



Revised
July 2026

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INTRODUCTION

As approved by the Seven Counties Services, Inc. Board of Directors, this plan is intended to serve as a guide for each employee's and volunteer's day-to-day conduct so that Seven Counties Services, Inc. (SCS) fulfills their obligations to observe laws and public policies affecting its business, and works fairly with the organization's clients, family members, employees, volunteers, and the communities in which it operates. This plan constitutes policies and procedures for detecting and preventing fraud, waste, and abuse.¹

It is the responsibility of every employee as a condition of employment to know about and adhere to the Corporate Compliance Plan. All employees and volunteers must understand that it is their obligation to ensure they are adequately educated to perform their jobs in full compliance with the law and organizational policies and procedures. The goal of these written standards is to prevent and detect fraud, waste, and abuse in the provision of healthcare items and services to patients and customers and in the payment or reimbursement of these items and services by Medicare or Medicaid.

The standards of conduct described in this plan are intended to generally define the scope of conduct that the plan covers. The standards of conduct in this plan cannot, nor were they intended to, cover every situation that an employee and volunteer may encounter. In many cases, these standards exceed the standards required by law. However, no set of standards can substitute for personal integrity, good judgment and common sense required to meet the challenges of daily work.

Failure to observe the provisions of this plan can result in serious consequences to an employee and volunteer, up to and including termination and criminal charges, and to the organization, up to and including criminal prosecution, substantial monetary fines, and the loss of organizational integrity.

Every employee and volunteer will have access to a copy of the Corporate Compliance Plan (posted on SharePoint and the SCS web page). In addition, every site will have access to organizational policies and procedures relating to compliance.

When the best course of action is unclear or if an employee, volunteer, or affiliate observes a violation of standards, persons are urged to seek the guidance of or report the violations to their supervisors, Seven Counties' Chief Administrative Officer/Compliance Officer, or the telephone hotline-589-8615 x 1380. Calls to the hotline are confidential and may, at the caller's request, be anonymous. All employees and volunteers have the responsibility to report any actions that they believe, in good faith, may violate the standards of conduct in this plan or damage public trust. It is SCS's duty to protect those who report potential incidents of malfeasance. Employees and volunteers having knowledge of retribution or retaliation due to the reporting of malfeasance should promptly report the information to the Compliance Hotline or appropriate supervisor.

As an organization, SCS's accountability is then evidenced by:

- Taking disciplinary action against employees and volunteers who have violated internal compliance procedures or applicable laws or who have engaged in wrongdoing.
- Investigating and remedying identified systemic and personnel problems.
- Promoting and adhering to compliance as an element in evaluating all staff

This plan is a living document that will be reviewed annually and revised as needed. If an employee or volunteer has suggestions for improvements to this plan, please contact the Compliance Officer.

¹This is in accordance with the intent of Section 6032 of the Deficit Reduction Act of 2005.

BOARD POLICY STATEMENT

In keeping with the recommendations made by the organization's independent auditor and Board of Directors, SCS has developed a Corporate Compliance Plan to guide the organization's observation of the laws and public policies affecting its business, and to ensure fairness for its clients, family members, employees, volunteers, affiliates and general community in which it functions. The Corporate Compliance Plan is available on the SCS web page.

ORGANIZATIONAL MISSION, VISION, AND VALUES



Helping More People Thrive Through Accessible Care:

Equity demands it. Accountability drives it. Compassion fuels it.
Hope sustains it. Innovation delivers it.

EQUITY

Equity demands that we remove barriers to care so more people can thrive.

We meet individuals where they are, tailor care to their needs, and ensure they feel safe, seen, and supported every step of the way.

COMPASSION

Compassion fuels our care with dignity and empathy.

We listen deeply, respond thoughtfully, and provide judgment-free support to one another and those we serve.

HOPE

Hope sustains our belief in lasting change.

We believe in the power of hope to transform lives. Every interaction, every service, every moment is a chance to help someone see a better tomorrow.

ACCOUNTABILITY

Accountability drives our commitment through action.

We uphold high standards in care and communication, creating a culture of trust where feedback is welcomed and acted upon. It's how we ensure that every person we serve, and every team member we support, knows they matter and that we are committed to doing what's right.

INNOVATION

Innovation delivers new ways to reach more people and improve lives.

Innovation means being bold enough to ask, 'What if?' and brave enough to try something new. It's how we reach more people, reduce stigma, and improve lives.

SCS CODE OF ETHICS

All board members will subscribe to the SCS Code of Ethics (found on SharePoint). All employees must abide by the SCS Code of Ethics as well as any ethical standards set forth by their licensing boards.

All staff are expected to follow SCS policies and procedures related to conduct and behavior and are to be professional at all times, adhering to SCS values and commitments. SCS expects staff to:

- Maintain professional behavior including a strong work ethic by meeting deadlines and being accountable for actions, acting with honesty and integrity.
- Be respectful in the workplace to others.
- Maintain the confidentiality of company and client information and protect intellectual property.
- Be compliant with all applicable laws, rules, and regulations.
- Have appropriate use of company assets and social media.
- Adhere to all health and safety policies and procedures including immediate reporting of safety hazards.

DEFINITIONS

Fraud, waste, and abuse in healthcare are practices that can result in unnecessary costs to health care programs or payment for services that are not medically necessary:

- **Fraud** - Intentionally deceiving, concealing, or misrepresenting to obtain money or property from a health care benefit program. Fraud requires the intent to obtain payment and the knowledge that the actions are wrong.
- **Waste** - Overusing services or other practices that result in unnecessary costs to a health care benefit program. Waste may involve careless overutilization of services.
- **Abuse** - Performing actions that result in unnecessary costs to a health care benefit program or not providing patients with medically necessary services. Abuse may involve not following best medical practices.

Examples of fraud, waste, and abuse include:

- Billing for services that were not provided.
- Scheduling excessive appointments
- Writing for excessive prescriptions
- Ordering excessive tests, labs, or imaging
- Billing for services that are not medically necessary.
- Overcharging for services or supplies
- Misusing billing codes to increase reimbursement.
- Billing inaccurate time, date, code, or other data required to bill.

Medicare or Medicaid fraud is considered a criminal act. There are multiple federal fraud and abuse laws that apply to Medicare and Medicaid providers.

ORGANIZATIONAL RESPONSIBILITIES

While all employees and volunteers must follow the Corporate Compliance Plan, our leaders, including the board of directors and management and supervisory staff, set the example that promotes the highest standards of ethics and compliance. They must ensure that staff and volunteers have enough information to comply with law, regulation, and policy, as well as the resources to resolve ethical dilemmas. They also must create a culture within SCS that encourages everyone involved with the organization to raise concerns when they occur. They also must never sacrifice ethical behavior in the pursuit of business objectives.

OUR FUNDAMENTAL COMMITMENT TO STAKEHOLDERS

We affirm the following:

To our clients: We are committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost-effective.

To our SCS employees: We are committed to a work setting that treats all employees with fairness, dignity, and respect; and affords them an opportunity to develop professionally and to work in a team environment in which all ideas are considered.

To our funding sources: We are committed to working with our funding sources in a way that demonstrates our commitment to contractual obligations and reflects our shared concern for quality, efficiency, and cost-effective healthcare.

To regulatory agencies and accrediting bodies: We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into the corporate culture. We accept the responsibility to self-govern and monitor adherence to the requirements of law and to our Corporate Compliance Plan.

To our healthcare partners: We are committed to performing fully our responsibility to manage our shared initiatives in a manner that reflects the mission and values of each of our organizations.

To the communities we serve: We are committed to understanding the needs of the communities we serve and to providing these communities with quality, cost-effective healthcare. We realize as an organization that we have a responsibility to help those in need.

To our suppliers of goods and services: We are committed to fair competition among prospective suppliers and the sense of responsibility required by a good customer.

To our volunteers: We acknowledge that voluntary assistance to meet the needs of clients and their families is an integral part of the fabric of healthcare. We are committed to ensuring that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their volunteer efforts.

CORPORATE ETHICS AND COMPLIANCE PROGRAM

The Corporate Compliance Plan is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to high standards of ethics and compliance. This commitment permeates all levels of the organization, including the Board of Directors.

THE COMPLIANCE OFFICER AND COMMITTEE

To ensure the highest ethical conduct, the Board of Directors, through the CEO, has adopted a formal Corporate Compliance Program. To oversee and implement this Program, the organization has established roles for a Compliance Officer and a Quality and Compliance Committee.

The Board has approved the creation of a Compliance Officer and a Quality and Compliance Committee. The members of the committee shall be selected based on their commitment to honesty, integrity, and high ethical standards, and on their knowledge and understanding of the applicable laws and regulations. The Compliance Officer will serve as an official member of the Committee.

THE DUTIES AND RESPONSIBILITIES OF THE COMPLIANCE OFFICER AND COMMITTEE

SCS will develop and operate an effective ethics and compliance program.

Compliance Officer

The duties and responsibilities of the Compliance Officer, in consultation with the Board, CEO, and in-house and external legal counsel, are the following:

- Manages day-to-day operation of Compliance and Privacy Program.
- Coordinates the development, implementation, and oversight of Compliance Program.
- Oversees the development of agency procedures as they relate to compliance, including policies and programs that encourage personnel to report suspected improprieties without fear of retaliation.
- Oversees overall Corporate Compliance Program development, implementation, and monitoring throughout the organization including policies and procedures to ensure compliance with applicable federal and state laws and regulations.
- Maintains awareness of laws and regulations, keeping abreast of current changes that may affect health care systems.
- Reviews results of compliance monitoring, including internal reviews of compliance, as well as independent and external compliance audits.
- Serves as spokesperson for the Committee, handling questions, suggestions, and complaints about the program.
- Reports, as needed, to the Board, CEO, and Quality and Compliance Committee on compliance initiatives, corrective actions, and recommendations for improvement in the overall compliance program.
- Directs efforts to communicate to all employees and volunteers the Corporate Compliance Program to promote understanding of compliance issues, laws and regulations, and consequences of non-compliance.
- Ensures proper reporting of violations or potential violations to enforcement agencies as appropriate or required by law.
- Conducts internal monitoring activities (e.g., billing audits, documentation reviews).
- Develops and implements Compliance and Privacy awareness initiatives and projects.
- Maintains documentation of all Compliance and Privacy investigations, including notifications and follow-up notifications for unauthorized uses, disclosures, accesses, and acquisitions of PHI.
- Interacts with in-house and external legal counsel to discuss the organization's initiatives on regulatory compliance.
- Recommends and oversees corrective action plans, as necessary, to address non-compliance.
- Coordinates personnel issues with the SCS Human Resources Office as they relate to compliance.
- Provides oversight of privacy procedures and direct supervision of Privacy Officer for:
 - Continues education to maintain a current knowledge base of new or evolving laws, regulations or rules affecting the healthcare industry and trends or best practices of the compliance profession.
 - Reports compliance activities as per established Compliance Policy and Procedures and implements steps to measure and improve effectiveness of the program.
 - Develops, implements, and maintains Notice of Privacy Practices.
 - Conducts ongoing privacy and security monitoring at each location.
 - Coordinates any audits of the Secretary of the Department of Health and Human Services or any other audits related to violation of federal or state privacy laws.
 - Coordinates the provision of breach notification to clients.
 - Provides breach notification to Secretary of the Department of Health and Human Services as required by HIPAA regulations.
- Investigates any compliance related allegations of unethical or improper practices by the organization and/or employees, volunteers, or affiliates and recommends corrective action when necessary.
- Ensures that appropriate compliance related ethical practices are followed at SCS.
- Oversees inquiries by employees, volunteers, affiliates, consumers, and family members regarding compliance issues.
- Advises CEO, Board, and other senior leaders on compliance risks facing the entity and compliance risks related to strategic and operational decisions.

Quality and Compliance Committee

The Committee was established to assist the Compliance and Privacy Officer in the development, implementation, oversight and evaluation of the ethics and compliance programs. For SCS, compliance activities are part of the Clinical Quality and Compliance Committee.

The members of the Committee will treat confidential and sensitive information that is disclosed to the Committee in a manner that secures and protects it from any further disclosure outside of the direct activities of the Committee.

The duties and responsibilities of the Committee, in consultation with the Board, CEO, and in-house and external legal counsel, are the following:

- Assists in the implementation of the Corporate Compliance Plan.
- Develops data collection processes and identifies reporting mechanisms under the direction of the Compliance Officer to define and track compliance indicators.
- Assists in the design and implementation of agency-wide training and communication programs to ensure that all employees know about and understand the standards of conduct, the scope and purpose of the ethics and compliance program and other specific issues deemed necessary to promote compliance within the organization.
- Assures implementation of compliance training based on the Corporate Compliance Plan.
- Assists in the development of agency procedures as they relate to compliance.
- Develops a process along with the Compliance and Privacy Officer to complete an annual review of the compliance program's effectiveness.
- Supports regular corporate compliance reviews of SCS operations.
- Reviews compliance reports and makes recommendations.
- Performs other duties and responsibilities as the Board, CEO and Compliance Officer may request.
- On an annual basis, reviews the employee training plan.

AUDITING AND MONITORING

SCS is committed to monitoring compliance with its policies and procedures. The organization will conduct periodic reviews to monitor the accuracy of documentation, claims and other information reported to all payers, as well as compliance with applicable procedures and regulations.

Auditing includes but is not limited to:

- Routine random sampling of documentation in client files
- Utilization or peer review
- Reports indicating information such as:
 - Late documentation
 - Missing documentation and/or data required by policy, regulation, and/or payees.

Staff and managers are required to review results of audits and routine reports, making required corrections and changes in deficient areas. Lack of follow-through on required documentation or change in deficit behavior can result in administrative disciplinary action.

The Compliance Officer, Privacy Officer and Quality Improvement will prepare and submit reports to the CEO, Board of Directors, and Committee to ensure management is aware of the results and can promptly take steps necessary to correct problems and prevent them from re-occurring (risk reduction and quality improvement to sustain efforts). The reports will identify areas where corrective actions are needed, and when subsequent reviews would be advisable to ensure that recommended corrective actions have been implemented and are successful.

TRAINING AND EDUCATION

The Corporate Compliance Program promotes SCS's adherence to the highest level of professional and ethical standards. SCS will make available appropriate orientation, training programs and resources to ensure that all staff, volunteers, and affiliates are thoroughly familiar with those areas of law that apply to their job functions and will document employee and volunteer participation.

The Training Institute, with guidance and input from the Compliance Officer, is responsible for the development and implementation of the orientation program for the Corporate Compliance Plan. The program is intended to provide each employee and volunteer with an appropriate level of information and instruction regarding ethical and legal standards. Every employee and volunteer will have access to a copy of the Corporate Compliance Plan (SCS SharePoint). Training will be conducted as part of ongoing training plan for employees developed by the Training Institute. Additional training may be developed for particular groups of staff within the agency. Determination of the level of training required by a particular employee, class of employees, and volunteers will be made by the Compliance Officer. Employee training will occur:

- at the start of employment.
- annually.
- when changes occur in the code of conduct or particular compliance issues arise.

The Compliance Officer and Committee are responsible for the development and implementation of additional education regarding ethical and legal standards. Education may take place in a variety of formats, e.g., newsletter, emails, web page, in person consultation, etc.

The training will include, at a minimum, the following:

- SCS Code of Ethics.
- Elements and structure of the compliance program.
- Employee's duty to report suspected wrongdoing.
- Mechanisms for reporting waste, fraud, and abuse.
- Confidentiality and non-retaliation for reporters.

The training program will provide information regarding ethical and legal standards and the applicability of pertinent laws. Standards covered will, at minimum, include those of documentation, coding, billing, competitive practices, and the obligation to report suspected violations, reporting procedures, and the consequences of non-compliance. In compliance with the Deficit Reduction Act of 2005 and SCS's obligations as a Medicaid provider, education programs will include a specific component that addresses false claims laws and whistleblower protections. These laws are set forth in greater detail below. As additional legal or ethical issues are identified by the Compliance Officer, those areas will be included in the education program. Each education and/or training program conducted within the organization will reinforce the fact that strict compliance with the law and with the organization's policies and procedures is a condition of practice.

Education about False Claims Laws and Whistleblower Protections

SCS holds all employees, agents, and contractors responsible for compliance with federal and state laws that prohibit the making of false claims and for otherwise conducting our affairs lawfully. We are providing you with detailed information about these laws to guide you further in recognizing and/or reporting suspected false claims activity, as well as fraud, waste, and abuse. This information is not intended to outline every law that concerns healthcare providers. It is intended, however, to highlight certain wrongful activity that the federal and state governments have specifically targeted in the healthcare profession. Unlawful activity, such as false claims, could jeopardize SCS's ability to continue to serve our clients, customers, and the community.

Federal and State False Claims Laws

The *Federal False Claims Act*, 31 U.S.C. §§ 3729-3733, imposes liability on persons, companies, facilities, or institutions, that make or cause to be made false or fraudulent claims to the government for payment or who knowingly make, use or cause to be made or used, a false record or statement to get a false or fraudulent claim paid by the government. These laws apply to Medicare and Medicaid reimbursement. While the False Claims Act imposes liability only when the person or entity acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b). The *Program Fraud Civil Remedies Act of 1986* (“PFCRA”), 38 U.S.C. § 3801 to 3812, sets forth administrative remedies for false claims and written statements submitted to a federal agency. It is like the Federal FCA.

The *Kentucky Control of Fraud and Abuse Law*, Ky. Rev. Stat. §§ 205.8451 to 205.8483, applies to Medicaid reimbursements and prohibit false, fictitious, or fraudulent statements, representations, or entries in any application, claim, report, or document used to determine payment under the Medicaid program. Our contracts with managed care providers and other third-party payers also may contain similar prohibitions on false claims.

The types of activities or conduct that these false claims laws prohibit are set forth in more detail below.

False Claims and Statements

SCS's employees, contractors and agents shall not knowingly and willfully make, or cause to be made any false, fraudulent, or misleading statement or representation of material fact in any claim application, or report under any health care program or health benefit plan. Under the *Federal False Claims Act*, knowingly or willfully, means that the person has actual knowledge of or has acted with deliberate ignorance or reckless disregard of the truth or falsity of the claim.

Examples of prohibited conduct include, but are not limited to, the following:

- Making inaccurate, false, or improper entries in medical records, cost reports and any other records used to support reimbursement.
- Billing for services that are not documented or misrepresenting the services that were provided.
- Billing for services that were not medically necessary or for services that fail to meet professionally recognized standards for health care.
- Billing for a non-covered service or characterizing a non-covered service, item or cost in a way that leads to reimbursement from a government program.
- "Up-coding," which means to use a code to bill for a higher level of service or procedure, causing an increase in the reimbursement rate, when the medical record reflects that a lower level of service or procedure was provided to the patient.
- "Unbundling," which means to bill separately for each component of a group of procedures that are commonly used together and for which Medicare and/or Medicaid provide a special "bundled" reimbursement rate.
- Double billing, which means to bill more than once for the same service or item.
- Billing for services or items that were not actually provided.
- Charging rates in excess of established Medicare or Medicaid rates.
- Accepting a gift, money, donation, or other compensation as a condition of admission or continued stay in the facility.
- Failing to seek payment from beneficiaries who may have other primary payment sources.
- Failing to refund overpayments made by a federal or state health care program.
- Participating in kickbacks, bribes, or rebates in exchange for referring goods, facilities, services, or items that are reimbursed by government programs.
- Altering, falsifying, destroying, or concealing medical records, income and expenditure reports or any other records that support reimbursement.
- Making false statements to governmental agencies about SCS's compliance with any state or federal statutes or regulations.
- Making false statements concerning the condition or operation of SCS's services or departments for which certification is required.
- Repeatedly violating the terms of any applicable federal participation agreements.
- Knowingly concealing or covering up any of the above types of conduct or other conduct that would be considered a false claim in the Medicare or Medicaid programs.

Civil and Criminal Penalties.

A violation of the *Federal False Claims Act* may result in civil penalties ranging from \$5,500 to \$22,000 for each false claim *plus* three times the amount of damages the government sustains, and exclusion from the Medicare and Medicaid programs. There are also criminal consequences under federal law for intentional participation in the submission of a false claim.

A violation of the *Kentucky Fraud and Abuse Control Law* may result in civil penalties of up to \$500 for each false claim, three times the amount unlawfully received plus interest, payment of the government's legal fees and costs to pursue reimbursement, and exclusion from the Medicaid program for up to five years. Any licensed medical provider found guilty of the criminal false claim's provisions must forfeit his or her license to practice his or her profession for at least five years. Anyone charged with Medicaid fraud also could face criminal misdemeanor or felony charges depending on the type of fraud involved and/or the amount of money unlawfully received.

Qui Tam Action

A *qui tam* action is a lawsuit that an individual files on behalf of the government alleging misconduct involving false claims. A *qui tam* action is often referred to as a “whistleblower action.” The government has a right to decide whether to join in or allow the plaintiff to continue the *qui tam* lawsuit without the government as a party.

The *Federal False Claims Act* permits individuals who know about false claims in the Medicare or Medicaid program to bring a *qui tam* or civil action for a violation of the Federal False Claims Act. Once the government decides whether to join in the action and the individual’s case goes forward, no one else can bring a separate action later alleging the same misconduct. Depending on whether the government joined the lawsuit, the lawsuit’s outcome, and the extent of the whistleblower’s involvement in the illegal acts associated with the false claims, the whistleblower may be entitled to between 15 and 30 percent of the total recovery from the defendant, whether through a favorable judgment or settlement.

The *Kentucky Fraud and Abuse Control Law* does not give individuals the right to file a *qui tam* or civil action on behalf of the government and share in recoveries. Only the Attorney General of the Commonwealth may file civil or criminal proceedings against an individual, company, facility, or institution to enforce the Kentucky Fraud and Abuse Control Law.

Whistleblower Protections

The *Federal False Claims Act* prohibits employers from retaliating against any employee who is discharged, demoted, harassed, or otherwise discriminated against because of reporting violations of the Federal False Claims Act. This prohibition is what is referred to as “whistleblower” or anti- retaliation protections. If an employee experiences prohibited retaliation, he or she is entitled under the Federal False Claims Act to all relief necessary to make the employee whole such as reinstatement with the same seniority status, two times back pay, interest on the back pay, costs, and attorney's fees.

Kentucky’s Fraud and Abuse Control Law also provides protection for whistleblowers. Specifically, employers are prohibited from discharging or in any manner discriminating or retaliating against any person who in good faith reports a false Medicaid claim to a state governmental authority, or who testifies or is about to testify in any proceeding regarding any report or investigation of a false Medicaid claim. An employee who is injured by an employer’s retaliatory action in violation of the Kentucky Fraud and abuse Control Law may bring a civil action in a state court to enjoin further violations, and to recover actual damages sustained, together with the costs and reasonable attorney fees of the lawsuit.

SCS prohibits any personnel or affiliate from taking adverse action or engaging in retribution of any kind against an employee because he or she reports in good faith a suspected violation of the Compliance Program or of these false claims’ laws.

Kentucky law requires any person who knows or has reasonable cause to believe that a violation of the Kentucky false claims law has been or is being committed by any person, corporation, or entity, to report such information to the Kentucky Medicaid Fraud Control Unit, or to the Medicaid Fraud and Abuse hotline, 1-800-372-2970. SCS encourages employees to first report such information to SCS so that the organization can undertake an investigation and any necessary corrective action under the SCS Compliance Plan.

PRIVACY

SCS will comply with 45 CFR Parts 160 and 164 (HIPAA Privacy Regulations/ HITECH Regulations) and 42 CFR, Part 2 (Confidentiality of Substance Use Disorder Patient Records) as each relates to the privacy and disclosure of protected health information. SCS will also comply with mandatory reporting of notice of a breach to the U. S. Department of Health and Human Services (HHS).

ESTABLISHMENT OF A HOTLINE

The organization has established a voice mailbox hotline for such reporting. **The telephone number for the hotline is 589-8615 x 1380.**

The Corporate Compliance Plan and telephone number for the hotline will be posted in various locations throughout the organization for easy access to everyone.

REPORTING BY COMPLIANCE OFFICER AND COMMITTEE

Recommendations from the Committee and/or Compliance Officer regarding compliance indicators that fall below accepted benchmarks will be directed to the appropriate officer, manager, or supervisor. If compliance indicators cannot be raised to acceptable levels within an agreed upon time frame, then the Compliance Officer and/or Committee will forward such concern to the CEO, who will secure a plan of corrective action from the responsible officer, manager, or supervisor.

REPORTS OF VIOLATIONS AND SUSPECTED VIOLATIONS

The Compliance Officer and Committee members will have an "open door" policy with respect to receiving reports of violations and suspected violations. Reports of violations and suspected violations may come from staff, clients, volunteers, affiliates, or others associated with SCS.

Reports of violations and suspected violations can be made in person to the Compliance Officer or via the hotline. SCS will make every effort to maintain the confidentiality of the identity of any individual who reports possible misconduct. There will be no retribution or discipline for anyone who reports a possible violation in good faith. Any employee, volunteer or affiliate who deliberately makes a false accusation with the purpose of harming or retaliating against another employee, volunteer or affiliate will be subject to discipline.

All reports of suspected fraud, waste and abuse are investigated. All staff either named in an allegation or randomly selected to participate in an investigation are required to comply with the investigation including being interviewed at investigators' request. Reporting will be completed at various times and to various levels of the organization, including:

- Summary of all reported / suspected allegations fraud, waste & abuse:
 - Semi-annual report from Compliance Officer to the Board of Directors and CEO
 - Annual report from Compliance Officer to Leadership
- All substantiated allegations of fraud, waste, and abuse:
 - as applicable reports are made by the CFO or CEO to police, insurance carrier, and auditor.
- All substantiated allegations of Management Fraud, Waste, Abuse
 - Immediate report to the Board of Directors Chair
 - *Note:* management = Division Director and above; including Vice President and Chief Officers
- Any occurrence of fraud, waste and abuse that involves potential prosecution, arrests, and external publicity.
 - Immediate report by CEO or designee to the Board Chair
- Summary of SCS client allegations and results of fact-finding investigations as appropriate to appropriate

leadership staff.

PERSONAL OBLIGATION TO REPORT

SCS is committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each employee and volunteer has the responsibility for reporting fraud, waste and abuse or any activities by any employee, volunteer, affiliate, subcontractor, vendor, or others that appear to violate applicable laws, rules, regulations, or this plan.

INTERNAL INVESTIGATIONS

SCS is committed to investigating all reported concerns promptly and confidentially to the extent possible. There will be an immediate internal investigation when these are identified: (a) a systemic or repetitive billing or coding error; (b) a significant documentation deficiency; (c) the submission of bills for services not rendered; (d) an allegation of fraudulent activity; (e) an anti-kickback or clinician self-referral issue; or (f) potential exposure under the False Claims Act (submitting bills with deliberate indifference or reckless disregard as to truth or falsity) or other applicable issues such as breach of ethics. All staff either named in an allegation or randomly selected to participate in an investigation are required to comply with the investigation including being interviewed at investigators' request.

The Compliance Officer will coordinate any findings from the investigations and immediately recommend corrective action. SCS expects all employees, volunteers, and affiliates to cooperate with investigation efforts. Employees and volunteers who fail to cooperate with an investigation may be subject to disciplinary action. SCS has every right to expect that supervisory and managerial staff will cooperate.

If the Compliance Officer believes the integrity of an investigation may be at stake because of the presence of employee(s) or volunteer(s) or affiliate(s) under investigation, then the employee(s), volunteer(s) or affiliate(s) allegedly involved in the misconduct can, at the discretion of the CEO and/or Board, be removed from his or her current work activity or duties until the investigation is completed. SCS and the Compliance Officer will take all steps necessary to prevent the destruction of documents or other evidence relevant to the investigation. Once an investigation is completed, if disciplinary action is warranted, it will be immediately pursued in accordance with the organization's written standards on disciplinary action.

CORRECTIVE ACTION

When an internal investigation substantiates a reported violation, the organization via responsible manager will initiate corrective action. This includes, as appropriate, making prompt restitution of any overpayment amounts; notifying the appropriate governmental agency; instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring.

DISCIPLINE

As an integral component of this program, disciplinary action will be taken for failure to comply with or participate in the compliance efforts of SCS, including the failure to comply with applicable laws and regulations, the failure to report suspected violations of the program or applicable laws or regulations, and retaliation of any kind against an employee, volunteer, affiliate, client or family member, vendors or others who make a good faith report of suspected wrongdoing. Discipline may include any or all the following depending on the severity of the situation: written warning or reprimand, required educational training or suspension, demotion, discharge, and voluntary disclosure by SCS to the appropriate federal and/or state governmental agencies and licensing boards.

DISCIPLINED INDIVIDUALS

SCS will not knowingly employ any individual, or contract with any person or entity, who has been convicted of a criminal offense related to health care or who is listed by a federal agency as debarred, excluded or otherwise

ineligible for participation in federally funded health care programs. In addition, until resolution of such criminal charges or proposed debarment or exclusion, any individual who is charged with criminal offenses related to health care or proposed for exclusion or debarment will be removed from direct responsibility for, or involvement in documentation, coding, billing, or competitive practices. Items or services furnished, ordered, or prescribed by such an individual shall not be billed to any federally funded health care program.

ACKNOWLEDGMENT PROCESS

SCS requires all employees and volunteers to sign a form acknowledging that they have received the Corporate Compliance Plan and that they understand that it represents mandatory policies of SCS.

New employees and volunteers will be required to sign this acknowledgment as a condition for successful completion of orientation. Adherence to and support of SCS's Corporate Compliance Plan and participation in related activities and training will be considered in decisions regarding hiring, promotion, and compensation for all candidates and employees.