



Campbell Hall Rehabilitation Center, Inc.

23 Kiernan Road, Campbell Hall, NY 10916

Corporate Compliance Plan

Including the Code of Conduct and Summary of Fraud and Abuse Laws

Applies to	All Affected Individuals (see Section 2)
Authority	18 NYCRR Subpart 521-1; NY Social Services Law § 363-d; 42 U.S.C. § 1396a(a)(68) (Deficit Reduction Act of 2005, § 6032)
Compliance Officer	Justin Wood, Chief Technology Officer • (844) 845-7784 • compliance@campbellhallrehab.com
Effective date	<u>9/28/2026</u>
Supersedes	Corporate Compliance Plan posted June 2024 and all prior versions
Review cycle	At least annually, and whenever laws, regulations, or Facility operations change

Approval

Compliance Officer — Justin Wood

9/28/2026

Date

[Avinoam Wizman \(Sep 28, 2026 13:42:14 EDT\)](#)

Administrator

9/28/2026

Date

Governing Body / Owner

9/28/2026

Date

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1. Introduction and Purpose

Campbell Hall Rehabilitation Center, Inc. ("CHRC" or "the Facility") is committed to conducting its business in accordance with the highest ethical standards and in compliance with all applicable federal and New York State laws, regulations, and program requirements, including those of the Medicare and Medicaid programs.

This Corporate Compliance Plan ("the Plan") describes CHRC's Corporate Compliance Program ("the Program"). The Program is designed to:

- prevent accidental and intentional non-compliance with applicable laws;
- detect non-compliance promptly if it occurs;
- correct problems thoroughly, including returning any overpayment and making any required disclosure; and
- discipline those involved in non-compliant conduct fairly and consistently, and prevent recurrence.

The Program is built on the requirements of 18 NYCRR Subpart 521-1, NY Social Services Law § 363-d, Section 6032 of the federal Deficit Reduction Act of 2005, and guidance from the NYS Office of the Medicaid Inspector General (OMIG) and the HHS Office of Inspector General (OIG). The standards in this Plan describe the general scope of expected conduct and are not all-inclusive. When in doubt, ask the Compliance Officer before acting.

No one at CHRC — regardless of title — has the authority to direct anyone to act in a way that violates this Plan or the law. Every Affected Individual is expected to refuse to take part in unethical or illegal conduct and to report it.

2. Scope and Definitions

The following terms have these meanings throughout this Plan:

Affected Individuals	All persons who are affected by CHRC's risk areas, including employees, the chief executive (Administrator), senior administrators and managers, contractors, agents, subcontractors, independent contractors, members of the governing body, and corporate officers (18 NYCRR § 521-1.2). This includes agency and per diem staff, the medical director, attending physicians, nurse practitioners and physician assistants, consultants, volunteers, and students.
Contractor	Any contractor, agent, subcontractor, or independent contractor that furnishes items or services to CHRC, or that bills, codes, documents, or otherwise performs work affected by CHRC's risk areas (for example, staffing agencies, therapy providers, pharmacy, laboratory, radiology, hospice, billing and MDS consultants, and IT vendors with access to resident or billing records). Contractors are subject to the Program to the extent their work is affected by CHRC's risk areas and only within the scope of their contracted authority.

Vendor	A supplier of goods, equipment, or services who is not an employee. A vendor whose work is affected by CHRC's risk areas is a Contractor for purposes of this Plan.
Governing Body	The owner(s), board, or designated persons legally responsible for the operation of CHRC.
Risk Areas	The areas of operation described in Section 6, including those listed in 18 NYCRR § 521-1.3(d).
Compliance Work Plan	The written plan, prepared at least annually by the Compliance Officer, that sets out the audits, reviews, training, and other compliance activities for the coming year.
Overpayment	Any amount received from Medicare, Medicaid, or another payer to which CHRC is not entitled, whether caused by error, improper billing, or any other reason.
Federal health care program	Any plan or program funded in whole or in part by the United States Government or a state health care program, including Medicare and Medicaid, but excluding the Federal Employees Health Benefits Program (42 U.S.C. § 1320a-7b(f)).
Health care benefit program	Any public or private plan or contract providing a medical benefit, item, or service (18 U.S.C. § 24(b)).
Should know	Acting with reckless disregard or deliberate ignorance of the truth or falsity of information (42 U.S.C. § 1320a-7a(i)(7)).
Upcoding	Using a code or classification (including an MDS/PDPM classification) that results in higher payment than the level of service or resident condition documented in the medical record.
Unbundling	Billing separately for components of services that must be billed together at a combined rate.

3. Code of Conduct

The Code of Conduct is the foundation of the Program. It describes the fundamental principles and values of CHRC and the standards of conduct every Affected Individual is expected to follow. Each Affected Individual is expected to make a personal commitment to protect the integrity of the Facility and to enhance the quality of life of the residents we serve.

3.1 Resident Care, Dignity, and Customer Service

All Affected Individuals will:

- Treat residents, families, visitors, and co-workers as they would want themselves or a loved one to be treated, and be honest and trustworthy in all interactions.
- Provide care consistent with each resident's assessment, care plan, and physician orders, and with professional standards and 42 CFR Part 483.

- Respect each resident as an individual with rights, and protect their dignity and privacy at all times — knocking on doors, pulling curtains, keeping residents covered during care, and speaking in a respectful tone.
- Never refuse to help a resident or make excuses for not providing care (for example, "It's not my resident," "My shift is almost over," or "We're short-staffed today").
- Communicate changes in a resident's condition promptly to the appropriate staff.
- Take pride in residents' appearance and help maintain a clean, safe environment for residents and co-workers.
- Be reliable: come to work as scheduled and on time, wear Facility ID visibly, and follow dress, hygiene, and infection-control requirements for their position.
- Be courteous and helpful to visitors and callers, and never use offensive language or be rude to anyone.
- Not possess illegal drugs, alcohol, firearms, or weapons on Facility premises.

3.2 Abuse, Neglect, and Mandatory Reporting

- Protect residents from abuse, neglect, mistreatment, exploitation, and misappropriation of property.
- Report any alleged or suspected abuse, neglect, mistreatment, exploitation, injury of unknown source, or misappropriation of resident property immediately to the Administrator (or the supervisor in charge). The Facility reports to the NYS Department of Health within 2 hours if the allegation involves abuse or results in serious bodily injury, and within 24 hours otherwise (42 CFR § 483.12(c)).
- Covered individuals must report any reasonable suspicion of a crime against a resident to the Department of Health and law enforcement within 2 hours if serious bodily injury is involved, and within 24 hours otherwise (Section 1150B of the Social Security Act).
- Make all other reports required by law — including incident reports, overpayment reports, and exclusion notifications — accurately and on time.

3.3 Accurate Records, Billing, and Documentation

- Keep honest, timely, and accurate resident care and business records, and retain them as required by law (Medicaid records must be retained for at least six years).
- Document care at the time it is given. Never pre-chart, backdate, alter, or destroy records, or document care that was not provided. Late entries must be labeled as late entries, dated and timed when written, and explain the delay.
- Bill only for services that were ordered, actually provided, medically necessary, and documented, using accurate codes and resident information.
- Complete the Minimum Data Set (MDS) accurately so that classifications and case-mix data reflect the resident's actual condition and care.
- Report any suspected billing error or overpayment to a supervisor, the Administrator, or the Compliance Officer immediately (see Section 13).

3.4 Confidentiality and Privacy

- Protect residents' protected health information as required by HIPAA and New York law, and access, use, or disclose it only as needed to do your job.

- Do not discuss confidential resident or business information with anyone who does not need it for work — including family and friends — or in public areas such as elevators, the cafeteria, or at the time clock.
- Never post resident information, photographs, or video on social media or share it by personal text or email.

3.5 Conflicts of Interest

A conflict of interest exists when an outside interest or activity may influence, or appear to influence, an Affected Individual's objectivity, job performance, or decisions on behalf of CHRC, or may result in personal financial gain. Affected Individuals must disclose in writing to the Compliance Officer any financial or operational interest in, or affiliation with, an outside entity that may pose a conflict (Appendix F). Examples include:

- Outside employment that affects work performance at CHRC (for example, conflicting shifts or fatigue), or working for a vendor or referral source of CHRC.
- Promoting a personal business during working hours or using Facility equipment, supplies, or property for it.
- Selling items or soliciting donations during working hours for other than approved charitable purposes.
- Using confidential information for personal gain or any non-work purpose.

3.6 Gifts, Kickbacks, and Referrals

- Never offer, pay, solicit, or accept anything of value — cash, gifts, discounts, free services, or favors — in exchange for, or to induce, referrals of residents or business paid for by Medicare or Medicaid.
- Do not accept gifts of any value, including cash, cash equivalents (such as gift cards), food, personal items, discounts, or favors, from residents, families, vendors, or referral sources. Politely decline any gift that is offered, and turn over to your supervisor anything that is delivered.
- All contracts and financial arrangements with physicians, referral sources, and other providers (including leases, service agreements, and medical director agreements) must be in writing, at fair market value, and reviewed by CHRC's legal counsel.

3.7 Political Activity and Contributions

Affected Individuals may not engage in political activity or solicit funds or votes on behalf of candidates during working hours or on Facility premises, and no one may use force or coercion to solicit political, charitable, or other contributions on CHRC property. CHRC funds and property may not be used for political contributions.

3.8 Non-Discrimination and Harassment

CHRC complies with all federal and state laws prohibiting discrimination and harassment in employment and in the admission, retention, and care of residents. Affected Individuals must not discriminate on the basis of race, creed, color, religion, national origin, citizenship, sex, pregnancy, sexual orientation, gender identity or expression, age, disability, blindness, genetic predisposition or carrier status, marital status, military or veteran status, HIV status, source of payment, sponsorship, or any other characteristic protected by law. Sexual, racial, and all

other forms of harassment are misconduct and violate the NYS Human Rights Law and Title VII of the Civil Rights Act.

THE FACILITY DOES NOT DISCRIMINATE AND DOES NOT PERMIT DISCRIMINATION, INCLUDING, BUT NOT LIMITED TO, BULLYING, ABUSE, HARASSMENT, OR DIFFERENTIAL TREATMENT ON THE BASIS OF ACTUAL OR PERCEIVED SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, OR HIV STATUS, OR BASED ON ASSOCIATION WITH ANOTHER INDIVIDUAL ON ACCOUNT OF THAT INDIVIDUAL'S ACTUAL OR PERCEIVED SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, OR HIV STATUS. YOU MAY FILE A COMPLAINT WITH THE OFFICE OF THE NEW YORK STATE LONG-TERM CARE OMBUDSMAN PROGRAM AT 845-229-4680 IF YOU BELIEVE THAT YOU HAVE EXPERIENCED THIS KIND OF DISCRIMINATION.

3.9 Licensure, Credentialing, and Program Eligibility

- Maintain current, valid licenses, certifications, and registrations required for your position, and notify your supervisor immediately if any lapses, is restricted, or becomes subject to discipline.
- Notify the Compliance Officer immediately if you are, or become, excluded, suspended, debarred, or otherwise ineligible to participate in any federal or state health care program, or are charged with or convicted of a health care-related crime (see Section 14).

3.10 Duty to Report and Cooperate

Every Affected Individual must promptly report any known or suspected violation of this Plan, Facility policy, or law — including suspected fraud, waste, or abuse — using any of the methods in Section 9, and must cooperate fully and honestly with compliance reviews and investigations. Reporting in good faith is always protected (Section 17). Failure to report, or encouraging or assisting another person to violate this Plan, is itself a violation.

4. Compliance Officer and Compliance Committee

4.1 Compliance Officer

CHRC has designated Justin Wood, Chief Technology Officer, as its Compliance Officer. The Compliance Officer is the focal point of the Program, is responsible for its day-to-day operation, and reports directly to the Administrator and to the governing body. The Compliance Officer is given sufficient staff and resources to perform these duties and has access to all records, documents, information, facilities, and Affected Individuals needed to carry them out. The Compliance Officer's other duties may not interfere with compliance responsibilities.

The Compliance Officer shall:

1. Oversee the adoption, implementation, and maintenance of the Program, and chair the Compliance Committee.
2. Draft, implement, and update the Compliance Work Plan at least annually, including the audits and reviews to be performed.
3. Review and revise this Plan and related policies to reflect changes in law, regulation, OMIG and OIG guidance, and Facility operations.

4. Report directly, at least quarterly, to the governing body, the Administrator, and the Compliance Committee on the progress of the Work Plan and on compliance issues, investigations, and corrective actions; and prepare an annual report to the governing body.
5. Develop, coordinate, and track compliance training and education for all Affected Individuals.
6. Operate the compliance hotline and other reporting channels and ensure they are publicized.
7. Investigate compliance matters independently and objectively, consulting legal counsel as appropriate, and oversee corrective action.
8. Oversee routine auditing and monitoring, exclusion screening, and the annual review of the Program's effectiveness.
9. Work with internal and external auditors and with government agencies as appropriate.
10. Maintain confidential records of reports, investigations, and outcomes.

4.2 Compliance Committee

The Compliance Committee coordinates with the Compliance Officer to ensure that CHRC conducts its business ethically and meets its compliance obligations. It reports directly and is accountable to the Administrator and the governing body. Members are:

- Compliance Officer (Chair)
- Administrator
- Chief Financial Officer
- Director of Nursing or designee
- Director of Social Work
- Quality Assurance Coordinator
- Medical Director or designee
- Director of Human Resources

The Committee meets at least quarterly and keeps minutes documenting the compliance topics discussed and actions taken. It operates under a written charter describing its duties, responsibilities, membership, and meeting frequency, which it reviews and updates at least annually. The Committee's responsibilities include:

- ensuring that compliance policies and training are current, complete, and delivered on time;
- coordinating communication about compliance issues, audits, and investigations;
- advocating for adequate staffing and resources for the Program;
- identifying compliance risks and ensuring corrective action plans are carried out; and
- keeping identified issues on its agenda until compliance has been sustained for a period the Committee agrees upon.

Where the Committee acts on a disciplinary or corrective-action matter, it acts by majority vote of its members.

5. Governing Body Oversight

The governing body is legally responsible for the operation of CHRC and oversees the Program. It:

- approves this Plan and material changes to it;
- receives reports from the Compliance Officer at least quarterly and an annual compliance report;
- receives the results of the annual Program effectiveness review (Section 11.4) and ensures corrective actions are taken;
- ensures the Compliance Officer and Committee have the authority and resources they need; and
- completes compliance training at least annually.

6. Risk Areas and Department Responsibilities

6.1 Risk Areas

The Program applies to the following risk areas identified in 18 NYCRR § 521-1.3(d): billings; payments; ordered services; medical necessity; quality of care; governance; mandatory reporting; credentialing; contractor, subcontractor, agent, and independent contractor oversight; and any other risk area that is or should reasonably be identified through CHRC's organizational experience. Based on that experience, CHRC has also identified:

- Resident rights and resident funds
- MDS accuracy and PDPM classification
- Cost reporting
- Medicaid billing, NAMI, and overpayments
- Employee and contractor screening and exclusion
- Kickbacks, inducements, and self-referrals
- HIPAA privacy and security
- Record creation and retention

Risk areas identified by OMIG and OIG in their work plans, compliance guidance, and audit protocols are reviewed each year and addressed in the Compliance Work Plan as appropriate.

6.2 What Compliance Means in Each Department

Every Affected Individual must be honest in all dealings, know the Code of Conduct and the policies and regulations that apply to their job, protect resident privacy, follow departmental policies, and report concerns. In addition:

Department	Key compliance responsibilities
Nursing	Accurate, timely documentation of care; safe medication administration (right resident, drug, dose, route, and time); prompt reporting of changes in condition and of incidents, abuse, or neglect; care planning; proper use of restraints; infection control; proper transfer and discharge procedures, including a discharge plan.
MDS / Clinical Reimbursement	Accurate and timely MDS assessments supported by documentation; correct PDPM classification; no upcoding; timely transmission to CMS.
Rehabilitation	Therapy provided only as ordered and medically necessary; minutes and services documented accurately; no billing for services not provided.
Business Office / Finance	Bill only for services provided and documented; verify orders support claims; review credit balances and refund promptly; report and return overpayments within 60 days; accurate cost reports; itemized statements on request; protect resident funds.
Admissions	Verify resident identity and insurance; complete assignment of benefits and the Medicare Secondary Payer questionnaire; provide the Notice of Privacy Practices and required admission notices; issue ABNs and other beneficiary notices when applicable; no discrimination by source of payment.
Health Information Management	Complete, accurate, and secure medical records; code from the record; follow record-retention and release-of-information rules; submit required data to CMS and NYSDOH.
Human Resources	Background checks, license verification, and exclusion screening before hire and every 30 days; track compliance training; apply discipline consistently.
Housekeeping, Maintenance, Dietary	Maintain a clean and safe environment; follow OSHA, NYSDOH, and safety data sheet requirements; resolve complaints related to the department.
Medical Staff	Orders and documentation that support medical necessity; timely visits and signatures; no improper financial relationships or referrals (Stark and Anti-Kickback laws; NY Public Health Law § 238).

Managers are responsible for ensuring that staff in their departments complete required training and follow applicable policies, and may be disciplined for failing to detect non-compliance where reasonable diligence would have uncovered it.

7. Written Policies and Procedures

This Plan is supported by CHRC's written policies and procedures, which are available to all Affected Individuals in each department, from the Compliance Officer, and (for this Plan) on the Facility's website. The following policies are part of the Program and remain in effect as separate documents:

- Abuse, Neglect, and Misappropriation Prohibition and Reporting
- Resident Rights (including protection of resident funds, grievances, and privacy)
- HIPAA Privacy and Security policies and Notice of Privacy Practices
- Employee Handbook, including Progressive Discipline, Drug-Free Workplace, and Anti-Harassment policies
- OSHA policies, including Bloodborne Pathogens Exposure Control, Hazard Communication, and Workplace Violence Prevention
- Employee Health (pre-employment and annual health assessments and immunizations)
- Quality Assurance and Performance Improvement (QAPI) Plan
- Billing, Credit Balance, and Overpayment procedures
- Medical Record Documentation and Retention

Policies are reviewed at least annually and updated when laws, regulations, or operations change. Where a policy conflicts with this Plan, the Compliance Officer will resolve the conflict and update the affected document.

8. Training and Education

CHRC maintains a written compliance training plan, updated annually by the Compliance Officer, that sets out the training subjects, who must attend, timing and frequency, how attendance is tracked, and how effectiveness is evaluated.

8.1 Who Is Trained and When

Group	Timing	Method
New employees	At orientation, promptly upon hire, and annually	In-person or video session; written quiz (80% passing score); signed Certification of Receipt and Training Acknowledgment
Agency staff, clinical and billing contractors, medical staff	Before or at the start of services, and annually	Same training as employees, or equivalent training approved by the Compliance Officer; signed acknowledgments
Other contractors and vendors affected by risk areas	At the start of the relationship and annually	This Plan and training materials sent by mail or email; signed Certification of Receipt and Training Acknowledgment returned

Group	Timing	Method
Governing body, Administrator, senior managers, Compliance Officer	Upon appointment and annually	Session covering Program oversight, Part 521 obligations, and fraud and abuse laws

8.2 Training Content

Training is presented in a form that is accessible and understandable to all Affected Individuals and covers:

- CHRC's risk areas and organizational experience; the Code of Conduct and compliance policies
- The role of the Compliance Officer and Compliance Committee
- How to ask questions and report concerns, including anonymously, and the protections against intimidation and retaliation
- Disciplinary standards and how CHRC responds to compliance issues and carries out corrective action
- Medicaid program requirements, including coding, billing, and claims submission where relevant to the role
- The federal and New York fraud and abuse laws and whistleblower protections summarized in Section 18

8.3 Specialized Training

- **Billing and coding:** The Chief Financial Officer, under the direction of the Compliance Officer, provides specific billing, coding, and MDS training to staff in those functions.
- **Physicians and practitioners:** Training on Public Health Law § 238, the federal Anti-Kickback Statute and Stark Law, documentation of medical necessity, and Medicare and Medicaid requirements; one or more physicians participate in providing the training.
- **High-risk areas:** The Compliance Officer may require additional training for any person or department in response to audit findings, new laws, or identified risks.

8.4 Tracking and Effectiveness

Supervisors ensure their staff attend required training. Attendance and completion are tracked by the Compliance Officer and Human Resources. Training effectiveness is measured through quizzes and surveys returned to the Compliance Officer, and the results are used to improve training. Completing required compliance training is a condition of continued employment or engagement; failure to complete it will result in discipline.

9. Lines of Communication and Reporting

CHRC maintains confidential lines of communication to the Compliance Officer that are available to all Affected Individuals and to residents and their representatives. They may be used to ask questions or to report compliance concerns, 24 hours a day.

Compliance Officer	Justin Wood, Chief Technology Officer
Compliance Hotline	(844) 845-7784. Voicemail, 24 hours a day. Reports may be made anonymously: dial *67 before the number to keep your phone number from showing on caller ID.
Email	compliance@campbellhallrehab.com
Mail	Attn: Compliance Officer — Confidential Campbell Hall Rehabilitation Center, Inc. 23 Kiernan Road, Campbell Hall, NY 10916
In person	The Compliance Officer, any supervisor or department head, or any Compliance Committee member (who must forward the report to the Compliance Officer)
Written report	Compliance Reporting Form (Appendix E), available from any department head or the Compliance Officer; may be submitted unsigned. You can also report online at https://master.mysnf.cloud/report/campbell-hall : you may stay anonymous, and you will receive a report number and access code to check the status
Outside agencies	NYS OMIG Fraud Hotline: 1-877-87-FRAUD (1-877-873-7283), omig.ny.gov HHS Office of Inspector General: 1-800-HHS-TIPS (1-800-447-8477), oig.hhs.gov NYS Department of Health Nursing Home Complaint Hotline: 1-888-201-4563

- **Anonymous reporting.** Any method may be used anonymously. Reports made through the online form receive a report number and access code to add information or check the status later; an anonymous hotline caller can call again or report online to do the same. Identifying yourself helps the Compliance Officer follow up but is never required.
- **Confidentiality.** The identity of anyone who reports is kept confidential unless the matter becomes the subject of a disciplinary proceeding, is referred to or investigated by the Medicaid Fraud Control Unit, OMIG, or law enforcement, or disclosure is otherwise required by law.
- **Supervisors.** A supervisor, department head, or Committee member who receives a report must forward it to the Compliance Officer promptly.
- **Outside agencies.** Nothing in this Plan prevents anyone from reporting directly to OMIG, OIG, NYSDOH, or any other government agency.
- **Follow-up.** The Compliance Officer responds to every report. Where the reporter is known, the Compliance Officer will tell them the outcome to the extent appropriate.
- **Misuse.** Knowingly making a false report is a violation of this Plan and is subject to discipline.

The reporting methods are posted in each department and common area (Appendix A), included in training and the admission packet, and published on the Facility's website.

10. Disciplinary Standards

CHRC enforces this Plan through written disciplinary standards that are published to all Affected Individuals and included in training. Discipline is applied fairly and consistently, and the same disciplinary action applies to all levels of personnel. Affected Individuals are subject to discipline for:

- engaging in, facilitating, encouraging, directing, or permitting non-compliant conduct;
- failing to report known or suspected non-compliance;
- failing to cooperate with, or interfering with, a compliance review or investigation;
- failing to complete required compliance training or assigned compliance tasks;
- for managers, failing to detect non-compliance in their department where reasonable diligence would have uncovered it;
- retaliating against anyone for a good-faith report; and
- knowingly making a false report.

Sanctions range from counseling and verbal or written warning through suspension, termination of employment, termination of a contract or business relationship, and removal from the governing body. Employee discipline follows the Progressive Disciplinary Policy, but serious misconduct may result in immediate termination. CHRC may also refer matters to law enforcement or licensing authorities, and non-compliance may result in civil and criminal penalties.

11. Auditing and Monitoring

11.1 Routine Audits

CHRC maintains a system for routine monitoring and identification of compliance risks. Audits are performed by internal or external auditors with the expertise needed for the area being reviewed, focus on the risk areas in Section 6, and are documented. Routine activities include:

- Monthly review of charging, coding, MDS, and billing by the MDS Coordinator, Rehabilitation Director, Medicare biller, and Health Information Management Director, with results reported to the Compliance Officer.
- Monthly accounts receivable meetings reviewing all balances over \$7,500 and 100% of credit balances.
- Monthly verification of the Medicaid roster before NAMI billing, with a random audit of five residents reported to the Compliance Officer.
- Monthly billing department reports to the Compliance Officer on Medicare, Medicaid, and private insurance denials, overpayments, and reconciliations.
- Use of NYSDOH survey results and QAPI findings, with Quality Assurance Committee minutes reviewed by the Compliance Committee.

- Additional audits and external reviews set out in the annual Compliance Work Plan, including periodic testing of claims and of documentation supporting medical necessity.

11.2 Using Audit Results

Audit results are reported to the Compliance Officer and Compliance Committee. For any problem found, CHRC performs a root-cause analysis, corrects the problem promptly, develops and tracks a corrective action plan, updates policies and training as needed, returns any overpayment (Section 13), and adds the issue to the Committee agenda and the next Work Plan until compliance is sustained.

11.3 Exclusion Screening

CHRC confirms the identity and exclusion status of Affected Individuals before hire or engagement and at least every 30 days thereafter by checking the HHS-OIG List of Excluded Individuals/Entities (LEIE), the NYS OMIG Medicaid Exclusion List, and the federal System for Award Management (SAM.gov). Contractors must perform the same screening of their personnel (Section 15).

11.4 Annual Review of Program Effectiveness

At least annually, CHRC reviews whether the Program is being implemented, whether Affected Individuals are following it, whether it is effective, and whether any updates are needed. The review may be carried out by the Compliance Officer, the Compliance Committee, external auditors, or other qualified staff, and may include interviews, surveys, record reviews, and on-site observation. The design, results, and any corrective actions are documented and shared with the Administrator, the Compliance Committee, and the governing body.

12. Responding to Compliance Issues

12.1 Investigation

When a compliance issue is reported or detected, the Compliance Officer promptly investigates it:

1. The report is received, logged, and assigned a report number.
2. Statements are gathered and records reviewed, with assistance from the Administrator as needed. The Compliance Officer may retain outside counsel, auditors, or other experts.
3. Legal counsel is consulted where the matter raises legal issues or may involve criminal conduct.
4. The facts are established and conclusions documented in a written report.
5. Corrective action and discipline are carried out (Human Resources and/or the Administrator act on matters involving employees), and required reports are made to government agencies.

The investigation file documents the alleged violation, the investigative process, interview notes and key documents, the results, and any discipline and corrective action. Files are kept confidential by the Compliance Officer. All Affected Individuals must cooperate fully with investigations.

12.2 Error or Negligence

If non-compliance resulted from error, inadvertence, or negligence, the matter is referred to the Administrator for counseling, retraining, or discipline as appropriate, and may be referred to the Compliance Committee. Corrective measures may include revising policies or this Plan, increased auditing and monitoring, retraining, changes to billing or coding systems, and reassigning supervisors who failed to supervise adequately.

12.3 Willful or Knowing Misconduct

If non-compliance resulted from willful or knowing conduct or gross negligence, the matter is referred to the Compliance Committee, which recommends discipline to the Administrator. The Committee may also take any of the corrective measures above. Where there is credible evidence of criminal conduct, the matter is referred to legal counsel and the appropriate law enforcement agency.

12.4 Reporting to Government Agencies

Where there is credible evidence that a violation of law has occurred and reporting is required, CHRC reports promptly to the appropriate government agency (for example, OMIG, NYSDOH, OIG, or law enforcement), and the Compliance Officer receives a copy of every such report.

13. Billing, Cost Reports, and Overpayments

13.1 Claims Submission

CHRC submits claims only when they are accurate and timely, and only for items and services that are medically necessary, covered, ordered by an authorized practitioner, and documented in the resident's medical record. Before a claim is submitted, supporting documentation (orders, certifications, and assessments) must be complete and available for audit. Diagnoses and procedures reported on claims must be based on the medical record. Compensation of billing staff and consultants may not include incentives to upcode.

13.2 Cost Reports

Medicare and Medicaid cost reports are prepared using generally accepted accounting principles, based on records kept in the ordinary course of business, and include only costs believed in good faith to be allowable. Staff must provide complete and accurate information to the business office for cost report preparation.

13.3 Prohibited Conduct

- Submitting claims that are false, fraudulent, inaccurate, or fictitious, including claims for services not rendered or not medically necessary
- Falsifying medical records, time records, or other documents used to support claims, including post-dating orders or signatures
- Upcoding, unbundling, or using a code that does not accurately describe the service when a more accurate code exists
- Billing for items or services known not to be covered, or billing more than one payer for the same service
- Failing to provide medically necessary services, or billing excessive charges

- Recording inappropriate, inaccurate, or non-allowable costs on a cost report, or failing to report a known error in a cost report

Anyone who finds an error in a claim or cost report must notify a supervisor, the Administrator, or the Compliance Officer.

13.4 Overpayments

All overpayments must be reported, returned, and explained within 60 days after they are identified, as required by 42 U.S.C. § 1320a-7k(d) and New York law. CHRC's procedures:

- Medicaid billing is completed weekly; census days are verified to charge days, and remittances are reviewed weekly.
- Medicaid overpayments are corrected through electronic voids or adjustments and recouped through the Medicaid remittance, or refunded directly. Overpayments related to NAMI, payer changes, discharges, or budget changes are refunded to Medicaid or the resident, as appropriate.
- Claims more than two years old that must be voided are processed through ePACES (eMedNY) using delay reason code 3.
- Aging reports are reviewed monthly to identify credit balances, and voids and adjustments are completed as needed.
- Where appropriate — for example, when an overpayment results from a pattern of errors or possible misconduct — CHRC will use OMIG's Self-Disclosure Program (18 NYCRR Subpart 521-3) or the OIG Self-Disclosure Protocol, on the advice of counsel.
- CHRC cooperates fully with OMIG and other government audits and provides all required documentation.

14. Screening, Exclusion, and Discretionary Authority

No individual who has been excluded from a federal or state health care program, or who has been convicted of a federal health care offense or health care-related crime (including resident abuse or neglect, health care fraud, or a felony relating to a controlled substance), may be employed or engaged in a position that involves the exercise of discretionary authority or the delivery of, ordering of, or billing for services paid by a federal or state health care program.

- Applicants and Affected Individuals must disclose name changes and any conviction of a crime, including a health care-related crime, and any exclusion.
- CHRC performs criminal history record checks as required by NY Executive Law § 845-b and 10 NYCRR Part 402, verifies professional licenses and certifications (including the Nurse Aide Registry) and confirms there are no disciplinary findings, and performs exclusion screening as described in Section 11.3.
- Affected Individuals certify that neither they nor anyone providing services on their behalf is excluded or has engaged in a federal health care offense (Appendix B).
- CHRC immediately removes from involvement in federal or state health care programs anyone who is excluded or convicted, and anyone with pending criminal charges relating to health care or a proposed exclusion, pending resolution; and ends its relationship with anyone found to be excluded or convicted.

- CHRC removes from positions of authority anyone who shows they are unwilling to comply with this Plan.

15. Contractor Oversight

Contracts with Contractors whose work is affected by CHRC's risk areas must state that the Contractor is subject to this Program, to the extent affected by CHRC's risk areas and within the scope of the contract, and must allow CHRC to terminate the contract if the Contractor fails to comply. The Contractor Compliance Addendum in Appendix D is used for new contracts and added to existing contracts at renewal. All contracts and arrangements with physicians, laboratories, providers, referral sources, and other persons are entered into on forms approved and reviewed by CHRC's legal counsel.

Contractors must: receive this Plan and complete compliance training (Section 8); report compliance concerns; screen their personnel for exclusion before assignment and at least every 30 days; notify CHRC within two business days if any of their personnel becomes excluded; and cooperate with CHRC's compliance reviews and investigations.

16. Government Investigations

CHRC cooperates with all reasonable requests in any government investigation, audit, or survey, while protecting the legal rights of CHRC and its Affected Individuals.

- Any Affected Individual who receives a subpoena, search warrant, investigative demand, or other legal request concerning CHRC business — at work or at home — should notify the Compliance Officer promptly, who will notify CHRC's legal counsel.
- Affected Individuals have the right to consult an attorney before speaking with an investigator.
- No one may destroy, alter, or conceal any record or document related to a government inquiry, or encourage anyone else to give false or misleading information.
- Nothing in this Plan prohibits or discourages any Affected Individual from communicating directly with, or providing information to, any government agency.

17. Non-Intimidation and Non-Retaliation

CHRC does not tolerate intimidation or retaliation, in any form, against any Affected Individual who in good faith participates in the Program — including by reporting a potential issue, participating in an investigation, conducting a self-evaluation or audit, taking remedial action, or reporting to an appropriate government official as provided in New York Labor Law §§ 740 and 741. The Compliance Officer periodically reviews personnel actions involving people who have made reports to confirm they have not been subject to retaliation, and may withhold a reporter's name when necessary. Anyone who retaliates is subject to discipline up to and including termination. The Compliance Officer cannot grant immunity from discipline or prosecution to anyone who has engaged in misconduct, although good-faith self-reporting will be considered.

18. Summary of Fraud and Abuse Laws and Whistleblower Protections

This summary is provided under Section 6032 of the Deficit Reduction Act of 2005 (42 U.S.C. § 1396a(a)(68)), which requires CHRC to give its employees, contractors, and agents information about the federal False Claims Act, related state laws, whistleblower protections, and CHRC's policies for detecting and preventing fraud, waste, and abuse (Sections 3 and 9 through 13 of this Plan). It is general information, not legal advice.

Federal Laws

False Claims Act (31 U.S.C. §§ 3729–3733)

Makes any person or organization liable who knowingly submits, or causes to be submitted, a false or fraudulent claim to the federal government (including Medicare and Medicaid); knowingly makes or uses a false record or statement to get a claim paid; conspires to do so; or knowingly conceals or improperly avoids an obligation to repay money owed to the government, such as a known overpayment. "Knowingly" includes actual knowledge, deliberate ignorance, and reckless disregard; no specific intent to defraud is required. Penalties include up to three times the government's damages plus a civil penalty for each false claim (adjusted annually for inflation). A private person may file a qui tam lawsuit on the government's behalf and may receive a share (generally 15–30%) of any recovery.

Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801–3812)

Allows federal agencies, including HHS, to impose administrative penalties and assessments on anyone who submits a claim or statement they know or have reason to know is false, fictitious, or fraudulent.

Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))

Makes it a felony to knowingly and willfully offer, pay, solicit, or receive anything of value to induce or reward referrals of items or services paid by a federal health care program. Claims resulting from a kickback are also false claims.

Physician Self-Referral Law ("Stark Law") (42 U.S.C. § 1395nn)

Generally prohibits a physician from referring Medicare patients for designated health services to an entity with which the physician or an immediate family member has a financial relationship, unless an exception applies.

Civil Monetary Penalties Law and Exclusion (42 U.S.C. §§ 1320a-7, 1320a-7a)

Allows HHS-OIG to impose civil money penalties for fraudulent conduct and to exclude individuals and entities from federal health care programs. Programs will not pay for items or services furnished, ordered, or prescribed by an excluded person, and employing or contracting with an excluded person can result in penalties.

Criminal Health Care Fraud and Related Laws (18 U.S.C. §§ 287, 669, 1001, 1035, 1341, 1343, 1347, 1349)

Make it a federal crime to submit false claims, make false statements related to health care matters, embezzle from a health care benefit program, use the mail or wires to carry out a fraud scheme, knowingly execute a scheme to defraud a health care benefit program, or conspire to do any of these.

New York State Laws

New York False Claims Act (State Finance Law §§ 187–194)

Closely follows the federal False Claims Act. Anyone who knowingly presents a false claim, or knowingly makes a false record or statement, to obtain money from the State or a local government (including Medicaid) is liable for up to three times the damages plus a civil penalty for each false claim. Private persons may bring qui tam actions and share in any recovery.

Social Services Law § 145-b — False Statements

Makes it unlawful to knowingly obtain or attempt to obtain payment for items or services under a public assistance program, including Medicaid, by a false statement, deliberate concealment, or other fraudulent scheme. The State or local social services district may recover up to three times the amount falsely obtained, and civil penalties may be imposed.

Social Services Law § 145-c — Sanctions

Provides that a person who intentionally makes a false statement or commits fraudulent acts to obtain public assistance benefits may have those benefits reduced or suspended.

Social Services Law § 366-b — Penalties for Fraudulent Practices

Makes it a crime, with intent to defraud, to present false or fraudulent Medicaid claims or to submit false information to obtain greater compensation than is allowed.

Penal Law

- Article 155 (Larceny): obtaining Medicaid or other funds by false pretenses or fraud.
- Article 175 (False Written Statements): including falsifying business records and offering a false instrument for filing.
- Article 176 (Insurance Fraud): false claims to insurers, including health plans.
- Article 177 (Health Care Fraud): knowingly and willfully providing false information in a claim to a health plan, including Medicaid, with intent to defraud; penalties increase with the amount involved.

Whistleblower Protections

Federal False Claims Act (31 U.S.C. § 3730(h))

Protects employees, contractors, and agents from being discharged, demoted, suspended, threatened, harassed, or otherwise discriminated against for lawful acts to stop a False Claims Act violation, including investigating, reporting, or bringing a qui tam action. Remedies include reinstatement, two times back pay plus interest, and special damages, including litigation costs and attorneys' fees.

New York False Claims Act (State Finance Law § 191)

Provides similar protection to employees, contractors, and agents who act lawfully to stop violations of the New York False Claims Act, with remedies including reinstatement, two times back pay plus interest, and special damages, costs, and attorneys' fees.

New York Labor Law § 740

Prohibits retaliation against an employee (including former employees and independent contractors) who discloses or threatens to disclose to a supervisor or public body an activity, policy, or practice the employee reasonably believes violates a law, rule, or regulation or poses

a substantial and specific danger to public health or safety; who provides information to or testifies before a public body investigating it; or who objects to or refuses to participate in it. Remedies may include reinstatement, back pay, restored benefits, civil penalties, and, for willful violations, punitive damages.

New York Labor Law § 741

Specifically protects health care employees who disclose or threaten to disclose, or who object to or refuse to participate in, an activity, policy, or practice they reasonably believe constitutes improper quality of patient care or improper quality of workplace safety. Generally, the employee should first bring the concern to the employer and give it a reasonable opportunity to correct the problem, unless the danger is imminent or the employee reasonably believes internal reporting would be futile or lead to destruction of evidence.

19. Plan Review and Revision History

The Compliance Officer reviews this Plan at least annually and whenever laws, regulations, guidance, or Facility operations change, and presents proposed changes to the Compliance Committee and the governing body for approval. Affected Individuals are notified of material changes.

Version	Date	Summary of changes
Prior	June 2024	Corporate Compliance Plan posted on the Facility website.
2026	September 2026	Consolidated and restructured to the elements of 18 NYCRR Subpart 521-1. Named the Compliance Officer; updated the hotline to (844) 845-7784; updated the definition of Affected Individuals and added Contractor and Vendor definitions; merged and expanded the Code of Conduct; corrected the overpayment deadline from 90 to 60 days; added the compliance committee charter, quarterly governing body reporting, 30-day exclusion screening (LEIE, OMIG, SAM.gov), annual effectiveness review, contractor oversight and addendum, and self-disclosure; replaced the fraud and abuse law section with an updated DRA summary; moved OSHA, employee health, resident rights, and HR content to the separate policies listed in Section 7; updated all forms.

Appendix A — How to Report a Compliance Concern

Post in each department, staff break areas, and common areas.



See something that doesn't seem right? Speak up.

If you suspect fraud, waste, or abuse, billing errors, falsified records, resident abuse or neglect, or any other violation of law or of our Code of Conduct, report it. You can report anonymously, and retaliation against anyone who reports in good faith is strictly prohibited.

Compliance Officer	Justin Wood, Chief Technology Officer
Compliance Hotline	(844) 845-7784. Voicemail, 24 hours a day. Reports may be made anonymously: dial *67 before the number to keep your phone number from showing on caller ID.
Email	compliance@campbellhallrehab.com
Mail	Attn: Compliance Officer — Confidential Campbell Hall Rehabilitation Center, Inc. 23 Kiernan Road, Campbell Hall, NY 10916
In person	The Compliance Officer, any supervisor or department head, or any Compliance Committee member (who must forward the report to the Compliance Officer)
Written report	Compliance Reporting Form (Appendix E), available from any department head or the Compliance Officer; may be submitted unsigned. You can also report online at https://master.mysnf.cloud/report/campbell-hall : you may stay anonymous, and you will receive a report number and access code to check the status
Outside agencies	NYS OMIG Fraud Hotline: 1-877-87-FRAUD (1-877-873-7283), omig.ny.gov HHS Office of Inspector General: 1-800-HHS-TIPS (1-800-447-8477), oig.hhs.gov NYS Department of Health Nursing Home Complaint Hotline: 1-888-201-4563

Resident abuse or neglect: tell the Administrator or supervisor in charge immediately.

Appendix B — Certification of Receipt

Campbell Hall Rehabilitation Center, Inc. — Corporate Compliance Program

By signing below, I certify that:

- I have received and read the Campbell Hall Rehabilitation Center, Inc. Corporate Compliance Plan, including the Code of Conduct (Section 3) and the Summary of Fraud and Abuse Laws and Whistleblower Protections (Section 18), and I understand them as they apply to me.
- I will follow the Code of Conduct, Facility policies, and all applicable laws, and I understand that violations may result in discipline up to and including termination of employment, contract, or appointment.
- I will promptly report any suspected violation, including suspected fraud, waste, or abuse, to the Compliance Officer or through the other reporting methods in the Plan, and I understand I may report anonymously and that retaliation for good-faith reporting is prohibited.
- I have not engaged in and am not engaging in any conduct that could constitute a federal health care offense or health care-related crime, and I am not excluded, suspended, debarred, or otherwise ineligible to participate in any federal or state health care program. I will notify the Compliance Officer immediately if that changes.
- I will cooperate fully with the Compliance Officer and Compliance Committee.
- I know how to contact the Compliance Officer: Justin Wood, Chief Technology Officer — (844) 845-7784 — compliance@campbellhallrehab.com.

I am a(n): ☐ Employee ☐ Contractor/Vendor ☐ Agency Staff ☐ Medical Staff ☐ Board/Officer

Signature

Date

Printed Name

Title / Position

Company Name (contractors and agency staff only)

Department / Service Provided

For Compliance Office use

Received by

Date Received

Appendix C — Acknowledgment of Compliance Training

Campbell Hall Rehabilitation Center, Inc. — Corporate Compliance Program

By signing below, I acknowledge that I completed Corporate Compliance Program training, which covered:

- The Code of Conduct and CHRC's compliance risk areas
- The role of the Compliance Officer and Compliance Committee
- How to report compliance concerns, including anonymously, and how reports are investigated
- Non-intimidation and non-retaliation protections
- Disciplinary standards and corrective action
- Medicaid program requirements, including billing and documentation, as they apply to my role
- The federal and New York fraud and abuse laws and whistleblower protections

I had the opportunity to ask questions, and I understand I can contact the Compliance Officer at any time with further questions.

Training type: ☐ New hire / orientation ☐ Start of contract ☐ Annual ☐ Other:

Training method: ☐ In person ☐ Video / online ☐ Reviewed written materials

Quiz score (employees): _____ %

I am a(n): ☐ Employee ☐ Contractor/Vendor ☐ Agency Staff ☐ Medical Staff ☐ Board/Officer

Signature

Date of Training

Printed Name

Title / Position

Company Name (contractors and agency staff only)

Trainer / Presenter

Appendix D — Contractor Compliance Addendum

Campbell Hall Rehabilitation Center, Inc. — Corporate Compliance Program

For use in, or as an addendum to, agreements with contractors, agents, subcontractors, independent contractors, and staffing agencies whose work is affected by CHRC's risk areas. Have counsel review before use.

1. **Compliance Program.** Contractor acknowledges that Campbell Hall Rehabilitation Center, Inc. ("Facility") maintains a Corporate Compliance Program under 18 NYCRR Subpart 521-1 and NY Social Services Law § 363-d. To the extent Contractor and its personnel are affected by the Facility's risk areas, and only within the scope of the services provided under this Agreement, Contractor agrees to be subject to and comply with the Facility's Compliance Program, including its Corporate Compliance Plan, Code of Conduct, and applicable policies and procedures.
2. **Training.** Contractor shall ensure that each of its personnel who furnish services at or for the Facility receives the Facility's Corporate Compliance Plan, completes the Facility's compliance training (or training the Facility accepts as equivalent) before or at the start of services and at least annually, and signs the Facility's Certification of Receipt and Acknowledgment of Training. Contractor shall provide copies upon request.
3. **Reporting.** Contractor shall promptly report to the Facility's Compliance Officer any suspected fraud, waste, abuse, or other compliance concern related to services under this Agreement, and shall not retaliate against any person who makes a good-faith report.
4. **Exclusion Screening.** Contractor represents that neither it nor any of its personnel furnishing services under this Agreement is excluded, suspended, debarred, or otherwise ineligible to participate in any federal or state health care program. Contractor shall screen such personnel against the HHS-OIG LEIE, the NYS OMIG Medicaid Exclusion List, and SAM.gov before assignment and at least every thirty (30) days, and shall notify the Facility in writing within two (2) business days of learning of any exclusion or ineligibility.
5. **Cooperation.** Contractor shall cooperate with the Facility's compliance audits, reviews, and investigations and with any review by OMIG or another government agency, and shall provide access to relevant records as permitted by law.
6. **Termination.** The Facility may terminate this Agreement immediately upon written notice if Contractor fails to comply with this Addendum or the Facility's Compliance Program, or if Contractor or any of its personnel becomes excluded or otherwise ineligible to participate in a federal or state health care program.

Contractor Authorized Signature

Facility Authorized Signature

Printed Name / Title

Printed Name / Title

Company Name

Date

Appendix E — Compliance Reporting Form

Campbell Hall Rehabilitation Center, Inc. — Corporate Compliance Program

Use this form to report a situation you believe violates the Corporate Compliance Plan, the Code of Conduct, or the law. Be as specific as possible — include names, dates, locations, and as much detail as you know. You do not have to sign this form. Return it to the Compliance Officer in a sealed envelope marked "Confidential," or mail it to the address below.

Report #	
Date of report	
Date(s) of incident	
Location / department	
People involved (if known)	

Description of the situation:

Your name and phone (optional): _____

Compliance Officer: Justin Wood, Chief Technology Officer • (844) 845-7784 •
compliance@campbellhallrehab.com • 23 Kiernan Road, Campbell Hall, NY 10916



Tear off and keep this portion. Use the report number to ask about the status of your report.

Report # _____

Appendix F — Conflict of Interest Disclosure

Campbell Hall Rehabilitation Center, Inc. — Corporate Compliance Program

Complete this form at hire or engagement, annually, and whenever a potential conflict arises (Code of Conduct, Section 3.5). Return it to the Compliance Officer.

Do you, or does an immediate family member, have any of the following?

- ☐ Yes ☐ No A financial interest in, or employment or consulting relationship with, a vendor, contractor, referral source, or competitor of CHRC
- ☐ Yes ☐ No Outside employment that could affect your work at CHRC
- ☐ Yes ☐ No Received any gift, payment, or favor from a resident, family member, vendor, or referral source
- ☐ Yes ☐ No Any other relationship or activity that could influence, or appear to influence, your decisions on behalf of CHRC

If yes, please describe:

I certify that this disclosure is complete and accurate, and I will update it if my circumstances change.

Signature

Date

Printed Name

Title / Position

For Compliance Office use

Reviewed by

Date

Action taken