities do not adversely affect the performance of staff duties or the achievement of the organization's mission.
- Ensure that travel and related expenses are incurred on a basis consistent with the REACH mission and not for personal gain or interests as well as REACH policies and procedures regarding travel and expenses.
- Decline any gift, gratuity, or favor in the performance of duties except for gestures of appreciation, etc. that may include items of nominal value, and decline any food, transportation, lodging, or entertainment related to REACH business, services, etc.
- Refrain from influencing the selection of staff, consultants, volunteers, interns and/or vendors who are relatives, personal friends, or affiliated with such persons.
- Disclose all known conflicts or potential conflicts of interest in any matter to the organization (including the Board) or any committee upon which they serve.

Element 1: Policies and Procedures

Policies and procedures are created, maintained, and revised in order for REACH to operate effectively and in accordance with its mission, with federal and state regulations, and with accrediting body standards.

REACH uses policies and procedures that include the following:

- Chapter 1: Governance
- Chapter 2: Administration and Human Resources
- Chapter 3: Patient Rights and Responsibilities
- Chapter 4: Provision of Care
- Chapter 5: Behavioral Health
- Chapter 6: Surgical and Related Services
- Chapter 7: Lab Services
- Chapter 8: Office Medication and Vaccine Management
- Chapter 9: Infection Control
- Chapter 10: Quality Management
- Chapter 11: Clinical Records
- Chapter 12: Facilities and Environmental Safety
- Chapter 13: Finance
- Chapter 14: Compliance
- Chapter 15: Peers
- Chapter 16: Research

Policies and Procedures are reviewed by the Governance Committee of the Board of Directors. The Governance Committee makes recommendations to the Board of Directors which provides final approval of all policies and procedures.

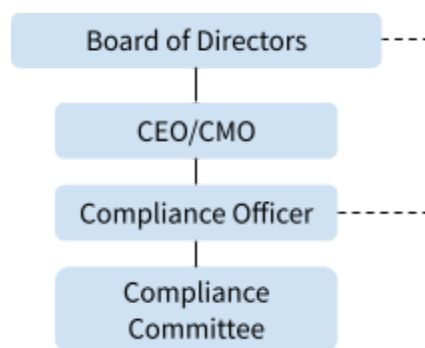
Policies are evaluated at least once every three (3) years. Updates are approved on an as-needed basis. In the event of a natural or man-made disaster, evaluation of policies will be extended to at least once every four (4) years.

Policies relevant to the Compliance Plan, including the Code of Ethics and Conflict of Interest, will be reviewed on an annual basis.

Element 2: Compliance Officer & Committee

Compliance Structure

The REACH Compliance Program is overseen by the Compliance Officer, Compliance Committee, and the Governance Committee of the Board of Directors.



The Governance Committee is a committee of the board and is composed of board members only. The Compliance Committee is a committee of the corporation and is composed of REACH staff members including but not limited to the CEO/CMO, Human Resources, Compliance Officer, and Operations Department.

The REACH Compliance Officer works closely with the Compliance Committee and the Board of Directors for the purposes of planning, implementing, and maintaining an agency-wide Compliance Program and associated policies and procedures. The Compliance Officer reports directly to the REACH CEO/CMO as well as the Board of Directors.

The Role of the Compliance Officer:

1. Implementing and overseeing the day-to-day operations of the Compliance Program.
2. Working closely with the Board of Directors and Compliance Committee for the purposes of planning, implementing, and maintaining an agency-wide Compliance Program and associated policies and procedures.
3. Reporting potential compliance concerns, trends, and issues to the Board of Directors at least quarterly.
4. Completing investigations and follow up for any compliance concerns, trends, or issues as reported or identified through internal or external audits.
5. Providing compliance orientation to new employees and Board members.

6. Providing annual compliance training for all employees and affected individuals and additional specified training as needed.
7. Providing internal audits related to corporate compliance as needed.
8. Developing and implementing annual compliance plan and work plan to be presented to the Board of Directors for approval.

Element 3: Training and Education

REACH provides relevant training to REACH employees and affiliated personnel concerning compliance issues, including but not limited to applicable laws, regulations, third party payor program requirements, and organizational policies and procedures.

Onboarding Training:

All new REACH employees and affiliates (including contracted personnel, members or shareholders, and Board members), as part of an initial orientation, will receive training appropriate to the person's position and responsibilities concerning the Compliance Program.

The training will include:

- Code of Ethics and Conflict of Interest
- Elements of an Effective Compliance Plan
- Overview of the Compliance Program
- Fraud, Waste and Abuse
- Instructions on how to report suspected violations of laws, regulations, and any other compliance concerns. This will also include an explanation that persons will not be subject to retaliation for making such reports.

Periodic Training:

All REACH employees and affiliates will receive periodic or updated training concerning the Compliance Program appropriate to the person's position and responsibilities. Such training shall occur as often as appropriate, but at least annually.

The training will include:

- Review of the subjects covered in the initial onboarding training
- Changes in relevant laws, regulations, or third-party payor program requirements
- Changes in relevant portions of the Compliance Program or relevant policies or procedures

The Compliance Committee shall determine the frequency of the periodic training for REACH employees and affiliates as needed.

Compliance education is an ongoing process and compliance issues are a regular part of all REACH department meetings.

Training for Certain Departments:

REACH employees in certain positions or departments, as well as affiliates with specific duties, shall receive additional specialized training appropriate for their position and responsibilities.

The training may include:

- Government and private payer reimbursement principles
- Fraud, waste and abuse prevention and detection
- Improper billing practices

Compliance Officer Training:

The Compliance Officer will stay current on laws, regulations, third-party payor program requirements, and advisories relevant to compliance issues, including “fraud alerts” issued by the Office of the Medicaid Inspector General. They will notify appropriate REACH personnel of relevant changes in laws, regulations or program requirements that affect compliance.

Element 4: Lines of Communication

REACH implements, monitors, and maintains reporting procedures that allow for confidential and anonymous reporting of compliance-related concerns. As a Medicaid/Medicare billing healthcare provider, this includes suspected or known cases of violations related to ethics, waste, fraud, and/or abuse.

REACH is committed to the protection of any and all complainant(s) and is committed to a policy of non-retaliation and non-intimidation related to reporting potential compliance issues.

Reporting systems:

- Confidential email address: Compliance@reachmed.org
- Website-based compliance information and/or address for use by REACH stakeholders including, but not limited to, Board, staff, volunteers, contractors, vendors and/or public at large
- Confidential Compliance Reporting Google Form located on the REACH staff Intranet page
- Anonymous reporting mailbox located in the staff bathroom

- Mailing a written compliance concern marked “Confidential” on the envelope, to:
REACH Compliance Officer, REACH Project, 1001 Seneca St., Ithaca NY 14820

Whistleblower Policy/Non-Intimidation and Non-Retaliation:

REACH is committed to the protection of any and all complainant(s) and is committed to a policy of non-retaliation and non-intimidation related to reporting of potential compliance issues (this is the same as federal legal protections for whistleblowers enacted through the Whistleblower Protection Act of 1989, and offers the whistleblower some protection from criminal prosecution and administrative retaliation, such as firing or demotion).

REACH’s employee handbook references disciplinary consequences for intimidation and/or retaliation against an employee who submits a report. Employees and affiliates shall not be subjected to retaliation, intimidation, or disciplinary action as a result of reporting a concern in good faith under this policy.

Element 5: Disciplinary Standards

To encourage good-faith participation in the compliance program, investigations resulting from the filing of a compliance complaint can result in the identification of employee or affiliated individuals’ violations of REACH policies, including but not limited to the REACH Code of Conduct and the REACH Handbook.

All reports will be fully investigated, and corrective action will be taken where appropriate. Violations will result in disciplinary action, up to and including termination. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed.

Disciplinary policies were created to support good-faith reporting of compliance concerns as well as to protect the identity, reputation and/or employment status for those REACH employees and affiliated individuals reporting compliance concerns.

Disciplinary procedures are aimed at those who fail to report suspected compliance problems yet are aware of them; those participating in non-compliance behavior; and/or staff, vendors, contractors and/or board members encouraging, directing, facilitating, or permitting either actively or passively non-compliant behavior.

Element 6: Auditing & Monitoring

REACH shall audit and monitor the quality of care delivered by its employees and affiliates to promote safety, high-quality care, regulatory compliance, and the financial sustainability of health care for its patients.

The Compliance Officer and Compliance Committee shall ensure that each department of REACH establishes an appropriate policy and process for monitoring ongoing compliance.

Ongoing monitoring shall be conducted by but not limited to the following:

- Peer chart reviews
- Performance reviews
- Incident reports
- Internal and external audits
- Root cause analysis
- Patient and staff experience/exit surveys
- Any other documented forms feedback

Ongoing monitoring and audits will allow REACH management to proactively identify trends in clinical outcomes, documented behaviors, practice methods, near-misses, compliance violations and/or training and supervision needs. These findings shall be reviewed by the Compliance Committee and Quality Assurance Committee as well as management and the Board of Directors as appropriate.

Self and External Audits:

REACH shall enact a proactive and continuous program of self audits in addition to the external audits/surveillance reviews that are conducted by regulatory, governmental, and/or payor agencies.

Self audit plans shall be indicated in the annual Compliance plan among all REACH programs and departments. Each REACH department shall indicate their topic of self audit(s) for review by the Compliance Committee for inclusion in the next year's annual Compliance Plan.

All external audit corrective action plans shall be reviewed by management and the Board of Directors, if appropriate, following the corrective action plan due date during either scheduled or special meeting(s).

Element 7: Responding to Compliance Issues

The Compliance Officer will provide a response if possible, to the complainant within three (3) business days if the complainant provides a contact phone number and/or email address. If the concern involves the Compliance Officer, the CEO/CMO and the Chair of the Board of Directors should be contacted.

The Compliance Officer will collect relevant information, documentation, and other evidence. They will then conduct any necessary interviews and create a file on the confidential HIPAA-compliant Google Drive to store all pertinent information.

The Compliance Committee will review incidents, policies, risk-related assessments, and compliance audits as part of the process of reporting. The Compliance Committee's work is then reviewed by the Board of Directors.

If appropriate, the findings of the investigations may result in changes to policies and procedures, standard operating procedures, and/or the staff and affiliate handbook. At times, if deemed appropriate, after the investigation has occurred a debriefing with staff and affiliates may occur and will be convened by a supervisor. Confidential information will not be discussed at debriefings.

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This is the same as Whistleblower protection defined as: Federal Legal protections for whistleblowers enacted through the Whistleblower Protection Act of 1989 and offers the

whistleblower some protection from criminal prosecution and administrative retaliation, such as firing or demotion.

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