CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER

MANUAL

CCDR Compliance Plan

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Table of Contents

Compliance Policy 3

Policy 3

Commitment 3

Responsibility 3

Policies and Procedures and Standards of Conduct 4

Compliance Officer and Compliance Committee 4

Discipline/Enforcement 4

CCDR's Response 4

Due Diligence 4

Whistleblower Provisions & Protections 5

Elements of the Compliance Program 5

Element 1: Policies and Procedures 5

Element 2: Compliance Program Oversight 6

Chief Compliance Officer 6

Regional Compliance Officers 7

The Structure, Duties, and Role of the Compliance Committee 7

Delegation of Substantial Discretionary Authority 8

The printed/PDF form of this document was created on 11/4/2026 and may have been superseded by a new version

Element 3: Compliance Education and Training 9
Expectations 9
Training Topics 9
Attendance 10
Element 4: Lines of Confidential Communication 10
Expectations 10
Reporting Procedure 11
Protections 11
Guidance 12
Element 5: Disciplinary Action and Enforcement of Compliance Standards 12
Disciplinary Action 12
Element 6: Auditing and Monitoring 13
Internal Audits 13
External Audits 14
Compliance Program Integrity 14
Response to Compliance Issues 14
Violation Detection 14
Reporting 15
Rectification 15
Record Keeping 16

The printed/PDF form of this document was created on 11/4/2026 and may have been superseded by a new version

Compliance Policy

Policy

Catholic Charities of the Diocese of Rochester ("CCDR" or "the Corporation) is committed to its mission of building a just and compassionate society rooted in the dignity of all people through the provision of human services and advocacy. As part of that commitment, it is CCDR's policy to comply with all applicable federal, state and local laws and regulations, and payer requirements. It is Catholic Charities' policy to adhere to the Code (Standards) of Conduct that is adopted by the CCDR Board of Directors, the President & Diocesan Director, and the Compliance Committee. To support this commitment, Catholic Charities will maintain this Corporate Compliance Plan to provide an organizational framework for the corporation's compliance and ethics activities.

For purposes of this Policy, the term "Affected Individuals" includes all persons who are affected by CCDR's risk areas, including the employees, the chief executive, and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (hereafter referred to as "Affected Individuals").

Commitment

In keeping with the mission of Catholic Charities of the Diocese of Rochester, we are committed to conducting our business affairs with integrity based on sound ethical and moral standards and expect all CCDR affected individuals to do the same. Our compliance efforts are designed to support a culture within CCDR that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state laws and regulations and payer requirements, as well as CCDR ethical and business policies.

CCDR is committed to maintaining and measuring the effectiveness of our compliance policies and standards through monitoring and auditing systems that are reasonably designed to detect noncompliance by all Affected Individuals. We require regular, periodic compliance audits by internal and/or external auditors who have expertise in federal and state health care statutes and regulations. Audits will be designed to ensure compliance with CCDR's Compliance Plan, related policies and procedures, and all relevant federal and state laws and will be conducted by members of the CCDR Compliance department.

The Chief Compliance Officer will monitor the implementation and adherence to CCDR's compliance plan and report regularly to the Compliance Committee and Board of Directors.

Responsibility

The success of the compliance program depends on the efforts of each of CCDR's Affected Individuals. All Affected Individuals will be trained to detect instances of suspected or known violations of the compliance program and are responsible for reporting any instances of suspected or known noncompliance. The corporation fully expects that all Affected Individuals will promptly report their concerns to any or all of the following: their immediate supervisor, Regional Compliance Officer, Agency Executives, the Chief Compliance Officer, or the President & Diocesan Director. Failure to report

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noncompliance or making bad faith reports will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources for investigation as appropriate.

Policies and Procedures and Standards of Conduct

CCDR will communicate its Compliance Plan and policies to all Affected Individuals through training as required by CCDR as well as state and federal regulations. CCDR is committed to these efforts through distribution of and access to this Compliance Plan, our Code of Conduct, and all related policies.

The Compliance Plan and all related policies will be reviewed at least annually in accordance with 18 NYCRR §521-1.3(f)(1), the Federal Deficit Reduction Act of 2005 ("DRA"), to ensure their effectiveness, accuracy, and relevance. The Chief Compliance Officer will ensure that the Compliance Plan and all compliance related policies and procedures are updated when the law, regulations or standards change, or when events warrant revision.

All Affected Individuals are provided with access to the Compliance Plan, the Code of Conduct, and all related policies via CCDR's SharePoint site

Compliance Officer and Compliance Committee

CCDR has appointed a Compliance Officer who is responsible for overseeing the implementation of the Compliance Program. A Compliance Committee provides support and guidance to the Compliance Officer with implementing and maintaining an effective Compliance Program.

Discipline/Enforcement

This Compliance Plan will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of Affected Individuals responsible for failure to detect and/or report noncompliance up to and including termination.

CCDR's Response

Detected noncompliance, through any mechanism (i.e. auditing, confidential reporting) will be responded to in an expedient manner. CCDR is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan and related policies.

Due Diligence

CCDR will exercise due diligence regarding background checks and professional license/credential verifications as appropriate for all Affected Individuals.

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Whistleblower Provisions & Protections

CCDR will not tolerate any retaliation, intimidation and/or retribution against an affected individual if the affected individual discloses certain information about our policies, practices or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert CCDR is in violation of a law that creates a substantial and specific danger to public health and safety, or which constitutes health care fraud under the law or asserts that, in good faith, the employee believes constitutes improper quality of client care.

Elements of the Compliance Program

Element 1: Policies and Procedures

CCDR has implemented a Compliance Program that includes policies and procedures to provide guidance to all Affected Individuals on the implementation and expectations of the Compliance Program. Compliance policies and procedures include the following:

- Policy for Developing, Reviewing, and Maintaining CCDR Level Policies.docx
- Assigned Compliance Responsibilities.docx
- Compliance Program Certification.docx
- Conflict of Interest and Related Party Transactions.docx
- Enforcement of Compliance Standards.docx
- Gifts Offering and-or Accepting from Care-Service Recipients.docx
- Gifts or Benefits Acceptance and-or Solicitation from Vendors.docx
- Investigation and Resolution of Compliance Issues.docx
- Reporting of Compliance Concerns, Non-Intimidation & Non-Retaliation.docx
- Reporting of Overpayments.docx
- Role & Responsibilities of the Compliance Committee.docx
- Whistleblower.docx

All Affected Individuals are expected to be familiar with and knowledgeable about the Compliance Program Policies and Procedures. The Policies can be accessed on the CCDR SharePoint drive or by request to any member of the Compliance department.

The CCDR Code (Standards) of Conduct serves as a foundational document that describes the principles and values that CCDR expects all Affected Individuals to follow. The document provides guidance on what is expected of Affected Individuals while they are employed, contracted, assigned, or associated with CCDR.

Any suspected or known violation of CCDR's Code of Conduct must be promptly reported to the immediate supervisor, member of leadership, Regional Compliance Officer, Agency Executives, the Chief Compliance Officer, or the President & Diocesan Director so that the concern can be thoroughly investigated and addressed.

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Element 2: Compliance Program Oversight

Chief Compliance Officer

A. Role

- The CCDR President & Diocesan Director and Board of Directors designate Rebecca Renna as the Chief Compliance Officer.
- The Chief Compliance Officer is a member of the CCDR executive management team, has primary responsibility for Compliance Program development, implementation, monitoring, and maintaining an effective Compliance Program.
- The Chief Compliance Officer's role requires autonomy and full access to all CCDR records, documents, information, facilities, and Affected Individuals as stated in Section 521-1.4(b)(5).

B. Reporting Relationship

The Chief Compliance Officer reports directly to the CCDR President & Diocesan Director and has direct lines of communication to the Board of Directors, the Compliance Committee, and legal counsel.

C. Primary Duties and Responsibilities

- Developing, overseeing, and monitoring the implementation of a compliance program that effectively prevents and/or detects violations of law, regulations and/or corporate policies, and ethical principles of CCDR.
- Maintaining and monitoring an anonymous and/or confidential method of reporting potential violations of the Compliance Program.
- Responding to reports of potential violations of the Compliance Program and acting on issues related to compliance, including coordination with outside legal counsel, conducting or authorizing and overseeing independent investigations and corrective action plans.
- Reviewing and revising the Compliance Plan, all related policies and procedures, and Standards of Conduct on an annual basis or more frequently in response to changes in laws, regulations, CCDR policies, or governmental and third-party payers.
- Directing internal audit activities to monitor compliance with regulatory requirements of all oversight entities and the implementation of corrective actions in response to findings.
- At least annually, evaluating the effectiveness of the Compliance Program, policies and procedures, and Standards of Conduct.
- Developing, implementing, and monitoring the annual Compliance Work Plan.
- Reporting, at least quarterly, to the Board of Directors, Chief Executive, and Compliance Committee on the activities and status of the Compliance Program and progress with the annual Work Plan.

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- Assisting and providing guidance to the agencies with implementation of Quality Improvement initiatives related to improving the quality of services and decreasing opportunities for fraud, waste, and abuse of agency funds.
- Developing an annual Training Plan that provides details on how all affected individuals will be trained on the CCDR Compliance Program.
- Reviewing and revising the Compliance training curriculum on an annual basis to ensure full compliance with oversight requirements and to incorporate findings and concerns identified during the prior year.
- Ensuring that excluded individuals and entities are not employed or retained by the Organization.
- Providing support and guidance to agency leadership with external audits by state and federal oversight entities.
- Providing guidance to Agency Executives, Regional Compliance Officers, and other members of leadership with developing policies and procedures and governmental laws, rules, and regulations.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Program.
- Acting as the subject matter expert for regulatory compliance issues. Actively seeking up-to-date material and releases regarding regulatory compliance issues.
- Promoting the Compliance Program and the accomplishment of its objectives.

Regional Compliance Officers

In addition to the Chief Compliance Officer, CCDR agencies employ Regional Compliance Officers and/or other compliance and quality professionals who report directly to the Agency Executives with direct lines of communication to the Chief Compliance Officer. The Regional Compliance Officers and/or other compliance and quality professionals are responsible for implementing the Compliance Program within their assigned regions.

The Structure, Duties, and Role of the Compliance Committee

A. The Compliance Committee meets at least quarterly and is appointed by and reports directly to the Chairperson of the Board of Directors and the President & Diocesan Director.

B. Membership of the committee includes CCDR leadership, Agency Executives, Regional Compliance Officers, members of the Board of Directors, and members of Agency Councils.

C. The Compliance Committee works with the Compliance Officer to ensure that CCDR has, and maintains, an effective Compliance Program.

D. The Compliance Committee is responsible for the following:

- Advising and assisting the Chief Compliance Officer with the implementation of the Compliance Program.

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- Analyzing the regulatory environment where CCDR does business, including legal requirements with which it must comply.
- Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into the Compliance Program.
- Reviewing and monitoring Compliance Program training and education to ensure that they are effective and completed in a timely manner.
- Ensuring that CCDR has effective systems and processes in place to identify Compliance Program risks, overpayments, and other issues, and has effective policies and procedures for correcting and reporting such issues.
- Working with departments to develop standards and policies and procedures that address specific risk areas and to encourage compliance according to legal and ethical requirements.
- Coordinating with the Compliance Officer to ensure that the written policies and procedures, and Standards of Conduct are current, accurate, and complete.
- Developing internal systems and controls to carry out compliance standards, Standards of Conduct, and policies and procedures.
- Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
- Developing a process to solicit, evaluate, and respond to complaints and problems.
- Monitoring internal and external audits to identify issues related to non-compliance.
- Implementing corrective and preventative action plans and follow-up to determine effectiveness.
- Ensuring the development and implementation of an annual Compliance Work Plan.
- Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to carry out duties related to the Compliance Program.
- Ensuring that the Organization has appropriate systems and policies in place that effectively identify risks, overpayments, and other areas of concerns including fraud, waste, and abuse.
- Monitoring and evaluating the Organization's Compliance Program for effectiveness
- Partnering with the Chief Compliance Officer to conduct an annual evaluation of the effectiveness of the Compliance Program and making recommendations for necessary modifications as applicable.
- Reviewing and revising its Charter at least annually and submitting any recommended changes to the President and Diocesan Director for consideration.

Delegation of Substantial Discretionary Authority

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for the Corporation is required to disclose any name changes and

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any involvement in non-compliant activities including healthcare-related crimes. In addition, CCDR will perform reasonable inquiries into the background of all affected individuals.

The following resources may be queried:

- General Services Administration (GSA): System for Award Management: Excluded Parties
- U.S. Department of Health & Human Services, Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)
- Office of Inspector General, Most Wanted Fugitives
- Office of Foreign Assets Control, Specifically Designated Nationals
- NYS Office of General Services ("OGS") Prohibited Entities List
- New York Office of Medicaid Inspector General (OMIG) Medicaid Exclusion List
- New York Department of Health Office of Professional Medical Conduct Physician & Physician Assistant's Disciplinary & Other Actions (NY OPMC)
- New York State Education Department's Office of Professions' Professional Misconduct Enforcement Actions
- New York State Office of Professions
- New York State Office of Alcohol & Substance Abuse CASAC verification

Element 3: Compliance Education and Training

Expectations

A. Education and training are critical elements of the compliance program. Every affected individual is expected to be familiar with and knowledgeable about the corporation's compliance plan and have a solid working knowledge of his or her responsibilities under the plan. All Affected Individuals are required to complete the CCDR Compliance Training within 30 days of hire or onboarding and no less frequently than annually thereafter.

B. CCDR will maintain a training plan that is to be updated at least annually by the Compliance Committee. The training plan will include the topics for compliance training and education, timing and frequency of training, who must complete training, how training completion will be monitored, and how training will be evaluated for effectiveness.

C. Affected Individuals will receive a written copy of the CCDR Compliance Plan and Standards of Conduct and be provided with access to the related Compliance Program Policies and Procedures.

Training Topics

A. General

All affected individuals shall participate in annual training, including but not limited to the topics identified below:

- Compliance issues

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- Guidance on dealing with compliance issues
- How to communicate compliance issues to appropriate compliance personnel
- Guidance on how potential compliance problems are investigated and resolved
- Compliance expectations
- Acting in ways that support integrity in operations
- Duty to report misconduct and how to report suspected non-compliance
- An overview of the False Claims Acts and payer requirements
- Disciplinary policies
- Compliance program operation
- Legal principles regarding compliance and the Board of Directors
- An overview of CCDR's Compliance Plan and requirements of affected Individuals to follow the Plan
- CCDR's risk areas and organizational experience
- CCDR's written policies and procedures
- The role of the Chief Compliance Officer and the Compliance committee
- The protection from intimidation and retaliation for good faith participation in the compliance program Disciplinary standards related to CCDR's compliance program and prevention of fraud, waste and abuse
- How CCDR responds to compliance issues and implements corrective action plans

B. Targeted

In addition to the topics listed above, targeted training will be provided to employees in leadership roles and any other employees whose job responsibilities include documentation of services and coding and billing procedures. Members of CCDR leadership team will identify additional areas that require specific training and education and communicate those training needs to the Chief Compliance Officer or the Regional Compliance Officer.

Attendance

Completion of required Compliance training is a condition of continued employment, contract, appointment, or assignment with CCDR.

Element 4: Lines of Confidential Communication

Expectations

Open lines of communication between the Compliance department and all affected individuals are essential to the success of the CCDR Compliance Program. Every affected individual must fully comply with all applicable laws, regulations, and policies to prevent fraud, waste, and abuse

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of Medicaid or Medicare funds. Affected individuals must promptly report all actions that are inconsistent with the CCDR Compliance Program according to the procedure listed below. Failure to report is deemed misconduct and is a violation of CCDR's Compliance Program.

Reporting Procedure

A. If an affected individual witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan, he/she should contact any or all of the following: members of the Compliance department, his/her immediate supervisor, the Agency Executive, or the President & Diocesan Director.

B. Reports may be made in person, directly to the Chief Compliance Officer by email Rebecca.renna@dor.org, or by phone at 680-214-3107 or by the Lighthouse Integrity Hotline, which is an external confidential and/or anonymous reporting mechanism for the purpose of receiving reports of potential violations of the Compliance Program. Reporters can reach the Lighthouse Integrity Hotline by any of the following:

- Phone – at 844-440-0093
- Email –reports@lighthouse-services.com
- Web Form – http://www.lighthouse-services.com/ccdr

C. Upon receipt of a question or concern, the person will thoroughly document the reported concern and provide the information to the Chief Compliance Officer, Regional Compliance Officer, or Designee on the same business day. Any questions or concerns relating to potential non-compliance by the Chief Compliance Officer should be reported immediately to any/all of the following: President & Diocesan Director, the Compliance Committee Chairperson, and/or the CCDR Board of Directors Chairperson. Questions or concerns relating to potential non-compliance by the President & Diocesan Director must immediately be reported to any or all of the following: the Chief Compliance Officer and/or the CCDR Board of Directors Chairperson.

D. The Chief Compliance Officer, Regional Compliance Officer, or designee will document the necessary information to conduct an appropriate investigation into all complaints. If the reporter was seeking information concerning the Code of Conduct or its application, the Compliance staff member shall record the facts of the call and the nature of the information sought and respond as appropriate.

E. The Compliance Department may, at any time, contact legal counsel for advice, counsel, assistance, and/or support.

Protections

A. In the event an anonymous report is received, no attempt will be made to identify the reporter(s). Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding.

B. Reporters will be protected against any retaliatory action or other negative consequences for good faith participation in the CCDR Compliance Program. Good faith participation includes but is not limited to:

- Reporting Potential Issues

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- Investigating Issues
- Surveys/Self-evaluations
- Audits
- Remedial Actions
- Reporting to officials as outlined in sections 740 & 741 of the New York State Labor Law

C. Additional guidance regarding CCDRs protections from retaliation intimidation can be found in the Policy "CC-007 - Reporting of Compliance Concerns, Non-intimidation & Non-retaliation".

Guidance

Any affected individual may seek guidance with respect to the Compliance Plan or Code of Conduct at any time by following the reporting mechanisms outlined above.

Element 5: Disciplinary Action and Enforcement of Compliance Standards

Disciplinary Action

A. General

- Any action or behavior in violation of CCDRs Compliance Program or a violation of any federal or state law or regulation will result in disciplinary action. Affected individuals who fail to comply with the corporation's policies and procedures, or who have engaged in conduct that has the potential of impairing CCDR's status as a reliable, honest, and trustworthy service provider, will be subject to disciplinary action, up to and including termination of their relationship with CCDR. Any affected individual found to have known of such acts but failed to report them will also be subject to discipline, up to and including termination of their relationship with CCDR.
- The following actions will result in more significant disciplinary action:
    - Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Code of Conduct, or any related policies and procedures
    - Failure to comply with CCDR's policies governing the prevention, detection, or reporting of fraud and abuse
    - Falsification of records
    - Submitting or causing to submit a false claim
    - Failure to report a violation by a peer or subordinate
    - Failure to cooperate in an investigation
    - Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation
- Any disciplinary action related to violations of CCDR's Compliance Program will be appropriately documented in the affected individual's file and on the Enforcement of Compliance Standards log maintained by the Chief Compliance Officer. The Compliance Officer will provide a report on disciplinary actions to the Compliance Committee on at least a quarterly basis.

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- If the violation of the compliance program involved a contractor or vendor, the Compliance Officer will notify the President and Diocesan Director and the Agency Executive and work collaboratively to determine and execute the appropriate corrective action. The violation will be included in the Enforcement of Compliance Standards log and included in the quarterly report to the Compliance Committee.

B. Supervisory

Managers and supervisors will be disciplined for failure to adequately instruct the employees they supervise or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided the corporation with the opportunity to correct them.

Element 6: Auditing and Monitoring

Internal Audits

A. Ongoing evaluation is critical in detecting non-compliance and aids in ensuring the success of CCDR's Compliance Program. An ongoing auditing and monitoring system, implemented by the Chief Compliance Officer and Regional Compliance Officers in consultation with the Compliance Committee, is an integral component of our auditing and monitoring systems. This ongoing evaluation will include but is not limited to the following risk areas:

- Billings
- Payments
- Ordered services
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing
- Contractor, subcontractor, agent, or independent contract oversight
- Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions
- Review of documentation and billing relating to claims made to Federal, State, and third-party payers for reimbursement
- Compliance training and education
- Effectiveness of the Compliance Program

B. The audits and reviews will examine CCDR's compliance with applicable rules and policies through on-site visits, personnel interviews, employee surveys, and record reviews.

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C. Audit findings will be reported to the Compliance Committee on a quarterly basis, however, if the findings are related to an immediate threat of the health, safety, or welfare of a service recipient or other significant risk to CCDR, the Compliance Committee will be notified prior to the next scheduled committee meeting. Unless there is reason to report findings upon the completion of an audit, The Compliance Committee will include audit findings in its report to the Board of Directors. The Chief Compliance Officer, the President & Diocesan Director, Compliance Committee, and CCDR Board of Directors, will be provided with full audit reports if requested.

External Audits

A. Any program or department within CCDR or its agencies can be subject to review by an external oversight entity that licenses, governs, or provides funding to that department or program. Oversight entities may include but are not limited to, Office of the Medicaid Inspector General, Office of the Inspector General, NY State Comptroller, Office of the Professions, Office for People with Developmental Disabilities, Office of Addiction Supports & Services, Office of Mental Health, Office of Children & Family Services, Office of Temporary & Disability Assistance, Department of Health, Catholic Charities USA, New York Justice Center, Department of Labor.

B. The Regional Compliance Officer or Chief Compliance Officer will be notified immediately in the event of any visits, audits, investigations, or surveys by any Federal or State agency or authority, and will immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing the Organization and/or administering a Federally or State-funded program or county-funded program with which the Organization participates. In the event of a non-routine or unexpected visit, audit, review, or investigation, the Chief Compliance Officer will be notified within the same business day.

Compliance Program Integrity

Additional Expectations are as follows:

- Establishment of a process detailing ongoing notification by the Compliance Department to all affected individuals of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.
- Annual compliance program review to determine the effectiveness of the compliance program, and whether any revision or corrective action is required.

Response to Compliance Issues

Violation Detection

A. The Chief Compliance Officer, Regional Compliance Officer, or designee will promptly look into any potential violations of the Compliance Program identified through audit, report, observation, or any other means to determine whether there is any basis to suspect that a violation of the Compliance Program has occurred.

B. If there is a basis to suspect that a violation of the Compliance Program has occurred, the situation will be objectively and thoroughly investigated which may include but is not limited to the following:

- Interviews with individuals that may have information regarding the situation

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- Interviews with subject matter experts
- A review of evidence, including but not limited to service documentation, regulatory references, policies & procedures, camera footage, time sheets, travel logs, receipts

C. All affected individuals must cooperate with the investigation and failure to cooperate can result in disciplinary action. The Chief Compliance Officer or their designee has full authority to interview and/or review any information (subject to state and federal laws on patient confidentiality) deemed necessary to complete the investigation.

D. Unless a potential conflict of interest exists, the Chief Compliance Officer will inform the President & Diocesan Director, CCDR Board of Directors Chairperson, and Agency Executive of any pending investigations. The Chief Compliance Officer or President & Diocesan Director will arrange to retain legal counsel, as deemed appropriate.

E. Confidentiality of any information obtained from a report, interview, or during the investigation, will be kept confidential, unless sharing the information is required by law.

Reporting

A. The Regional Compliance Officer or Chief Compliance Officer will confidentially report the results of the investigation to the Agency Executive. The Chief Compliance Officer will report the results to the President & Diocesan Director, the Compliance Committee, and Board of Directors. Reports may be shared with other members of the relevant leadership team, if appropriate.

B. At the conclusion of an investigation involving legal counsel, he/she shall issue a report to the Chief Compliance Officer and Compliance Committee summarizing his/her findings, conclusions, and recommendations and will render an opinion as to whether a violation of the law has occurred.

C. The report may be reviewed with legal counsel in attendance. Any additional action may be on the advice of counsel.

Rectification

A. If it is determined that a violation has occurred, the Regional Compliance Officer and/or Chief Compliance Officer will determine what steps must be taken to correct the issue. Corrective actions can include repayment of claims to the appropriate payer, notification of regulatory and/or law enforcement authorities, self-disclosures, disciplinary action, training or retraining, the revision or creation of policies and procedures, and/or systems to prevent such overpayments in the future.

B. If the corporation identifies that an overpayment was received by CCDR, the appropriate regulatory (funder) will be notified. It is our policy not to retain any funds which are received because of overpayments. If the overpayment is the result of fraud, the funds will be returned, and the advice of legal counsel will be obtained whenever it is necessary.

C. If the Chief Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation.

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Record Keeping

Regardless of whether a report is made to a governmental agency, the Compliance Department will maintain a record of the investigation, including copies of all relevant documentation. Documentation must include any alleged violations, a description of the investigation process, copies of the interview notes, and other documents essential for demonstrating a thorough investigation. Any disciplinary and/or corrective actions taken will be documented. This record will be considered confidential and privileged and will not be released without the approval of the Chief Compliance Officer or legal counsel. The investigative record and all supporting documentation will be maintained for 10 years from the date the investigation was closed or litigation ended, whichever is later.

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