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CORPORATE COMPLIANCE & CODE OF ETHICS POLICIES

I _____ (Provider/Staff's name) affirm that I have read and fully understand The Unique Caring Foundation's Corporate Compliance & Code of Ethics Policies & Procedures and certify my intentions to act in complete compliance with these polices and procedures.

Furthermore, I understand the when necessary I should seek advice from the appropriate supervisor and/or the Corporate Compliance Officer, Celeste Miller concerning appropriate actions that I may take in order to comply with Unique Caring Foundation's Corporate Compliance and Code of Ethic Policies and Procedures.

PROVIDER/STAFF SIGNATURE

DATE

WITNESS SIGNATURE

DATE

COMPLIANE OFFICER

DATE

UNIQUE CARING FOUNDATION, INC.

POLICY NAME: COMPLIANCE PROGRAM AND REPORTING REQUIREMENTS	EFFECTIVE DATE: 01/01/2009
ANNUAL REVIEWS: UPDATES/REVISIONS:	APPROVED BY: Governing Body and QA/QI Committee

Policy

Unique Caring Foundation, Inc. is committed to legal, ethical and professional business practices. Therefore, a Compliance Program will be implemented to provide guidance to all providers/staff, Board Members and other persons representing Unique Caring Foundation, Inc. in following all Federal, State and Local laws and regulations. As mandated by the Compliance Program and this Policy, all providers/staff are required to report any suspicion of fraud, abuse, or other compliance issues through established reporting protocols.

Procedure

Scope

All concerns/complaints that are received through reporting mechanisms of Unique Caring Foundation, Inc. Compliance Program will be investigated by utilizing the procedures specified below.

Confidentially

To protect all persons who may be involved in a compliance report, every member of the Quality Management Committee will sign a Non-Disclosure Statement (see attached sample statement).

Quality Management Committee

The Quality Management Committee will represent the Compliance Committee. The Committee has members with diverse expertise in areas related to Compliance. To ensure a high level of professionalism and confidentiality, all Committee members are in positions that directly report to the Director of Operations.

Each member of the Quality Management Committee will serve consecutive terms until replacement is requested. Recommendations will be discussed by the entire Quality Management Committee and once a replacement member has been agreed upon, the Executive Director will be notified with the Executive Director having the ultimate decision on membership on the Quality Management Committee.

Determination of Compliance Issues

When a report is received, it will immediately be categorized by the Compliance Officer (or designee) as either a “Compliance issue” or a “Non-Compliance issue”. The following areas will be considered “Compliance issues”

- Larceny issues, including, but not limited to: false claims, embezzlement, and theft. Reimbursement and Financial Management issues, including, but not limited to: billing issues, bribes/kickbacks, inappropriate billing/coding, documentation issues, falsification of company documents.
- Conflicts of Interests.

AND

- Any other violation of law, Unique Caring Foundation, Inc. Staff Conduct, Compliance Program, policies or procedures which warrant the attention of management and are not more appropriately addressed by Unique Caring Foundation, Inc. Approved Policies and Procedures.
- Non-Compliance issue includes provider/staff relations, sexual harassment, and grievance/appeals issues. Non-compliance issues will be investigated per personnel policy and procedure.

Investigation Procedures

1. Investigation Compliance Issues: If a report is determined to be a “compliance issue”, the following procedures will be followed:

- Reports made against provider/staff other than the Executive Director, therapists, or Quality Management Committee Members:
- The report will be logged into the Compliance log and a file will be started.
- The Director of Operations will act as a compliance officer.
- Within two business days of receipt, the report will be sent to a member of the Quality Management Committee for investigation. The investigating Quality Management Committee member will be chosen by the Executive Director according to their expertise. The Executive Director may choose to investigate.
- The investigating Quality Management Committee Member will notify the Executive Director about the allegations and the projected scope and time frame of the investigation. The investigating Quality Management Committee Members will request assistance and/or information from the Executive Director.
- The investigating Quality Management Committee Member or Executive Director will meet face-to-face with the alleged perpetrator to explain the allegations and the investigation. This notification will consist of a thorough explanation of the investigation process, which will include giving the person a copy of these procedures. Additionally, a form letter will be given to the person that outlines the investigation, how the information collected will be used, and what information (if any) will be placed in their personnel file.

- It is the responsibility of all individual(s) involved in an investigation of a compliance issue to maintain confidentiality of those involved to the greatest extent possible. Therefore, all persons conducting the investigation and all persons being interviewed will sign a Non-disclosure Agreement.
 - the investigating Quality Management Committee Member or Executive Director will complete the investigation in a timely fashion. If the investigation will not be completed
 - within two weeks from the date the report was received, written justification must be submitted to the Quality Management Committee. The investigation, at a minimum, will consist of a review of all relevant documentation, interviews with all individuals who may have knowledge of the alleged incident, and an interview with the immediate supervisor of the alleged perpetrator. All interviews will be conducted with at least two interviewers.
2. If any report is made that pertains to the Executive Director the following procedure will be followed:
- The report will be logged into the Compliance Log and a file will be started.
 - Within two business days of receipt, the Executive Director will forward the report to the Quality Management Committee. If the allegations are against the Chairperson, the report will be forwarded to the next officer of the Quality Management Committee.
 - The Chairperson (or the Quality Management Committee member receiving the allegations) will lead the investigation of the allegations. The investigation will include interviews with provider/staff, other Quality Management Committee members, or any other person the investigating Quality Management Committee member feels can be of assistance in obtaining facts related to the allegations.
 - The investigation will be completed in a timely fashion. All persons participating in the investigation will sign a statement of Non-Disclosure.
 - Once complete, the investigating Quality Management Committee Member will submit the report to the Compliance Committee for their review and determination on any additional action/information needed.
3. Reports made against any member of the Quality Management Committee will be investigated as specified above with the following exceptions:
- The accused member will not receive the report to investigate.
 - The accused member will not receive a copy of the investigative report when it is sent to the rest of the Quality Management Committee.
 - The accused member will not be present at the Quality Management Committee meeting at which the report is reviewed and a recommendation for action is made.
 - Other than the Executive Director and the investigating Quality Management Committee members, the Quality Management Committee will not have any information that the allegations being reviewed were made against a Quality Management Committee member.
4. Reports made against the Executive Director will be investigated as specified above with the following exceptions:

- The Executive Director will designate a provider/staff to act as the Compliance Officer for the duration of that investigation.
5. Ensuring all Compliance Reports are investigated:
- To ensure the Quality Management Committee is aware of all reports that are made, the Executive Director will share the Corporate Compliance log with the Executive Director and be accountable for each report being followed up as indicated by the Compliance log and filed documentation.

Review of Investigation Report by Quality Management Committee

1. All relevant information obtained during an investigation will be included in an investigative report, which will be submitted to the entire Quality Management Committee. This report will outline the allegations, the scope of the investigation, the outcome of the investigation, and any recommendations for follow-up. Each investigative report will also include the Quality Management Committee's recommendation of any feedback that will be given to the caller and the method in which it will be given. **THERE WILL BE NO IDENTIFYING INFORMATION INCLUDED IN THE REPORT** (names, titles, etc.). When the report is completed, it will be immediately sent to the entire Quality Management Committee.
2. All members of the Quality Management Committee will receive and review the investigative report. If the allegations are against a Quality Management Committee member, that member will not receive the investigative report
3. The Quality Management Committee will meet and discuss the report and the investigating Quality Management Committee members will make a recommendation for action (e.g., continued investigation, staff training, and disciplinary action) that should occur as a result of the investigative findings. These recommendations will be included in the investigative report. The Quality Management Committee will review the recommended actions, discuss possible alternatives and then vote for approval/disapproval of the recommended actions. A recommendation will be carried if the majority of the Quality Management Committee members who are present at that meeting vote for approval. The approved recommendation (along with any alternatives) will be documented.
4. If necessary, Unique Caring Foundation, Inc. attorney will serve as a consultant to the Executive Director. Within two weeks of receiving a report, the Executive Director will review the Quality Management Committee's recommendations and make a final determination on any necessary further action. If the Executive Director does not accept the recommendations from the Quality Management Committee, an alternative follow-up action can be substituted at his/her discretion. Follow-up action that involves any disciplinary action will be carried out as specified in Unique Caring Foundation, Inc. Personnel Policy including notifying the provider/staff of their right to appeal. If there is a disagreement of the recommended action, the Executive Director will make the final decision.

5. The final determination will be shared with the Quality Management Committee at the first meeting following the final determination. At this point, the report will be considered closed.

If, after a thorough investigation, allegations are not substantiated, a letter will be sent to the alleged perpetrator by the Executive Director notifying them of the determination. The letter will also offer appreciation of the provider/staff's cooperation and will explain that no documentation will be placed in the provider/staff's personnel file.

ACKNOWLEDGEMENT:

I have received and read a copy of the Compliance Program and Reporting Requirements. I understand it is regarding my responsibility while affiliated with Unique Caring Foundation, Inc.

My questions that I regarding the Compliance Program and Reporting Requirements have been answered to my satisfaction.

I also understand that specific programs may have additional policies and procedures pertaining to the Compliance Program and Reporting Requirements and those policies and procedures will be explained to me upon initiation with those programs.

I understand that failure to comply with this Compliance Program and Reporting Requirements could result in dismissal from Unique Caring Foundation and may also result in legal consequences.

My Signature below indicates that I have received a copy of The Unique Caring Foundation, Inc. Compliance Program and Reporting Requirements which outlines the policies and procedures for same, as well as, my required actions and/or conduct in respect to the Compliance Program and

Reporting Requirements while acting as an agent, provider or staff or Unique Caring Foundation, Inc.

PRINT NAME

DATE

PROVIDER/STAFF SIGNATURE

DATE

Signature of Witness

DATE