



CORPORATE COMPLIANCE PROGRAM

The Cantalician Center for Learning (CCL) ascribes to a tradition of excellence in the delivery of instruction and services to the people we serve. CCL is committed to excellence in providing quality, meaningful, and individualized services. CCL strives to develop and maintain best practices in all areas of service. Consistent with this commitment to quality, CCL implements a Corporate Compliance Program to demonstrate to its stakeholders a commitment to the highest level of professional integrity and ethical standards.

The Corporate Compliance Program is established for the entire CCL community, including its employees, membership, Board of Directors, CCL Foundation, volunteers, contractors, vendors, and employees and others working on behalf of other agencies and businesses doing business with CCL and its related corporations. It is expected that all personnel will be familiar with and carry out responsibilities as set forth in this program. Agency Leadership is responsible to ensure that staff understand and follow the compliance program. Employees that fail to follow this compliance program may be subject to disciplinary action up to and including termination. Membership, Board of Directors, volunteers, interns, vendors, and contractors may also face sanctions for violations and improper conduct. This compliance program was developed in accordance with Social Services Law Section 363-d and title 18 New York Codes of Rules and Regulations Part 521.

Our Mission:

We promote independence and offer meaningful, integrated opportunities through individualized services guided by Christian values.

Our Values:

Be Exceptional

- Bring a high level of quality to everything that you do
- Always look for a better way
- Keep learning

Be Adaptable

- Be open-minded
- Be flexible
- Welcome change

Be Respectful

- Appreciate diversity
- Emphasize ability
- Recognize talents and skills

Be a Team Player

- Share success
- Share accountability
- Share commitment

Have Integrity

- Always do the right thing even when it is difficult
- Own your successes and mistakes
- Be honest and trustworthy

Have Fun!

- Work can be fun, fulfilling and exciting
- We believe “fun” should be part of everything we do

COMPLIANCE PROGRAM ELEMENTS:

1. Written Policies and Procedures
2. Designate An Employee Vested With Responsibility
3. Training and Education
4. Lines of Communication to the Responsible Compliance Person
5. Disciplinary Policies to Encourage Good Faith Participation
6. System For Routine Identification of Compliance Risk Areas
7. System For Responding to Compliance Issues
8. Policy of Non-Intimidation and Non-Retaliation

The Compliance Program applies to the following areas:

- Billings
- Payments
- Medical Necessity and Quality of Care
- Governance
- Mandatory Reporting
- Credentialing

1. WRITTEN POLICIES AND PROCEDURES:

CCL has written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved.

Such policies and procedures are available in CCL's Employee Handbook and/or on the agency's shared network: [X:/Policies and Procedures](#).

Code of Ethics:

Cantalian Center subscribes to principles of ethics and conduct for its Board of Directors, employees, consultants, and volunteers that require them to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. CCL has adopted a Code of Ethics to guide them in their conduct when acting on behalf of CCL. All Board of Directors, employees, consultants, and volunteers are required to sign and abide by the Code of Ethics.

Business Relations Code of Conduct:

CCL implements practices of ethical, responsible, and reasonable procedures related to purchasing, agreements, contracts, and other related forms of commitments. CCL has established policies, procedures and standards that are reasonably capable of reducing the prospect of illegal or unethical conduct.

Fraud, Waste & Abuse:

Fraud is the intentional deception or misrepresentation made by a person with the knowledge that the deception or misrepresentation could result in benefit to said person or to another person. Waste is the overutilization, underutilization or misuse of resources. Abuse covers practices that are inconsistent with sound fiscal, business or medical practices resulting in unnecessary costs, improper payment or payments for services that fail to meet professional standards of care or that are medically unnecessary. Actual or suspected fraud or other misconduct is a violation of CCL's Code of Ethics and must be reported.

Conflict of Interest Policy:

Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise (1) business judgment; (2) delivery of services; or (3) ability to perform essential job functions. An actual or potential conflict of interest occurs when a person is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of business dealings. A relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

All Board of Directors, employees, consultants and volunteers of CCL are required to (1) Conduct business within guidelines that prohibit actual, potential or the appearance of a conflict of interest; (2) Disclose any personal or professional relationships which may represent a potential or actual conflict of interest with Agency activities, as well as circumstances which may give the appearance of such; (3) Disclose any actual or potential conflict of interest or the appearance of a conflict of interest at the time of appointment, hire or assignment; (4) Not to be involved in any decision making activities wherein such a conflict exists.

The Agency Conflict of Interest Disclosure and Confidentiality must be completed at the time of hire, promotion, or when circumstances change warranting an update. All Board of Director candidates must disclose and complete a Conflict of Interest Disclosure and Confidentiality Statement prior to their election/appointment.

Members of the Board of Directors, Senior Leadership, General Leadership, Finance employees, and Human Resources employees must complete a Conflict of Interest Disclosure and Confidentiality Statement annually. All Staff and Board of Directors members must disclose and complete a Conflict of Interest Disclosure and Confidentiality Statement when they become aware of a potential, actual or appearance of a conflict of interest.

Related Party Transaction: any transaction, agreement, or any other arrangement in which a related party has a financial interest and in which the corporation or any affiliate of the corporation is a participant, unless the transaction is determined by the board to be fair, reasonable and in the corporation's best interest. Excludes: (1) Transactions where the transaction itself or the related party's financial interest in the transaction is de minimis; (2) "Ordinary course of business" transactions that would not customarily be reviewed by the board or boards of similar organizations in the ordinary course of business and are available to others on the same or similar terms; and (3) Transactions that provide benefits to a related party due to the related party's membership in a class of beneficiaries that the corporation intends to benefit as part of its mission, which benefits are available to similarly situated members of the same class on the same terms.

Any Related Party Transactions between CCL and its directors, officers, and key employees, including their relatives and other organizational affiliations must be carefully addressed: (1) An interested party must disclose the material facts of his or her relationship to the transaction to the Board of Directors and be absent from board discussions and votes; (2) The Board of Directors may only approve a financial transaction if it is fair, reasonable, and in the best interests of CCL and consider alternative options.

Kickbacks:

Kickback: defined as the giving of remuneration of any kind which is interpreted as "anything of value" or a payment made to someone who has facilitated a transaction or appointment.

The Federal Anti-Kickback states that anyone who knowingly and willfully accepts or offers remuneration of any sort and in any manner intended to influence the referral of Medicare and Medicaid services can be held accountable for a felony. CCL employees and Board of Directors are prohibited from such action and shall not receive, willfully solicit, offer to pay or receive remuneration of any kind for the provision of services.

Gift Giving / Gifts From External Business Parties to Employees:

Gifts: defined as a tangible or intangible item of any value received from external resources/vendors, directly or indirectly by the employee as a means of obtaining preferential treatment.

Employees may not accept personal gifts or entertainment from any vendor by any means, directly or indirectly, at any time of the year if the gift exceeds \$25.00 in value. This includes, but is not limited to items of value, quasi-social invitations, credits for vendor promotions, money, performing service, loan, travel, entertainment, hospitality, things of promise or in any other form, under any circumstances, in which it could be reasonably inferred that the gift was intended to either influence the recipient into giving special consideration in the performance of

official duties. Any individual or organization that wants to make a gift that is cash or cash-like should be referred to the Cantalician Center Foundation.

Protection of Agency Resources:

CCL resources are only to be used for agency-related purposes and not for personal gain. Employees are responsible for and expected to manage agency resources wisely. All agency property used by an employee during their employment must be returned upon the termination of the employee.

Tax Exempt:

CCL is a tax-exempt entity under the rules and laws of New York State and the Federal Internal Revenue Service. The agency sales tax exemption is used only for legitimate agency business and service transactions. In order for it to maintain its tax exempt status, the agency's Personnel must not, in the name of or on behalf of the Agency, carry on propaganda or otherwise attempt to influence legislation (except as permitted by the Internal revenue Code) or participate in any political campaign of or in opposition to any candidate for public office. Personnel must not entertain government personnel in conjunction with Agency business. This does not prevent Personnel acting in their individual capacity from engaging in political activity.

Unfair Trade Practices and Antitrust:

The purpose of the antitrust and trade regulation laws is to protect CCL and individuals from unfair trade practices and to promote competition. All agency representatives are expected to comply with all laws pertaining to the restraint of trade and fair competition.

Billing and Payment Standards:

CCL is committed to prompt, complete and accurate billing of all services provided to individuals. CCL employees, volunteers, interns, contractors, and vendors shall not create or submit any false or misleading claims, or engage in any arrangement, participate in any arrangement under the direction of anyone else, including a supervisor that results in such prohibited acts.

Employees shall refrain from the following practices and will report to the Compliance Officer any employee who is suspected or known to have acted in an inappropriate or unethical manner to include:

- Knowingly seeking payment for services not rendered
- Billing for services not performed
- Backdating records
- Falsifying documentation; falsifying dates on a claim
- Billing for higher payment than entitled

It is the responsibility of all employees to ensure that billing activities are performed in a manner consistent with Medicaid or any other regulations and requirements. To assist in its efforts to detect and prevent fraud, waste, and abuse, CCL conducts regular audits and monitoring procedures. Any payment discrepancies, inaccurate billings, voids, or and other claims adjustments and repay any overpayments, are addressed in a quick and efficient manner.

Service Documentation:

CCL programs will complete all required documentation of services as outlined in policies and procedures to comply with regulators and funding sources. All billing and claims generated must accurately reflect that services rendered are supported by relevant documentation. CCL will seek payment only for services rendered/performed and will accurately document in all records.

Medical Necessity and Quality of Care Services:

For services to be considered medically necessary, they must be reasonable and necessary for the treatment of illness, injury, disease, disability, or developmental condition. Medical necessity is a critical factor for determining eligibility for Medicaid-reimbursable therapy and treatment services. CCL follows Medicaid and any other applicable oversight agency guidelines to ensure medical necessary criteria is valid prior to a claims submission.

Records Management:

All records and files are expected to accurately reflect the transactions and operations of CCL. CCL prohibits, without exception, the entry of information known to be false or materially misleading on any documentation. All employees must follow agency policy regarding the disposal or destruction of agency records or files.

Confidentiality / HIPAA:

CCL is committed to complying with federal, state and any rule or regulation associated with the privacy or protection of health and financial information, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). CCL has a policy to ensure compliance with the legal requirements of HIPAA, which includes the Notice of Privacy Practices to the individuals. The Privacy Officer has general responsibility for implementation of this policy. Staff who violate this policy are subject to disciplinary action. Business Associates and contractors who violate this policy are subject to sanctions including written admonition, financial penalties and termination of employment or contract with CCL. Anyone with knowledge of a violation or potential violation of this policy must report directly to the Privacy Officer so that appropriate steps can be taken to investigate the violation and notify all required parties in the event that the violation constitutes a breach.

Mandatory Reporting

CCL employees who have knowledge of violations of law or agency policy, operating procedures or conduct, which might reasonably constitute fraud, waste, abuse, corruption or misconduct must report what they know as soon as possible, to either their supervisor or the Compliance Officer. Supervisors have an obligation to report known or suspected compliance issues further up the chain of command or to the Compliance Officer

Credentialing and Screening:

CCL ensures that all staff, providers, and vendors used to provide services and goods in connection with the agency's service programs are appropriately qualified and eligible. CCL conducts appropriate screening and background checks of employees, volunteers, interns, providers, independent contractors, and vendors as required by law. Exclusion screening is conducted prior to hiring and monthly thereafter. The Compliance Officer ensures that staff and vendor exclusion screening is completed through audits. The Human Resources Department is responsible ensures that background screenings and required pre-employment documents are

completed and maintained for each applicant/candidate/new hire employee for the department's applicable oversight agency. The Finance Department ensures that appropriate background checks of all vendors/contractors, or potential vendor/contractors are completed and maintained for each vendor/contractor.

2. DESIGNATED AN EMPLOYEE VESTED WITH RESPONSIBILITY

CCL has a designated employee vested with responsibility for the day-to-day operation of the compliance program. This employee reports directly to the agency's Executive Director and regularly reports to the Board of Directors on the activities of the compliance program.

Corporate Compliance and Quality Assurance Coordinator:

Responsible for day-to-day operation of the compliance program; Member of senior management;

Ensures compliance with all governmental and contractual rules and regulations; Serves as the Compliance Officer; Responsible for the overall coordination, planning, and implementation of the agency's general compliance activities; Coordinates compliance surveys and activities to ensure that the Agency is adhering to rules, regulations, and agency policies; Serves as the HIPAA and FERPA Privacy Officer; Oversees the planning and implementation of the Agency's general quality assurance and compliance risk management program; Develops quality assurance and corporate compliance policies and procedures and reviews all other program policies to ensure that they are in compliance with regulations and certification standards; Implements program audits per audit schedule for all agency programs and provides reports to program staff; Monitors corrective action plans; Attends and participates in program surveys and certification reviews; Maintains records of all surveys and reviews; Oversees coordination of general quality improvement activities such as "Best Practices" groups, quality improvement groups, and agency quality assurance reviews according to the agency QI Plan; Oversees confidential maintenance of all compliance and QA records and documents; Serves as the Compliance Officer to receive any report of individual or agency fraud, misrepresentation or falsification; Conducts corporate compliance investigations, completes investigative reports, makes recommendations, and ensures follow-up by program staff.; Chairs the Internal Compliance Committee; Develops and monitors Compliance Work Plan and the Corporate Compliance Program; Develops and coordinates a comprehensive staff development program as related to Corporate Compliance, quality assurance and related issues in conjunction with the Director of Human Resources and Program Directors; Plans, facilitates, arranges and/or conducts training to Board of Directors to enhance knowledge, oversight duties and governing abilities; Advises Board of Director Audit and Compliance Committee to help develop comprehensive governance policies; Reports quarterly to the Board of Directors Audit and Compliance Committee; Assists in the implementation of plans, strategies and goals as is appropriate to the duties and role of the position; Attends and participates in administrative staff meetings, management staff meetings, staff meetings and other agency or inter-agency committee meetings appropriate to duties and responsibilities; Participates in DDAWNY Corporate Compliance and QA/QI committee activities.

Internal Compliance Committee - The role of the Internal Compliance Committee is to ensure compliance by providing oversight for regulatory and legal compliance issues to ensure that CCL promotes an organizational culture that encourages ethical conduct and commitment to

compliance with the law. In addition, the Internal Compliance Committee's role is to advise the Compliance Officer and assist in the implementation of the Corporate Compliance Program. The Compliance Committee membership includes all members of senior leadership. Responsibilities include: Analyzing CCL's regulatory environment, the legal requirements with which it must comply, and specific risk areas; Reviewing and assessing existing policies and procedures, as well as any new laws, issues, or guidelines that address risk areas and to encourage compliance according to legal and ethical requirements; Recommending, monitoring, and evaluating the development of internal systems and controls to carry out CCL's standards, policies and procedures; Reviewing written summary reports regarding allegation, investigation, conclusion and corrective actions of Corporate Compliance investigations; Preventing, detecting and correcting known or suspicious fraud or other forms of misconduct that would expose CCL to significant criminal liability; Monitoring internal and external audits and investigations for the purpose of identifying potential compliance issues and deficient areas; Reviewing and ensuring the implementation of corrective and preventive action; Reviewing the Corporate Compliance Program to determine overall effectiveness, gaps between requirements and programs, and to reduce risk; Reviewing of any current compliance issues; Quarterly reporting to the Board of Directors Audit and Compliance Committee via the Compliance Officer.

3. EDUCATION AND TRAINING

CCL provides training and education to all affected employees and persons associated with the agency, including senior leadership and governing body members, on compliance issues, expectations and the compliance program operation. Such training occurs periodically and is part of the orientation for a new employee or governing body member.

The Compliance Officer ensures participation in all required training. All new hires participate in an orientation program designed to familiarize new employees with CCL, its policies and procedures, programs, compliance program, and expectations. Attendance is mandatory and successful completion of the orientation program and ongoing training throughout employment is a condition of employment. Annual Corporate Compliance Training is mandatory for all employees. Ongoing training is provided as needed e.g. regulations or policy changes, and identification of trends via internal and/or external audits. All interns, volunteers and Board of Directors participate in these compliance training requirements

4. LINES OF COMMUNICATION TO THE RESPONSIBLE COMPLIANCE PERSON

CCL has communication lines to the Compliance Officer that are accessible to all employees, persons associated with the provider, senior leadership and governing body members, to allow compliance issues to be reported. Such communication lines include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

It is the responsibility of all employees, volunteers, interns, Board of Directors, and contractors to report violations or suspected violations of the compliance program in accordance with the Whistleblower Protection – Non-Intimidation and Non-Retaliation Policy. Anyone demonstrating good faith participation in the compliance program may report any violations or suspected violations to their immediate supervisor, program director, Director of Human

Resources or to the Compliance Officer Reports/concerns can be made by a means chosen by the reporter, which includes: telephone, email, in person, or the Confidential Compliance Hotline. The Compliance Officer is responsible for ensuring that all complaints are thoroughly investigated and resolved.

When using the Confidential Compliance Hotline, callers may remain anonymous. Reports that are made to this hotline are kept confidential. The Compliance Officer is responsible for primary oversight of the hotline. The Director of Human Resources serves as a backup only when the Compliance Officer is not available.

Notices with the hotline's phone numbers are posted on the agency's website and throughout all CCL buildings in accessible locations.

Failure to report can result in disciplinary action up to and including termination. If employees are unsure whether conduct is illegal or fraudulent, they should contact their supervisor, program director or the compliance officer.

5. DISCIPLINARY POLICIES TO ENCOURAGE GOOD FAITH PARTICIPATION

CCL has discipline policies to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assist in their resolution and outline sanctions for: (1) failing to report suspected problems; (2) participating in non-compliant behavior; or (3) encouraging, directing, facilitating or permitting either actively or passively noncompliance behavior. Such disciplinary policies are fairly and firmly enforced.

Standards of Conduct:

The principal objective of any disciplinary action shall be to improve performance and efficiency of the employee. An employee who fails to abide by the established rules of conduct set forth in administrative notices, the Employee Handbook, or verbally by a supervisor will be subject to disciplinary action up to and including dismissal. These rules of conduct include sanctions for failing to report suspected compliance issues, for participating in non-compliant behavior, and encouraging, directing, facilitating or permitting either actively or passively non-compliance behavior. CCL may begin discipline at any level of the progressive disciplinary system, depending on the circumstances involving the misconduct. CCL upholds and maintains a progressive disciplinary system, the sequence of which may include all or part of the steps at the discretion of administration, unless otherwise covered by law. Both exempt and non-exempt employees may be subject to suspension without pay, demotion, or termination at any stage of the process depending on the severity of the misconduct. Volunteers and interns are expected to follow the agency's standards of conduct and code of ethics. They are also subject to sanctions for failing to report suspected compliance issues, for participating in non-compliant behavior, and encouraging, directing, facilitating or permitting either actively or passively non-compliance behavior. Members of the Board of Directors are expected to follow the agency's standards of conduct and code of ethics and are also subject to sanctions for failing to report suspected compliance issues, for participating in non-compliant behavior, and encouraging, directing, facilitating or permitting either actively or passively non-compliance behavior. The Compliance Officer would notify Membership who would then review and apply sanctions as necessary.

6. SYSTEM FOR ROUTINE IDENTIFICATION OF COMPLIANCE RISK AREAS

Through various policies and procedures, CCL has established a system for routine identification of and evaluation of compliance issues and risk areas. This system includes self-evaluations for such risks, internal and external program and billing audits, evaluation of potential or actual non-compliance as a result of such audits and evaluations, credentialing of providers and persons associated with providers, mandatory reporting, governance, and quality of care medical assistance program beneficiaries.

The Compliance Officer shall conduct, review and track all internal audits and shall report the findings to program directors, department supervisors, Internal Compliance Committee and Board of Directors (via the Audit and Compliance Committee). Program directors, in conjunction with the Compliance Officer, will review and track internal and external audits, as well as develop corrective plans.

Record Reviews / Auditing:

CCL is committed to ensure compliance with all applicable laws, rules and regulations as well as agency policies in the delivery of services. CCL conducts self-assessments to identify compliance risk areas. The Compliance Officer, in conjunction with program directors, will address any identified risks and develop corrective actions accordingly. Routine internal record reviews are conducted and/or overseen by the Compliance Officer to ensure compliance and to identify and share best practices. The reviews are also intended to identify possible instances of error, fraud, abuse, waste and to implement necessary corrective action. Record reviews will be conducted in all agency programs and services. The size and frequency of the review sample will be based on program enrollment and scope and approved by the Internal Compliance Committee on an annual basis. The site and program directors will address any findings and document corrective actions within thirty (30) days of receipt of the record review findings. Corrective actions must be submitted to the Compliance Officer, who is responsible for maintaining documentation and ensuring that all corrective action has been implemented.

The Compliance Officer will ensure that the audit tools address the current regulatory requirements and program standards. The size and frequency of the review sample will be based on program/department size and scope. Audits will be completed more frequently if there are significant concerns with the site documentation, if changes in regulations have occurred, or if there is a change in program management staff.

An internal audit may also be triggered by the discovery of a potential documentation/billing error during the course of routine employee/supervisor review of documentation. In such cases, the staff must immediately notify the Compliance Officer upon discovery. Failure to do so may result in disciplinary action up to and including termination.

Audit reports and self-assessments are provided to the Internal Compliance Committee and Board of Directors Audit and Compliance Committee. Corrective Action Plans may address corrective billing actions, possible disciplinary action as outlined in the Employee Handbook, additional staff training, development/revision of policies and procedures, and/or reporting to governmental agencies.

The Compliance Officer and Internal Compliance Committee will determine if audit findings need to be self-reported to the Department of Health (DOH) or NY State Office of the Medicaid Inspector General (OMIG), following the OMIG statutory and regulatory guidelines.

7. SYSTEM FOR RESPONDING TO COMPLIANCE ISSUES

CCL has a system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the department or the office of Medicaid inspector general; and refunding overpayments.

Corporate Compliance Investigations:

There are established guidelines for conducting compliance investigations. The policy establishes procedures for the receipt, documentation and processing of compliance concerns received by the Compliance Officer. All reports are promptly and thoroughly investigated, and corrective actions are taken if warranted by the investigation. CCL keeps complaints confidential to the degree possible as is consistent with a thorough investigation and applicable laws. If employee misconduct is determined, corrective actions are taken in accordance with CCL's Standards of Conduct. Corrective actions may include internal remediation or referring the matter to appropriate civil or criminal authorities. Intimidation or retaliation is not tolerated or made against any employee who, under good faith, makes a report of concern. The investigator completes a written investigation report. The Compliance Officer makes a recommendation as to whether or not the case is substantiated or unsubstantiated. Cases which are candidates for self-reporting to the New York State Office of Medicaid Inspector General are discussed further with the Internal Compliance Committee. Program directors are responsible for development of corrective actions to be taken in response to a substantiated case. Corrective actions may include the implementation of policies and systems to reduce the potential for reoccurrence. The Compliance Officer reports to the Internal Compliance Committee and Board of Directors via the Audit and Compliance Committee.

8. POLICY OF NON-INTIMIDATION AND NON-RETALIATION

CCL has a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, which includes, but is not limited to: reporting potential issues (which include fraud and abuse), investigating issues, self-evaluations, audits, remedial actions, reporting to appropriate officials in section 740 and 741 of the NYS Labor Law (which includes "whistleblower protections").

Anyone demonstrating good faith participation in the compliance program may report any violations or suspected violations to their immediate supervisor, program director, Director of Human Resources or to the Compliance Officer. Reports/concerns can be made through a variety of means as chosen by the reporter including email, fax, cell phone, office phone, in person, postal mail, locked compliance box, confidential compliance hotline, etc. The Compliance Officer is responsible for ensuring that all complaints are thoroughly investigated and resolved.

Retaliation is strictly prohibited against anyone, who in good faith, participates with the compliance program, reports a violation or assists in making such a report. Anyone filing a complaint concerning a violation must be acting in good faith and have reasonable grounds for believing the information discloses a violation. Anyone that feels they were retaliated against by any other employee of Cantalician Center, member of the Board of Directors, volunteer, intern or contractor, must report this to their immediate supervisor, program director, Director of Human Resources or the Compliance Officer. This report of retaliation will be investigated by the Compliance Officer and/or Director of Human Resources. Anyone that is found to have retaliated against someone who has reported a violation in good faith is subject to sanction, or for employees, disciplinary action up to and including termination of employment. Any allegations that prove to be unsubstantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious offense and subject to severe sanction, or for employees, severe disciplinary action.

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