Title: Investigations and Resolution to Compliance Concerns	
Review date(s): June 25, 2025	**Approved by:** Jen Cathy, President and CEO
Revised date(s):	**Policy Owner:** Mary LaDuca, Chief Operating Officer
Approved Date: June 25, 2025	**Original Effective Date:** June 25, 2025

Purpose:
To provide for how compliance reports are investigated, resolved, and documented by Delphi Rise. The policy and procedure also outline the development of a corrective action plan in response to non-compliance identified from an investigation.

Definitions:
Affected Individuals: All persons who are affected by Delphi Rise's risk areas including its employees, chief executive, other senior administrators, managers, interns, volunteers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

Compliance Program: Refers to the Compliance Plan, Code of Ethics and Conduct, Compliance policies and procedures, and all related compliance activities and functions.

Risk areas: Areas of operation affected by the Compliance Program of Delphi Rise, including (1) billings; (2) payments; (3) ordered services; (4) medical necessity; (5) quality of care; (6) governance; (7) mandatory reporting; (8) credentialing; (9) contractor, subcontractor, agent or independent contract oversight; (10) other risk areas reasonably be identified by Delphi Rise through its organizational experience.

Subject: An affected individual alleged to have committed misconduct who is under investigation.

Policy
This is applicable to all affected individuals of Delphi Rise. Delphi Rise is committed to ensuring ongoing compliance with State and Federal laws, rules and regulations, requirements of the Medicaid program, and Delphi Rise's internal policies and procedures. Delphi Rise maintains a system for responding to reported compliance concerns, as well as any suspected issues discovered during an audit.

Investigations into suspected compliance violations are initiated promptly and conducted by the Compliance Officer or their designee with assistance from outside experts, auditors or legal counsel, as appropriate. An affected individual alleged to have committed misconduct is subject to being placed on administrative leave pending the investigation. Delphi Rise reserves the right to determine if administrative leave is paid or unpaid. Individuals placed on administrative leave are temporarily relieved of their responsibilities and may not enter the premises of Delphi Rise except when requested to participate in an interview with the assigned investigator. The individual is expected to have no contact with other affected individuals until the leave is lifted or attempt to interfere in any way.

The Compliance Officer and Compliance personnel must have access to all records, documents, information, facilities and affected individuals necessary to carry out their compliance program responsibilities. The Compliance Officer oversees all Compliance investigations, resulting corrective action plans, and determines when they are closed. When non-compliance is substantiated, corrective action must be taken.

Procedure:

1. The Compliance Officer will review all reports of suspected non-compliance as well as potential compliance issues identified from auditing activities.
2. The Compliance Officer is responsible for ensuring a thorough investigation is conducted.
3. The Compliance Officer/designee will conduct the investigation. Investigations are initiated within 3 business days of the report, exercising reasonable diligence to complete a thorough investigation.
4. Depending on the nature and complexity of the matter, the Compliance Officer will consult with legal counsel, such as in situations related to suspected criminal conduct.
5. Where necessary, the Compliance Officer will engage subject matter experts to assist with an investigation, including third-party experts if deemed appropriate. Legal counsel may be consulted, as necessary, prior to engaging third parties.
6. The Compliance Officer will assess if it is appropriate for the subject to be removed from their responsibilities pending the investigation. If the Compliance Officer recommends administrative leave:
    a. For Employees/Interns/Volunteers - The assigned investigator will notify the HR Manager that it's recommended the subject be placed on administrative leave. The HR Manager is responsible for contacting the employee's manager and placing the subject on administrative leave.
    b. For Contractors – The Manager/Director responsible for oversight of the contract will be notified to contact the contractor's representative to remove the subject from their responsibilities associated with Delphi Rise, pending the investigation.
    c. Board – The Compliance Officer will inform the CEO if a Board member is recommended to be placed on leave. The CEO is responsible for informing the Board Chair who will inform the Board member that he/she is not to participate in any Board-related duties pending the investigation.
7. The date of the administrative leave will be documented in the investigative file.
8. The assigned investigator will initiate the investigation by first acknowledging receipt of the concern with the reporter and collecting additional relevant information from the reporter, as needed.
9. All information relevant to the investigation will be reviewed and retained. This may include but is not limited to user access logs, policies, schedules, work assignments, medical record documentation, or time sheets.
10. If the matter pertains to a potential overpayment/overpayments, the investigation must determine any other related overpayments that may arise from the same or similar cause or reason. The lookback period is 6 years by date of service.
11. Generally, the Manager of the involved program will be interviewed to determine if he/she has any relevant knowledge or background information, including pertinent information about the program's operations.
12. All witnesses will be interviewed. After the interview is conducted, each affected individual will write a written statement capturing accurately in their own words their knowledge of the event.
13. Clients may also be interviewed if their statement is relevant to the investigation.
14. Subjects must be given the opportunity to be heard. Generally, the subject should be interviewed last.
15. The confidentiality of person(s) reporting compliance concerns is maintained in accordance with the "Reporting Procedure" section of the Compliance Plan. Additionally, good faith reporting and participation in the investigation are protected from intimidation and retaliation, per our Non- Retaliation Policy.

16. At the start of all interviews, the assigned investigator will discuss the following: confidentiality, overview of the Non-Retaliation Policy, and that they will be asked to provide a written statement at the conclusion of the interview.
17. Cooperation with an investigation conducted by Compliance is required by all affected individuals and a condition of continued employment or association with Delphi Rise. Failure to participate or cooperate in an investigation is subject to termination of employment/association.
18. Once the investigation is complete, the assigned investigator will notify the reporter that the investigation has been completed and that any findings from the investigation are being addressed, as deemed appropriate. (Note: Disciplinary action taken against an individual must remain confidential and is not to be shared with the reporter.)
19. If the investigation is still open after 30 days, the investigator will contact the reporter at or around that time to let him/her know that the investigation is still in progress.
20. The Compliance Committee, CEO and Board will receive confidential, de-identified overviews of investigations conducted by compliance on a quarterly basis from the Compliance Officer. This includes the outcome of the investigation (substantiated/unsubstantiated), any resulting reports to governmental authorities, and corrective measures.

Documentation

- All documentation related to an investigation must be contemporaneous and retained for at least 6 years in accordance with the Record Retention Policy. The destruction or alteration of any relevant evidence pertaining to an investigation is strictly prohibited.
- Each investigation must have a distinct investigative file that includes, but is not limited to:
    - Initial report/allegation
    - Interview notes and statements
    - Documents reviewed
    - Investigative process and interview log
    - Findings/conclusions
    - Disciplinary action taken, where appropriate
    - Corrective Action Plan (CAP) development and implementation
- A reporting/investigative log will be maintained. This will minimally indicate the date the concern was reported/discovered, summary of the concern, whether the allegation was substantiated/unsubstantiated, disciplinary action, and when the investigation was complete. The Compliance Officer is responsible for ensuring this is completed.
- The investigative files are to only be accessible to Compliance personnel, no other affected individuals shall have access. Note: The investigation may still be subject to disclosure to a government entity authorized by law to receive such information.

Corrective Actions:

1. Corrective actions must be developed and implemented promptly to address non-compliance and must be directly related to the cause(s) of the issue. Each corrective action requires assignment of a specific person(s) to complete and should generally be completed within 60 calendar days.

2. Corrective action measures include, but are not limited to:
    a. Disciplinary Action, in accordance with the Corrective Action and Compliance Violation Discipline Policies;
    b. Formal re-education;
    c. Workflow modifications;
    d. Policy and procedure revision;
    e. Revising system templates/settings;
    f. Assigning backup support;
    g. Proactive checks
    h. Reporting, returning, and explaining overpayments in accordance with the payor's requirements/protocols and applicable laws,
    i. Referral to appropriate authorities (Ex. Medicaid Fraud Control Unit, Office of Medicaid Inspector General, HHS Office of Inspector General, law enforcement, etc.)
3. Referral to the appropriate governmental authorities will be done by Compliance Officer/ designee when there is credible evidence or if we credibly believe a State, Federal law, rule or regulation has been violated. This will be done with the assistance of legal counsel, as needed. The Compliance Officer is to retain copies of any reports submitted to governmental entities.
4. To address misconduct or other compliance violations, a documented Corrective Action Plan is required, as directed by the Compliance Officer.
5. The corrective action plan must contain the minimum core elements:
    a. Root Cause(s) of the non-compliance
    b. Immediate correction(s)
    c. Plan to prevent recurrence
    d. Person(s) responsible to implement the actions, and
    e. Dates actions will be completed
6. Where appropriate, follow-up auditing or monitoring should be conducted to ensure that the corrective actions taken have been effective in addressing the non-compliance.
    a. If follow-up monitoring reveals that the corrective actions were not implemented, then the matter will be reviewed by the Compliance Officer to ensure the assigned roles execute the actions or provide a valid reason why they were not implemented along with alternative interventions to implement.
    b. If follow-up monitoring reveals that the initial corrective actions were implemented but ineffective, the Compliance Officer will involve key stakeholders to create a new corrective action plan with other interventions.
7. Subsequent monitoring will continue to occur until the issue is resolved and the corrective action plan is deemed effective by the Compliance Officer, at which point the matter will be considered closed.

REGULATORY REFERENCES:

18 NYCRR 521-1.4(h)
Chapter 8 US Sentencing Commission §8B2.1(b)(7)
U.S. Department of Health and Human Services Office of Inspector General. General Compliance Program Guidance. November 2023.