YOUTH ADVOCATE PROGRAMS, INC.

INTEGRITY COMPLIANCE PLAN

Revised: March 2017
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2. Written Policies and Procedures</td>
<td>6</td>
</tr>
<tr>
<td>3. Compliance Officers and Committee</td>
<td>8</td>
</tr>
<tr>
<td>4. Effective Training and Education</td>
<td>9</td>
</tr>
<tr>
<td>5. Effective Communications</td>
<td>10</td>
</tr>
<tr>
<td>6. Enforcing Standards</td>
<td>11</td>
</tr>
<tr>
<td>7. Auditing and Monitoring</td>
<td>12</td>
</tr>
<tr>
<td>8. Investigations and Corrective Actions</td>
<td>14</td>
</tr>
</tbody>
</table>
Introduction

Welcome to the Youth Advocate Programs, Inc., Integrity Compliance Plan (ICP). This Plan sets forth YAP’s overall approach to the many ethical and compliance issues that may arise in the provision of our services. Additional guidance may be found in YAP’s Personnel Policy Manual, Code of Conduct, HIPAA Manual, and contracts. Because YAP provides behavioral health services reimbursed by Medicaid and is licensed in accordance with Medicare standards, we are obligated to comply with the standards set by the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) as well as in applicable state and federal law. Therefore, our ICP is intended to incorporate guidance from:

- 2011 Federal Sentencing Guidelines, Chapter 8, Part B.
- Federal False Claims Act.
- Deficit Reduction Act
- Whistleblower Protection Act
- Dodd Frank
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- HIPAA Omnibus Rule 2013
- HITECH
- HHS-Officer of the Inspector General (OIG) and OIG Guidance for developing and implementing Integrity Compliance Plans.
- Anti-Kickback Laws including, Omnibus Budget Reconciliation Act of 1989 (OBRA), Stark I.
- Sarbanes-Oxley Act (2002).
- 42 CFR Part 2
- Beneficiary Inducement Law
- Exclusion Statute
- Applicable state laws and regulations
- GAAP Standards; and
- YAP’s Policies and Procedures.

The organization implements other laws to ensure compliance and governance as noted in policies and the Code of Conduct through the guidance of the Equal Employment Opportunity Commission (EEOC), Employee Retirement Income Security Act (ERISA), and the Occupational Safety and Health Administration (OSHA).

The Compliance Officer is responsible for oversight and direction of the Compliance Program, and advises the CEO and the Board of Directors on Compliance Issues. Your Senior Managers and Supervisors are responsible for implementation of the Compliance Program and ensuring that all employees comply with the Integrity Compliance Plan and Code of Conduct.

Youth Advocate Programs, Inc. (YAP, Inc.) always strives to provide client services in a manner that is consistent with relevant and applicable laws and to conduct business in an
honest and ethical manner. Consistent with these values, YAP has developed an Integrity Compliance Plan (ICP) to implement and maintain YAP standards and commitment to quality services and to the standards of corporate conduct in all of its dealings with clients, employees, payers, vendors, and contractors. This ICP and the Compliance Program are implemented with the full support of the YAP board of directors. The primary purpose of YAP’s Compliance Program is to prevent and to detect violations of laws, regulations, and agency policy.

This ICP describes the seven fundamental elements of YAP’s Compliance Program which have been established based upon guidance from the Office of Inspector General (OIG) of the United States Department of Health and Human Services. It is YAP’s expectation that employees and independent contractors will comply with the ICP, Code of Conduct, and the YAP Policies and Procedures that have been established in support of the Compliance Program. Vendors are expected to receive a copy of our ICP and ensure their compliance with it. If YAP becomes aware of violations of law, regulations, or YAP policies, YAP is committed to investigating the matter, and where appropriate, taking effective disciplinary action, and implementing corrective measures to prevent any such future violations.

This document provides the basic principles that YAP, Inc. employees, vendors and subcontractors are expected to follow or develop and maintain quality standards as they provide services to clients and families. As with any good plan, it will be reviewed annually and revised as necessary to encourage all employees, vendors and subcontractors to act in an ethical, responsible manner while adhering to the agency’s core values.

Organizational Expectations

YAP’s plan is based on its zero tolerance for fraud policy. This means that as an organization:

- All employees and vendors are required to conduct themselves in an ethical, responsible, and legal manner. (see YAP, Inc. Standard of Conduct Policy)
- All employees and vendors must respect and follow laws, regulations, requirements, and policies.
- All employees need to adhere to YAP, Inc.’s core values and principles.
- All YAP employees must promptly report any violation of YAP’s Code of Conduct, or Integrity Compliance Plan to their immediate supervisor, CO, or member of the Integrity and Compliance Committee.
- All employees must accurately document and bill in an appropriate manner for authorized services provided.
- All employees must attend and participate in compliance plan training.
- All vendors must receive and adhere to the Integrity Compliance Plan.
YAP’s Mission Statement

Our mission is to provide individuals who are, have been or may be subject to compulsory care with the opportunity to develop, contribute and be valued as assets so that communities have safe, proven effective and economical alternatives to institutional placement.

Core Principles

- Individualized Service Planning
- Partnership with Parents
- Community-Based Care
- Strength-Based Work
- Team Approach
- Cultural Competence
- Unconditional Caring
- Corporate and Clinical Integrity
- Giving back

These principles have been the cornerstone of our agency since its inception as a private, non-profit corporation in 1975. They reflect our ongoing commitment to community-based programming that empowers young people and families to lead healthy, safe and productive lives.
1. **Written policies and procedures**

- YAP has developed this Integrity Compliance Plan because the organization is committed to preventing fraud, abuse and waste while furthering its fundamental mission. As an organization, YAP has zero tolerance for improper, illegal or unethical activity and expects all employees to conduct themselves in an ethical and responsible manner as outlined in the Code of Conduct and to adhere to YAP’s core values.

- All employees are expected to adhere to all legal, regulatory, fiscal and program requirements. These requirements can be established by federal and state law or regulations; by private third-party payers or other funding authorities; and by YAP.

- Every employee is responsible to read, understand and implement all YAP Policies. Employees are also responsible to comply with the Code of Conduct established by the Integrity Compliance Committee, reviewed by YAP’s most Senior Management, and approved by the Board of Directors.

- Every employee will receive information regarding the Integrity Compliance Plan and each employee will sign an acknowledgement of receipt of same.

- Every employee shall report any suspected fraud, abuse or misconduct inconsistent with or in violation of the written standards of conduct, or other laws, regulations or requirements.

- Employees are expected to provide only those services authorized and necessary, accurately documenting and billing for authorized services rendered. Under no circumstance shall any employee: knowingly make false or inaccurate claims; bill for services not rendered; provide and/or bill for medically unnecessary services; inappropriately code billings; or submit duplicate billings.

- Independent contractors and partnering agencies are expected to adhere to the YAP Compliance Plan and Code of Conduct. They will also acknowledge receipt of the ICP and the Code of Conduct.

- Prior to entering into agreements with vendors, independent contractors, partnering agencies, and referral authorities, a background check will be conducted through the OIG, US General Services Administration (GSA), and Department of Justice (DOJ) websites to determine if any exclusions exist, or if they are currently under Corporate Integrity Agreements (CIA) or Deferred Prosecution Agreements (DPA) that may prevent a working relationship.
• When practical to do so, YAP should conduct background checks of those entities and persons from which YAP intends to lease space.

• All leases will be negotiated at or below “Fair Market Value.” Research will be conducted prior to the signing of any and all leases that the lease is at “Fair Market Value.”

• All licensed and certified employees, independent contractors up to and including psychiatrists, psychologists, and physicians, etc. are expected to adhere to all YAP internal credentialing procedures prior to engaging in client care and delivering any and all billable services.

• Background checks through the use of OIG and the DOJ websites to determine exclusions will be conducted on any and all psychiatrists, physicians, and health care entities annually. Furthermore, YAP will conduct ongoing auditing and monitoring and provide documentation demonstrating YAP and these persons and entities are in compliance with the Stark and Anti-Kickback Statutes and their implementing regulations.

• YAP’s Assistant Chief of Contracts prepares Business Associate Agreements (BAA) and distributes with each applicable contract (along with W-9’s, etc.), whether the contract is a new one or one that is being renewed. Once returned, the BAA is maintained in the same file as the other components of our contracts. All components of a contract, including the BAA, are kept in a locked filing cabinet in the Assistant Chief of Contracts office.

• All Directors, Officers, and Senior Managers of YAP will complete a “Conflict of Interest” Disclosure Statement on an annual basis in accordance with the Conflict of Interest Policy of the Organization.

2. **Compliance Officer and Committee**

• The Compliance Officer (CO) will communicate on a regular basis with the Integrity Compliance Committee (ICC), the CEO, and Board of Directors, sharing documents in respect to any actions taken regarding the components of YAP’s ICP and the Code of Conduct. The CO will report directly to the CEO and directly to the Board of Directors.

• Youth Advocate Programs, Inc. Integrity Compliance Committee membership is composed of the following:
  - Chief Executive Officer
  - Compliance Officer
- National Director of Behavioral Health
- Regional Leadership representatives
- Chief Financial Officer
- Deputy Chief of Program Services
- Director of Auditing and Monitoring
- Chief of HR
- Board Representative (Audit Committee)
- Counsel
- Chief Information Officer
- Chief of Performance and Quality Improvement

Attendance at Integrity Compliance Meetings is open to all State Presidents, Deputy CEO’s and Vice Presidents – meeting attendance is not mandatory for this group; however, it is encouraged as Senior Members of YAP. Designees and invitees may also attend on an as needed basis.

- The ICC meets to develop, review, coordinate and monitor policies, procedures, trainings and internal audits. The committee will meet on an as needed basis, but no less than quarterly.

- The ICC, through the CO, will report its activities and actions to the Organization, CEO, and Board of Directors on an as needed basis – no less than annually and/or as determined by the Board of Directors.

3. Effective Training and Education

- All employees will be educated about YAP’s Integrity Compliance Plan and Code of Conduct and are expected to understand and comply with both the letter and spirit of the plan. All employees will be provided a minimum of one hour of general Compliance training annually with additional specific training for specified groups of employees that work in high risk areas including but not limited to billing, coding, and the behavioral health field.

- As part of orientation and training, all new employees will initially be given written information regarding YAP’s ICP. Prior to providing services, all new employees will receive compliance training on YAP’s zero tolerance for fraud, ICP, Deficit Reduction Act/False Claims Act, HIPAA, Special Incident Reporting, and the Code of Conduct.

- As a condition of continued employment, YAP employees must attend and participate in a one-hour training session on the ICP on an annual basis.

- Documentation will also be maintained in each employee’s personnel file that acknowledges they received the ICP training.
• The ICC will establish the components and timing of the training plan and the requirements for the trainers.

• Employees performing billing activities will be trained in billing procedures (including paperwork, logs, and internal audits) by their supervisor and/or peer approved by the supervisor.

• As part of an exit interview for employees who leave the organization, the individual will be asked if there is anything they would like to report with regard to compliance with YAP’s ICP. Any issues reported at an exit interview should be immediately communicated to the CO and investigated and reported.

4. Effective Communications

• All employees are encouraged to deal openly and directly with supervisors and co-workers in discussing and resolving any practices or actions that appear to be in violation of law, regulation, agreements with referring authorities, or Policies and Procedures.

• All employees are required to report any suspected fraud, waste, and abuse and other violations of the ICP. This report can be made to a supervisor, Compliance Officer, any member of the Compliance Committee, or any mechanism so designated by YAP’s Compliance Committee, such as a drop box or by calling the Compliance Hotline at: 1-800-324-5794. Employees are also encouraged to contact the CO directly via e-mail: mgutshall@yapinc.org, calling 814-542-2914 or in writing at Youth Advocate Programs, Inc., 2007 N. 3rd Street, Harrisburg, PA 17110. All written communication to the Compliance Officer should be marked “Confidential.”

• The Compliance Officer will maintain a log of reports, action taken and outcomes. This log will become part of the report to the Compliance Committee, the CEO and the Board of Directors.

• Supervisors, CO, members of the ICC and Senior Managers will put forth their best efforts to maintain confidentiality of any employee who reports fraud. However, there may be a point when an individual’s identity may become known or may have to be revealed in certain instances when governmental authorities become involved.

• Youth Advocate Programs, Inc. enforces the provisions set forth in the Federal False Claims Act, 31 USC § 3279. Further, YAP complies with all applicable State False Claims Acts.

• Under the state and federal provisions of the Federal False Claims Act, all employees, vendors, and subcontractors shall be made aware of the “Whistleblower Provisions” contained in the Federal False Claims Act. Any and all employees have an obligation to report fraud and abuse being performed by the organization and/or employees of the organization without retaliation.
• YAP has adopted and implemented a non-retaliation policy which is consistent with the Federal provisions of the Federal False Claims Act and applicable state law which is communicated to YAP employees, vendors and subcontractors.

• Employees have an obligation to report directly to the CEO when they believe, in good faith, that the Compliance Officer is not compliant with the organization’s Compliance Program.

5. **Enforcing Standards**

• New employees shall be asked to submit to all background checks as part of the employment application package, in accordance with state and federal guidelines third party payer requirements, and any specific program guidelines.

• Periodically, existing employees may be asked periodically to submit to background checks as a condition of continued employment in accordance with state and federal guidelines and/or third party payers requirements which govern the program services the employee provides to clients.

• YAP will prohibit the employment of individuals in its behavioral health programs who have been listed as debarred, excluded or otherwise ineligible for participation in federal and state health care programs. In addition to asking individuals if they have been debarred, excluded or are otherwise ineligible, YAP will independently check published lists (ex- [http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/)) for individuals who have been terminated from the Medicare and Medicaid programs. YAP utilizes K Checks to perform all applicable exclusion checks. K Checks is a service provided by Kinney Services, Inc. which is an electronic "web-based" program. K Checks automatically searches on a monthly basis against a central repository for individuals and entities that have been excluded from participating in federally funded healthcare programs, including Medicaid and Medicare.

• If the resolution of the employees results in the conviction, debarment or exclusion of a YAP employee from participation in a federal and state health care program, YAP will terminate the employee in adherence to its Personnel Policy Manual procedures.

• If a licensed or certified employee of YAP is investigated for fraud and abuse and the outcome reveals the employee did in fact fraud the state or federal government in accordance with laws and regulations, YAP will take the necessary actions as outlined in the Policies and Procedures and Code of Conduct.

• If the resolution of a matter does not result in conviction, debarment or exclusion from participation in a federal and state health care program, YAP will take disciplinary action in accordance with YAP policies.
6. **Auditing and Monitoring**

- All employees are required to accurately record and bill for services specified in the client’s treatment or service plan. All employees shall self-audit their work and billable time prior to submission to their supervisor.

- All administrative managers are required to review employee paperwork to ensure that the documents are completed as required (e.g., appropriate information on the form, signatures where required, etc.) and mathematically accurate.

- Directors and supervisors are responsible to review the paperwork to ensure compliance with all requirements.

- Program Managers and the Billing Department in The Support Center are responsible to review all fiscal documents and initiate corrective action procedures when necessary.

- At the direction of the Compliance Committee, a review of each state’s behavioral health program will be conducted. A representative(s) from the committee will be designated to conduct a review of each state’s compliance with regulatory and YAP requirements. These reviews will be conducted on an as needed basis.

- The CO will conduct routine internal audits at the direction of the ICC and the findings will be reported to the Director, State Leadership and the National Director of Behavioral Health. The ICC will set forth the internal audit standards as described further in the Monitoring Procedure Manual.

- Utilizing YAP-authorized monitoring and reporting tools, results of the individual state reviews will be shared with the designated State Director and the Chair(s) of the Integrity Compliance Committee. The CO or ICC will monitor the outcome and conduct timely follow up as deemed appropriate.

- An outside Certified Public Accountant (CPA) firm in good standing with regulations and Statutes will conduct an annual fiscal audit according to state, federal and GAAP standards.

- The CPA firm will be evaluated by the CO and ICC to ensure their compliance with regulations and statutes of governance including standards of best practice for auditing firms.

- The CEO, CO and ICC may recommend additional targeted compliance audits when needed.

- All employees are required to fully cooperate with any audit conducted by YAP or by any third-party payer.
• The Compliance Officer, ICC members, or other reviewers have developed various techniques to independently, adequately and fairly review records and staff activities. These auditing and monitoring efforts are aimed at detecting and reducing fraud and abuse.

• The Integrity Compliance Plan will be reviewed by the ICC on an annual basis to determine if it still meets the needs of YAP, laws and regulations.

• The Code of Conduct will be reviewed every two years by the ICC to ensure it is accurate and up to date in accordance with laws, regulations, and policies.

7. **Investigations and Corrective Actions**

• All communication, including written and verbal, from any and all outside parties including the State and Federal government relative to inquiries and/or investigations must be sent to the CO immediately. The employee must report any and all inquiries to their immediate supervisor, Senior Manager, and the CO simultaneously, and await direction prior to responding to any outside inquiry.

• Upon reports or reasonable indications of suspected noncompliance, the CO and ICC will initiate prompt steps to investigate the conduct in question to determine if a violation of law or the compliance plan has occurred.

• The CO or ICC will monitor the outcome and conduct timely follow up as deemed appropriate.

• Internal investigations will include interviews (when necessary) and review of relevant documents to determine the compliance violation. Incidents of non-compliance may be solitary (confined to an individual employee) or one of practice (done by all staff). If such a violation is found, the extent of the non-compliance will be determined, any necessary refunds will be made and re-training will occur.