



Code of Ethics & Corporate Compliance Plan

The purpose of the code is to provide necessary information to everyone involved with the agency to help them adhere to ethical principles of the agency. Everyone involved in providing programs and services, whether they are employees, board members or volunteers, is expected to understand and adhere to this plan. The agency is accountable to the code in addition to all laws and regulations applicable to the services provided.

Business Principles

1. Maintain the confidentiality of agency records
2. Protect agency assets
3. Maintain positive agency image
4. Job accountability
5. Conflict of interest
6. Gifts, money and gratuities
7. Media communication

Member Services

1. Members rights and responsibilities
2. Individual service plan
3. Member interactions
4. Member privacy
5. Medication storage and dispensation

Professional Responsibilities

1. Maintaining a safe and healthy work environment
2. Refrain from misrepresentation
3. Refrain from engaging in unfair trade practices
4. Adhere to tax-exempt requirements
5. Fundraising standards
6. Submit accurate billing and financial reports
7. Accepting kickbacks
8. Regulations

Human Resources

1. Comply with labor and employment laws
2. Staff diversity
3. Personal ethical conduct
4. Maintaining employee's privacy
5. Substance abuse and unsafe workplace behavior

Agency Board of Directors

As the governing body of the agency the Board of Directors has responsibility for the care, management, and control of the agency and must be held to the highest of ethical and moral standards. The Board of Directors recognizes that established ethical standards of fairness, honesty and integrity are essential to the proper conduct of the Board of Directors in upholding its governance responsibilities.

Screening of New Employees

Job applicants and other employees who have been selected for employment or other positions within the agency must complete a series of background checks to assure there are no incidents involving the applicant which would adversely affect their ability to perform their job duties. Applicants that require specific credentials and/or licensure are required to provide verification.

In addition to checking a person's criminal history, sexual offence history and driving record the agency checks the OIEG exclusion database to determine whether the individual participation in Medicaid or other government funded programs is excluded.

Corporate Compliance Officer and Committee

The Corporate Compliance Officers directs the Corporate Compliance Plan with the support of the Corporate Compliance Committee. The HR director is the Corporate Compliance Officer and reports directly to the Executive Director. The Executive Director, HR Director, Program Director and Agency Financial Director make up the Corporate Compliance Committee. The committee meets quarterly.

- The suspected violation should be reported to HR and/or the Executive Director within 30 days of when the action occurred.
- The Executive Director and HR will review the suspected violation 10 working days and take necessary action accordingly.

Reporting Suspected Violations to the Corporate Compliance Plan

All agency employees have a responsibility to report in a timely manner any violation of the Agency's Corporate Compliance Plan. The agency encourages individual responsibility for reporting any activity by any agency employee that reasonably appears to violate applicable laws and regulations. Any notice regarding potential litigation against the agency and/or suspected violations of law by the agency must be reported to the Executive Director. Failure to report could lead to disciplinary measures.

The Agency has an open-door policy that encourages employees to share their questions, concerns, suggestions or complaints with someone. In most cases, an agency employee's supervisor is in the best position to address an area of concern. If the violation was reported verbally to the supervisor or manager this information is written up and forwarded to the HR Director. If an employees is not satisfied with their supervisors response to the concern, or if an employee is not comfortable speaking with the supervisor then the employee may contact the HR Director.

Detecting and Preventing Medicaid Waste, Fraud and Abuse

Federal and state laws prohibit waste, abuse, and fraud of Medicaid funds that the agency receives for services provision. These laws include the 2005 Deficit Reduction Act; Federal False Claims Act (amended 1986) under title 31 of the United States Code, sections 3729 through 3733; and Iowa Code 249A.8 and 714.8(10)-714.14. At the agency, Medicaid funds are received for Home and Community Based Waiver Services (Supported Community Living, Adult Day Services and Supported Employment Services). The agency prohibits Medicaid waste, abuse and fraudulent practices.

Any employee who suspects Medicaid waste, abuse, or fraud should immediately report that allegation to the Executive Director. If the employee suspects the Executive Director of Medicaid waste, abuse, or fraud, the report should be made to the President of the agency Board of Directors. An internal investigation will be initiated immediately, with appropriate corrective actions taken as a result of the investigative findings, including self-reporting to the Department of Human Services (DHS). Appropriate disciplinary actions will be implemented as a result of the internal investigation. All documentation related to the investigation will be maintained in the agency's confidential records.

Employees may report suspected Medicaid waste, abuse or fraud to:



1. Iowa Medicaid Director, Division of Medical Services, Department of Human Services (DHS), 100 Army Post Road, Des Moines, Iowa 50315, phone number 515.725.1121, fax number 515.725.1010; or
2. Iowa Medicaid Fraud Control Unit with the Department of Inspections and Appeals (DIA), Lucas State Office Building, 3rd floor, Des Moines, Iowa 50319, phone number 515.281.6377, or fax number 515.242.6507; or
3. Health and Human Services Office of Inspector General, phone number 1.800.hhs.tips, fax number 1.800.223.8164, e-mail hhtips@oig.hhs.gov, mailing address Office of Inspector General, Department of Health and Human Services, ATTN.: hotline, 330 Independence Ave., SW, Washington, DC 20201.

The False Claims Act contains language protecting “whistleblower employees” who report suspected Medicaid waste, abuse and fraud from retaliation by their employer. Employees that are discharged, demoted, suspended, threatened, harassed, or in any way discriminated against in the terms and conditions of employment by the employer for “blowing the whistle” are entitled to recover all relief necessary to make the employee whole. Damages available to the employee that proves retaliation include: reinstatement, two times back pay, interest, emotional distress damages, cost and attorney’s fees. Additionally, the successful whistle blower may be eligible to recover 15% to 30% of the government’s recovery from the fraudulent practice. The False Claims Act allows a private person to file a lawsuit on behalf of the United States government against a person or business that has committed the fraud. Any employee who feels they are being retaliated against for reporting Medicaid waste, abuse or fraud should immediately report this concern to the Executive Director or Human Resources Coordinator. The agency will implement appropriate protective actions for the employee. An internal investigation will be initiated immediately, with appropriate corrective actions taken as a result of the investigative findings. Appropriate disciplinary actions will be implemented as a result of the internal investigation. All documentation related to the investigation will be maintained in the agency’s confidential records. Any employee who suspects improper Medicaid documentation should immediately report the allegation to the Executive Director. An internal investigation will be initiated immediately, with appropriate corrective actions taken as a result of the investigative findings. All documentation related to the investigation will be maintained in the agency’s confidential records. Any employee who feels they are being retaliated against for reporting improper Medicaid documentation should immediately report this concern to the Executive Director or Human Resources Director. The agency will implement appropriate protective actions for the employee. An internal investigation will be initiated immediately, with appropriate corrective actions taken as a result of the investigative findings. Appropriate disciplinary actions will be implemented as a result of the internal investigation. All documentation related to the investigation will be maintained in the Agency’s confidential records.

Billing Issues

It is expected that all service documentation will be an accurate reflection of the services provided by the agency. In addition the agency will only bill for those individuals eligible to receive services per regulatory requirements. When the agency discovers that it has inadvertently billed for services that were either not provided or not allowed per regulation it will remedy the issue. The agency will investigate the situation and when necessary void or adjust the billing per agency guidelines.

Agency Auditing

The Corporate Compliance Committee is responsible for ensuring that internal and external compliance auditing takes place on a regular basis. The audits are conducted as result of an investigation or as a proactive means of monitoring compliance in areas of actual or potential risk. Audit findings are given to the Executive Director and the Corporate Compliance Committee. A corrective action plan is completed as needed or requested.

Investigations & Corrective Action

Any suspected violations will be investigated by the appropriate personnel, typically the HR Director. All investigations will be treated confidentially to the possible extent. Results of investigations into suspected violations will be documented and submitted to the Executive Director for review. If the results of an investigation indicate that corrective action is required, the agency will decide the appropriate steps to take, including discipline, dismissal and/or possible legal proceedings. If appropriate, the investigation may be turned over to applicable outside authorities, and outside investigators may assist in the inquiry.

Responsibility & Discipline for Violations

Each employee is responsible for conducting him or herself according to legal and ethical standards. No one has the authority to make another person violate the agency Corporate Compliance Plan, and any attempt to direct or otherwise influence someone else to commit a violation is a violation in itself. Agency employees who violate provisions outlined in this plan could be subject to appropriate disciplinary action, up to and including termination. Agency employees who violate the Corporate Compliance Plan may also be subject to substantial criminal fines, prison terms and civil damages for violating laws and government regulations.

Training

All new agency employees are required to take the Corporate Compliance Plan training during new employee orientation and annually thereafter. Annually all employees will be required to sign the agency Corporate Compliance Plan. All other agency representatives (volunteers, consultants, committee members, and Board Members) will receive the Corporate Compliance Plan training through the HR Department.

Conclusion

The Corporate Compliance Plan prepared to outline the broad principles of legal and ethical business conduct. It is not a complete list of legal or ethical questions you might face in the course of business, and therefore this plan must be used together with your common sense and good judgment. In addition, for specific guidance in certain areas covered by this plan agency has adopted detailed policy and procedure manuals. If you are in doubt or have a specific question, you should contact you supervisor or the agency HR Director. A more detailed plan is available upon request.

Printed Name _____

Staff Signature _____

Date _____