



Liberty QualityCare®
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Standard Operating Policies
Corporate Compliance Index

Title:	Index Corporate Compliance Policies	Effective Date:	02/08/2013
Author:	Corporate Compliance Officer	Last Review Date:	07/15/2021
Location:	All Locations	Last Revision Date:	07/15/2021
Functional Area:	ADMINISTRATION		

POLICY

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Approved By: _____



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Standard Operating Policies – SOP #1
Compliance Program

Title:	Compliance Program	Effective Date:	10/27/2003
Author:	Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

© Liberty Healthcare Corporation (Liberty) is dedicated to maintaining excellence and integrity in all aspects of its operations and professional and business conduct. Accordingly, Liberty is committed to the application of high ethical standards and compliance with all governing laws and regulations that govern its operations, including both governmental regulations and regulatory agencies' standards and policies. This commitment is true not only in the delivery of health care but in Liberty's business affairs and its dealings with its employees, staff, physicians, subcontractors, agents, payors and communities serves. It is the personal responsibility of all who are associated with Liberty to honor this commitment in accordance with the Liberty Compliance Plan, as approved by the Boards of Directors of each Liberty entity, and related policies, procedures and standards developed by Liberty in connection with the Compliance Program.

The Compliance Program is intended to provide reasonable assurance that Liberty:

- Promotes adherence to statutes and regulations relating to Medicare/Medicaid billing;
- Satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
- Complies in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
- Detects and deters criminal conduct or other forms of misconduct by trustees, officers, employees, staff, agents, contractors and subcontractors that might expose Liberty to significant civil liability;
- Promotes self-auditing and self-policing, and responds promptly to inappropriate circumstances and voluntary disclosure of violations of laws and regulations; and
- Establishes, monitors, and enforces high professional and ethical standards. The Compliance Program is intended to provide reasonable assurance that Liberty:
 - Promotes adherence to statutes and regulations relating to Medicare/Medicaid billing;
 - Satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
 - Complies in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
 - Detects and deters criminal conduct or other forms of misconduct by trustees, officers, employees, staff, agents, contractors and subcontractors that might expose Liberty to significant civil liability;
 - Promotes self-auditing and self-policing, and responds promptly to inappropriate circumstances and voluntary disclosure of violations of laws and regulations; and
 - Establishes, monitors, and enforces high professional and ethical standards.

PROCEDURE

1. **The seven essential elements of an effective compliance program:**

According to the Office of Inspector General of the United States Department of Health and Human Services, the seven essential elements of an effective compliance program, which include:

- ESTABLISHING A STANDARD AUDIT PROCESS for evaluating and monitoring compliance related Issues and risks; this includes ensuring that the elements of the program remain effective (e.g., Employee Help Line) and that the areas of risk are monitored consistently and appropriately;
- ESTABLISHING PRACTICE STANDARDS AND PROCEDURES by developing a written corporate compliance policy and procedure manual;
- DESIGNATING A CORPORATE COMPLIANCE OFFICER (CCO) to oversee and monitor the corporate compliance program;
- CONDUCTING APPROPRIATE EMPLOYEE EDUCATION AND TRAINING that will include both general information about the compliance program and specific training related to job functions with the greatest exposure to compliance issues. Every new employee will receive compliance training within thirty (30) days of employment. There will be annual training for all individuals responsible for Medicare/Medicaid Billing;
- RESPONDING TO DETECTED OFFENSES AND DEVELOPING CORRECTIVE ACTION INITIATIVES, which will address the situation or problem area;
- DEVELOPING OPEN LINES OF COMMUNICATION in order to prevent problems from occurring and to have a frank discussion of why the problem happened in the first place;
- ENFORCING DISCIPLINARY STANDARDS that will result in consistent and appropriate sanctions, including the possibility of termination, against the offending individual.

2. **Scope of Liberty's Compliance Program:**

The provisions of Liberty Compliance Program apply to all medical, business, and legal activities performed by Liberty employees, physicians, nurses, health professionals, and on-site agents, contractors and subcontractors. All such personnel are required to act in accordance with Liberty Compliance Program as follows:

- Comply with the Liberty Code of Conduct;
- Familiarize themselves with the purpose of the Program;
- Perform their jobs in a manner which demonstrates commitment to compliance with all applicable laws and regulations;
- Report known or suspected compliance issues through the traditional chain of command, to the Corporate Compliance Officer (CCO) or his/her designee, or through the Employee Help Line;
- Conduct and/or cooperate and participate in an investigation of any alleged violation and follow through to the point of resolution; and
- Strive to prevent errors and provide suggestions to reduce the likelihood of errors.

3. **Policies corresponding to Inspector General's compliance program guidelines:**

The Corporate Management group oversees the effectiveness of the corporate compliance program, which includes, but is not limited to, the elements recommended in the OFFICE OF INSPECTOR GENERAL'S COMPLIANCE PROGRAM GUIDANCE FOR INDIVIDUAL AND SMALL GROUP PRACTICES:

- Code of Conduct Policy.
- Corporate Compliance Officer Policy.
- Education and Training Program Development and Implementation Policy.
- Compliance Communication: Helpline Process Maintenance.
- Investigations: Sanction or Disciplinary Action Enforcement.
- Monitoring Tools Policy.
- Corrective Action Plans and Remediation Policy.

4. Sanctions:

All employees and subcontractors are responsible for complying with the Liberty Compliance Program, Code of Conduct and internal policies and procedures, as well as all applicable laws, rules and regulations. Corrective action for noncompliance will be initiated by the immediate supervisor of the employee(s)/subcontractor(s), who must notify the appropriate Human Resource personnel in accordance with the standard disciplinary policies and procedures of Liberty. Enforcement will be administered by the parties identified by the Corporate Compliance Officer in consultation with the immediate supervisor and the appropriate Human Resource personnel. Disciplinary actions will be determined on a case-by-case basis and will be issued in a manner that is appropriate, equitable and consistent with the particular circumstances and degree of negligence or misconduct.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/27/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	12/22/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name



Liberty QualityCare®
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Standard Operating Policies – SOP #2
Code of Conduct

Title:	Code of Conduct	Effective Date:	12/01/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

As Liberty performs its services, various laws of the United States, international entities, and other applicable state and local laws govern its operations. Compliance with laws has been and will always be an integral part of Liberty’s operations. In the performance of their respective duties, all Liberty’s workforce (employees and managers and subcontracted physicians) as well as all Liberty agents and subcontractors are expected to adhere to the Code of Conduct. Liberty’s corporate compliance program and Code of Conduct provides the guiding standards for our decisions and actions as members of the Liberty organization. As used in this Code of Conduct, the term “Liberty” means Liberty and each of its affiliated companies, subsidiaries and divisions and physicians, nurses and behavioral health professionals. This corporate compliance policy is intended to provide reasonable assurance that Liberty’s workforce (employees and subcontracted Physicians): agents, subcontractors, contractors and vendors:

- Comply in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
- Satisfy the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
- Detect and deter criminal conduct or other forms of misconduct by trustees, officers, employees, staff, agents and contractors that might expose Liberty to significant civil liability;
- Promote self-auditing and self-policing, and provide for, in appropriate circumstances, voluntary disclosure of violations of laws and regulations; and
- Establish, monitor, and enforce high professional and ethical standards.

PROCEDURE

1. Liberty complies with all applicable laws.

Unethical and illegal conduct damages Liberty, its clients and the community. Therefore, any Liberty workforce member (employee/agent/subcontracted Physician) found to have violated any of his or her obligations under this Code of Conduct or the compliance program will be subject to discipline, up to and including dismissal from employment. Similarly, the relationship of any agent or subcontractor with Liberty will be subject to termination. We expect every member of the Liberty organization to demonstrate a fundamental commitment to abide by federal and state laws in the performance of his/her duties and responsibilities, and together we can continue to uphold an organization true to the ideals upon which it was founded. The Code of Conduct sets forth fundamental principles. Although the Code of Conduct can neither cover every situation in the daily conduct of Liberty’s many varied activities, nor substitute for common sense, individual judgment or personal integrity, it is the duty of each member of the Liberty organization to adhere, without exception, to the following guiding principles:

- It is the duty of Liberty and each member of the Liberty organization to uphold all applicable laws and regulations. All members of the Liberty organization must be aware of the legal requirements and restrictions applicable to their respective positions and duties. Liberty expects each of its employees/agents/subcontractors to refrain from engaging in any activity which may violate any laws or regulations.
- Liberty's Code of Conduct will be distributed yearly and signed by Liberty's workforce (employees/agents/and physician subcontractors) to confirm their review and acknowledgement that they are unaware of any known or suspected violation(s) of any applicable law or regulation or policy. If an employee/ agent/subcontractor is aware of any known or suspected violation(s) he/she will report the identified violation(s) to the traditional chain of command, directly to the CCO or to the Employee Help Line.
- Liberty shall use training and programs that promote greater awareness of potential or actual violations and will monitor and promote compliance with applicable laws and regulations.

Any questions about the legality or propriety of any actions undertaken by or on behalf of Liberty should be reported immediately to the traditional chain of command, directly to the CCO or to the Employee Help Line at 1-800-653-7174. The Help Line is a 24-hour/365-day confidential service operated by risk management professionals for the sole purpose of identifying and processing corporate compliance questions and issues.

2. Liberty conducts its affairs in accordance with the highest ethical standards.

Liberty and all of its workforce (employees/agents/physician subcontractors) and other members of the Liberty organization shall conduct all activities in accordance with the highest ethical standards of the community and their respective professions at all times and in a manner, which shall uphold Liberty's reputation and standing. No member of the Liberty organization shall make false or misleading statements to any patient, client, consumer, resident, person or entity doing business with Liberty.

3. All members of the Liberty organization must support its goal of providing quality health care services and shall avoid conflicts of interest.

Liberty is dedicated to the provision of health care. All members of the Liberty organization must faithfully conduct their assigned roles, tasks and duties for the purpose, benefit and interest of Liberty and the people that Liberty serves. All members of the Liberty organization have a duty to avoid conflicts with the interests of Liberty and may not use their positions and affiliations with Liberty for personal benefit. Members of the Liberty organization must consider and avoid not only actual conflicts of interest, but also the appearance of any conflicts of interest.

4. Liberty strives to attain the highest standards for all aspects of client care.

The care provided by Liberty must be reasonable, necessary, and appropriate to the situation, and must be provided by properly qualified individuals. The delivery of all such care must be appropriately documented as required by applicable laws and regulations, payor requirements and professional standards.

5. Liberty provides equal opportunity and respects the dignity of all its staff.

Liberty is committed to providing equal employment opportunities for all persons, without regard to race, color, nationality or ethnic origin, religion, gender, sexual orientation, disability or veteran's status. Liberty provides health care services in many different settings, such as skilled nursing facilities, long term care facilities, jail mental health, corrections, intellectual/developmental disability services, behavioral health centers, home and community based services, geriatric psychiatry and other workplace and community outpatient settings. In every instance, Liberty is committed to providing a workplace environment which respects the dignity of each person in the site. Therefore, discrimination, sexual harassment and any other violation of the rights and dignity of people in any form or context will not be tolerated.

6. Liberty promotes integrity by conducting reference checks on all new personnel.

As part of every employment and physician subcontractor application and Liberty's competency evaluation review system, Liberty conducts work performance reference checks and criminal checks on all new personnel.

All Liberty job applications specifically require the applicant to disclose any criminal conviction, as defined by 42 U.S.C. 1320 a-7(l), or exclusion action or debarment.

7. Liberty maintains appropriate levels of confidentiality for the information and documents entrusted to its safekeeping.

In the course of providing services, Liberty's workforce (employees/agents/physician subcontractors) and other members of the Liberty organization may be entrusted with or have access to a variety of sensitive and proprietary information, the confidentiality of which they are obligated to protect. All members of the Liberty organization must adhere to the appropriate laws, regulations, policies and procedures necessary to ensure that confidential information is properly maintained and to prevent its inappropriate or unauthorized disclosure or release. All members of the Liberty organization shall create and maintain records and documentation in accordance with legal, professional and ethical standards.

8. Liberty maintains a relationship of integrity with each payor source.

All members of the Liberty organization shall ensure that all of its requests for payment are for services that are reasonable, necessary and appropriate, are provided by properly qualified persons, and are billed in the correct amount and supported by appropriate documentation.

9. Liberty and all members of the Liberty organization conduct all business practices with honesty and integrity.

All business practices of Liberty must be conducted with honesty and integrity and in a manner that promotes Liberty's reputation for honest and ethical dealings. All members of the Liberty organization must:

- Adhere to proper business practices and federal and state fraud and referral prohibitions in dealing with vendors and referral sources;
- Conduct business transactions free from offers or solicitation of gifts, favors or other improper inducements;
- Conform to all applicable antitrust laws and regulations, and ensure that Liberty does not violate laws and regulations with respect to (i) pricing or other sale terms or conditions; (ii) improper sharing of competitive information; (iii) the allocation of territories; or (iv) the impermissible exclusion of others from economic activities;
- Maintain and protect the property and assets of Liberty, including intellectual property and proprietary information, controlled substances and pharmaceuticals, equipment and supplies, and monetary funds, and refrain from using Liberty's assets for personal gain;
- Maintain the confidentiality of proprietary information belonging to other persons or entities doing business with Liberty; and
- Prepare accurate financial reports, accounting records, research reports, program reports, utilization data reports, expense accounts, time sheets and other documents so that they completely and accurately represent the relevant facts and true nature of all Liberty's health care deliverables and business transactions.

10. Liberty promotes safety in every setting in which services are provided.

Liberty and all members of the Liberty organization shall endeavor to ensure a workplace and working environment, which conforms to regulations regarding occupational health and safety.

11. The Compliance Program and the Code of Conduct are essential to the operations and activities of the Liberty organization.

- The Compliance Program and Code of Conduct benefit Liberty and all members of the Liberty organization. These policies are designed to flexibly evolve to incorporate new ideas and methods. Therefore, all members of the Liberty organization are encouraged to suggest changes or additions to these policies and the Code of Conduct.
- The principles embodied in the Code of Conduct should be infused into the daily duties and activities of Liberty personnel. In this way, the Code of Conduct augments, but never limits, other policies and procedures that govern the daily delivery of services.

- It is the duty of each member of the Liberty organization to uphold the standards set forth in the Code of Conduct and to report violations using the traditional chain of command, the CCO or the Employee Help Line.
- Officers, managers and supervisors of Liberty have a special duty to adhere to the principles set forth in the Code of Conduct, to educate and support other members of the Liberty organization in their adherence to the Code, to recognize and detect violations of the Code, and to enforce the standards set forth herein.
- It is a violation of the Code of Conduct to take any action in reprisal against anyone who reports, in good faith, suspected violations of the Code of Conduct, applicable laws and regulations, or other Liberty policies and procedures.
- All alleged violations of the Code of Conduct, applicable laws and regulations, or other vital policies and procedures shall be investigated by persons designated by Liberty, and pursuant to procedures established by Liberty.
- Disciplinary action for violations of the Code of Conduct, applicable laws and regulations, and other Liberty policies and procedures will be determined on a case-by-case basis in accordance with Liberty's current disciplinary policies and procedures. Disciplinary actions may include dismissal from employment. Similarly, the relationship of any agent or subcontractor with Liberty may be subject to termination. Liberty will cooperate with law enforcement authorities in connection with the investigation and prosecution of criminal offenses committed in any Liberty work setting.

12. Compliance Program applies to all of Liberty's workforce (employees and physician subcontractors) as well as agents, contractors, and vendors.

Like Liberty's workforce (employees and physician subcontractors), any persons acting as agents, contractors, and vendors for Liberty are expected to comply with the Liberty Compliance Program, Code of Conduct and internal policies and procedures, as well as applicable laws, rules and regulations. Noncompliance with any part of the Liberty Compliance Program may result in termination of the Liberty workforce member, agent, contractor or vendor contract with Liberty or referral for prosecution, if indicated.

All Liberty workforce members (employees, physician subcontractors), agents, contractors, and vendors are required to review and sign agreement to the Liberty Code of Conduct at the time they begin providing services and annually thereafter. Signature on the form affirms that the individual will:

- Comply with the Liberty Code of Conduct.
- Abide by all policies and procedures in the Liberty Compliance Program.
- Be familiar with the Liberty Compliance Program and its purpose.
- Perform their jobs in a manner which demonstrates commitment to compliance with all applicable laws and regulations;
- Report known or suspected compliance issues to the Liberty traditional chain of command, the CCO or his-her designee, or the Employee Help Line and investigate or participate in an investigation to the point of resolution of any alleged violation; and
- Strive to prevent errors and provide suggestions to reduce the likelihood of errors.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	12/01/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed added agents, contractors, vendors
#17	12/22/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name



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Standard Operating Policies – SOP # 3
Corporate Compliance Officer

Title:	Corporate Compliance Officer (CCO)	Effective Date:	10/27/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRTION		

POLICY

Liberty believes that an effective Corporate Compliance Program requires a designated Corporate Compliance Officer who possesses the specialized training and expertise to serve as the key authority that provides oversight of the corporate-wide Compliance Program. Liberty is committed to the operation of an effective compliance program. Therefore, Liberty established the position of Corporate Compliance Officer (CCO) to serve as the focal point for compliance activities and be responsible for oversight of the development, implementation and daily operation of the compliance program.

PROCEDURE

The Corporate Compliance Officer reports jointly to the Chief Operating Officer and General Counsel. The primary responsibilities of the CCO include:

1. Overseeing and monitoring the Liberty Compliance Program. The Compliance Officer works closely with the Executive Operations Committee and other pertinent Liberty employees to monitor compliance across all Liberty service delivery sites;
2. Identifying risk areas which require review and monitoring, with timetables and personnel assigned, which will be reviewed on an on-going basis with the Corporate Management group;
3. Reporting on the status of Liberty's Compliance Program on a monthly basis to the Executive Operations group and on a monthly basis to the Corporate Management group. Corporate Compliance reports to General Counsel will include information about current and recent compliance issues, plans for investigation, status of previously initiated investigations, timing and adequacy of corrective action plans implemented, and designs for ongoing and future monitoring;
4. Periodically revising the Compliance Program and its policies and procedures in light of changes in the needs of the company, and in the rules and requirements of government and private payor health plans;
5. Developing, coordinating, and participating in a multifaceted educational and training program to ensure that Liberty employees and management are familiar with the Compliance Program and committed to compliance with all pertinent federal and state laws and standards;
6. Ensuring that independent contractors and agents who furnish services to Liberty are aware of the applicable requirements of the Liberty Compliance Program, particularly with respect to coding, billing, and marketing;
7. Coordinating applicant and personnel issues with the Competency Evaluation review work group to ensure that the National Practitioner Data Bank, OIG Cumulative Sanction Report, licensure and certification boards have been checked with respect to all employees and subcontracted physicians contractors (11/13/2019).
8. Assisting Liberty financial personnel by coordinating internal compliance review and monitoring activities, including annual or periodic reviews of certain sites that have the potential to become involved in compliance issues;

9. Independently investigating and acting on matters related to compliance, including the design and coordination of internal investigations of problems or suspected violations, and, if necessary, corrective action planning with affected departments, providers and sub-providers, agents and, if appropriate, independent contractors. The Compliance Officer and his/her designee have the authority to review all documents and other information that are relevant to compliance activities;
10. Maintaining an open-door policy and open lines of communication with all Liberty employees and subcontracted physicians to facilitate reporting of potential compliance issues, frank discussion, and problem reporting;
11. Monitoring the Employee Help Line to ensure that Liberty staff are able to report suspected fraud and other improprieties without fear of retribution, and implementing processes to investigate, resolve and document all Employee Help Line calls;
12. Monitoring activities related to the Liberty Compliance Program and reporting progress and relevant information to the Executive Operations group and the Corporate Management group as needed; and
13. Responding, in conjunction with legal counsel, to external agency requests regarding compliance issues.
14. Providing monthly reports to the Executive Operations and the Corporate Management groups.

NOTE: A detailed description of the range and types of tools that may be used by the CCO to conduct audits, reviews and analyses of the overall Compliance Program and/or specific compliance risk areas is provided in Policy "Monitoring Tools: Audits and Risk Assessments."

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/27/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed added agents, contractors, vendors
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed coordinating NPDN, etc. in CE
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name



Liberty Healthcare Corporation
THE FREEDOM TO SUCCEED™

Liberty QualityCare® © Liberty Healthcare Corporation Standard Operating Policies – SOP #4 Compliance Education & Training

Title:	Compliance Education and Training	Effective Date:	10/27/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

On-going development and implementation of regular staff education and training is crucial to an effective compliance program. To ensure a broad-based employee awareness of the Corporate Compliance Program and specialized competency for staff whose functions could potentially put Liberty at a greater degree of compliance exposure.

PROCEDURE

1. Compliance education is divided into two general components: (1) a general introduction to the compliance program, and (2) specialized compliance education for staff whose work and responsibilities are linked to identified risk areas.
2. The Corporate Compliance Officer (CCO) is responsible for ensuring that personnel are adequately knowledgeable of, and compliant with, pertinent federal, state and regulatory standards. The CCO's primary responsibilities include developing, coordinating and participating in a multifaceted education and training program regarding the compliance program. The CCO provides direct oversight for the basic and annual training provided to all Liberty Healthcare Corporation staff regarding compliance.
3. All staff, including new hires, will receive basic education about Liberty's Compliance Program, the Code of Conduct, and relevant policies and procedures. Such training will reinforce the need for strict compliance with applicable laws and regulations and will advise employees that any failure to comply will be documented on the employees' performance evaluation and may result in disciplinary action.
4. Within thirty days of their employment, new employees will be introduced to the Code of Conduct, informed of their responsibilities regarding the Program, and given instruction in how to report through the traditional chain of command and how to access the Employee Help Line. At time of employment, new employees will be given an employee manual with a Code of Conduct, on which s/he will sign off.
5. Focused and specialized in-service training will be provided at least annually to staff involved in functions identified by the Corporate Management group "high risk," such as the assignment of diagnosis, procedure codes, and claims submission.
6. Attendance at all training programs will be monitored and properly documented.
7. At a minimum, applicable Compliance education seminars will provide information on the following aspects of the compliance program:
 - a. The Code of Conduct and other related written guidance;
 - b. Communication channels, i.e., the employee complaint helpline;
 - c. Liberty Healthcare Corporation expectations for reporting problems and concerns;
 - d. Nonretaliation/non-retribution policy;
 - e. New Office of Inspector General (OIG) Advisory Opinions;
 - f. OIG Special Fraud Alerts;
 - g. Medicare/Medicaid Regulation changes;

- h. New Center for Medicare & Medicaid Services (CMS) Program Memoranda;
 - i. New risk areas identified in OIG's annual work plan; and
 - j. Any patterns or common problems detected during periodic claims or other audits, investigations or reviews.
8. Comprehensive education materials and documentation systems are established by the Corporate Compliance Officer and reviewed by the Corporate Management group and Human Resources Department and are available to facilitate compliance training sessions and ensure a consistent message across the organization (11/13/2019).

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/27/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
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#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed added comprehensive education
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; SOP title



Liberty QualityCare®
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Standard Operating Policies– SOP # 5
Corporate Compliance Investigating & Reporting

Title:	Corporate Compliance Investigating & Reporting	Effective Date:	10/27/2003
Author:	Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

Liberty is dedicated to facilitating easy and rapid communication of compliance concerns by enabling its personnel (employees/subcontractors/agents) to report compliance issues through a 24-hour live telephonic Employee Help Line or direct report to supervisory personnel. The Compliance Officer (CCO) will have the authority to investigate any potential compliance issues, or to direct others to do so and to report the results thereof. The CCO will promptly initiate an investigation of a potential compliance issue and will make a case-by-case determination as to whether a violation has occurred. The CCO will either personally conduct the investigation or refer the complaint to a more appropriate area either within Liberty or outside, such as outside legal counsel, auditors or health care consultants with necessary expertise. Corrective action plans and remediation will require that compliance issues are dealt within a prescribed manner and appropriate remediation occurs, such as targeted training, restrictions on particular employees, or external disclosure of the event. Liberty believes that easy and confidential communication between Liberty personnel and compliance authorities are crucial to the success of the Program. Therefore, information concerning potential misconduct or the need to clarify legal and ethical concerns is confidential and will not be discussed except through our compliance process. Once an action or violation has been reported, Liberty must take decisive action to investigate the veracity of the report, and provide a prompt corrective response, which may include sanctions or disciplinary actions. Moreover, it is important to follow-up on the investigation, corrective action plans, remediation and monitoring to ensure that identified risk and problem areas have been resolved and all processes are in full compliance. Areas have been resolved and all processes are in full compliance.

PROCEDURE

1. Mechanisms to facilitate reporting compliance issues and concerns.

Liberty's compliance program encourages a culture that promotes prevention, early detection and resolution of suspected and actual compliance violations and concerns. Liberty offers several mechanisms to facilitate rapid, easy and confidential reporting of compliance concerns by personnel, including a confidential Employee Help Line and direct communication through the traditional chain of command, Human Resources, or the CCO. Ultimately, the CCO is responsible for responding to compliance issues that are raised through any one of the various communication channels.

a. Traditional Chain of Command:

If a supervisor, manager or Contract Manager is approached directly; they will gather the details of the compliance issue and document the detailed information that was provided to them. The supervisor, manager or Contract Manager will forward the detailed documentation to the CCO. If someone affirms that "I am aware of a known or suspected violation(s)" during the annual review of the code of conduct, they are required to provide a brief written description. The Supervisor/Manager/Contract Manager must then forward the detailed information that was provided during the annual review to the CCO.

b. Direct communication with the Corporate Compliance Officer:

Personnel may also communicate directly with the CCO, who will gather the necessary information, process the information and initiate the inquiry process.

c. Employee Help Line:

The Employee Help Line ([1-800-653-7174](tel:1-800-653-7174)) is a completely confidential resource that can be used anonymously by employees, subcontractors, health care professionals, and other staff to voice concerns over any situation that may impact compliance. Therefore, Liberty uses an impartial, independent company to record information reported by callers and communicates this information to the Corporate Compliance Officer or his/her designee so that appropriate and timely verification, investigation and resolution can take place. A unique code is assigned to each individual call by an anonymous caller for follow-up communication. A log is maintained of all Employee Help Line calls, the results of investigations, and any continued monitoring, if applicable. Reports of Employee Help Line calls, summarized by category and by operational area, will be provided at least semi-annually to the Compliance Committee for purpose of identifying any significant trends or patterns.

2. **CCO and/or designee reviews compliance related issues in an initial inquiry.**

All complaints from the Employee Help Line are forwarded to the CCO for review and determination of the appropriate course of action. All Employee Help Line reports will be subject to a good-faith preliminary inquiry by the CCO to determine whether a more thorough internal investigation is necessary. The initial inquiry may include document review, interviews, audits or other investigative techniques. The CCO or designee will conduct a fair impartial review of all relevant facts, restrict the inquiry to those necessary to resolve the issues, and conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue. The CCO and/or designee will endeavor to meet the following objectives while conducting the initial inquiry:

- a. Interview complainant and provide a full debriefing with the complainant to ensure that the details of the suspected compliance issue are fully understood;
- b. Notify appropriate internal parties;
- c. Identify cause of problem, desired outcome, affected parties, applicable guidelines, and possible regulatory or financial impact;
- d. Provide a complete list of findings and recommendations to the appropriate managers as well as the Corporate Management group;
- e. Consider potential corrective action measures, such as policy changes, operational changes, system changes, personnel changes or training/education; and
- f. Document the inquiry.

3. **Determination of resolution or need for further investigation.**

If resolution of the compliance issue is agreed upon by the COO and/or General Counsel/Contract Manager at this step of the initial inquiry, then the Employee will be notified by the CCO of its resolution. OR If a preliminary review of the matter suggests that a substantial violation of applicable law or of the requirements governing private or government sponsored health plans, a full investigation will promptly be conducted to determine its veracity. Legal counsel will be consulted in connection with such investigations. The CCO and/or designee may request assistance in the investigation from the person or persons who filed a complaint, other personnel or external sources, as appropriate. Investigations may involve other departments, as appropriate, for advice or further examination. In the event that the CCO is not, in good faith, satisfied that a matter brought before the aforesaid departments was appropriately addressed and resolved, the CCO will be responsible for and is authorized to take the matter to other persons in positions of authority.

The CCO may also request legal counsel to participate in the investigation and provide legal advice in any such matter, as appropriate. In any such investigation involving legal counsel, the fact gathering is to be under counsel's direction and control and all employees are expected to cooperate and to communicate with counsel in confidence.

4. **Procedure for investigations of compliance complaint.**

- a. When it is determined that a more thorough internal investigation is necessary, the CCO will involve the respective Contract Manager in the initial investigation phase.
- b. If the CCO and Contract Manager determine that a more thorough internal investigation is necessary, the CCO will initiate the process by sending an e-mail notification to the respective Contract Manager. The e-mail

message will include a summary of the Compliance issue(s). The e-mail will also include any recommendations from the CCO and General Counsel (if applicable).

- c. The CCO will notify the COO via voice mail and e-mail that a process of additional investigation has been initiated.
- d. The Contract Manager, or appropriate and qualified designee, will conduct a full investigation of the complaint, including review of the documents, interview of witnesses and other parties, and will provide a written report to the CCO in a timely manner. The written report will include the names and titles of all individuals interviewed, a description of all documentation reviewed, a summary of findings, a conclusion whether the complaint was founded or not, and recommendations for remediation or system improvement.

5. Reporting misconduct.

If there is credible evidence of a violation of criminal, civil or administrative law, the CCO will report misconduct to the appropriate federal and/or state authority within a reasonable time period. The CCO will also work with relevant areas within Liberty to ensure return of identified overpayments to the relevant government programs or third-party payor.

6. Corrective action plan process.

- a. The CCO will determine if a corrective action plan or remediation plan is warranted and inform the respective Contract Manager. The CCO will determine or designate an onsite representative (“designated executive”).
- b. The Contract Manager will notify the appropriate facility director/manager/supervisor, who will review the summary from the CCO, and the results of additional investigation information, if any.
- c. Based on this information, the designated facility director/manager/supervisor will identify the desired outcome(s), determine the possible regulatory or financial impact of the issue, and determine the corrective actions necessary to address and/or resolve the issue.
- d. The facility director/manager/supervisor, in collaboration with the Contract Manager, will complete the Corrective Action Plan and forward a copy back to the CCO within the timeline established by the CCO. The Corrective Action Plan is approved by the CCO and respective Contract Manager via e-mail.
- e. At a minimum, the “designated executive” will include the following elements in designing the corrective action plan:

Action Plan at the site:

1. Describe the action taken on each finding or explain the basis for each nonoccurrence with any finding or recommendation.
 2. Identify the target dates for implementation of corrective actions on deficiencies or weaknesses.
 3. Provide sufficient detail to satisfy a reviewer that the findings were appropriately resolved.
 4. Describe the department’s or site’s implementation of actions to correct deficiencies until the deficiencies are corrected.
- f. As applicable, the designated site executive will also consider each of the following elements in developing the Corrective Action Plan:
 1. Generalization of corrective action to other similar situations in the operation.
 2. Disciplinary action of identified individuals, if appropriate.
 3. Return of any overpayments, if appropriate.
 4. A report to the Government, if appropriate.
 5. A referral to law enforcement authorities, if appropriate.
 6. Possible modifications to the corporate compliance program if existing procedures failed to anticipate or prevent the detected problem.
 7. Monitoring to ensure that corrective actions on significant deficiencies are being adequately implemented to resolve the problem and ensure that it does not recur.
 8. Verification that the corrective actions are operating effectively.

7. Reporting and tracking requirements.

- a. Incident Reporting Form: At a minimum, the Facility Director/Manager/Supervisor will submit a report to the appropriate Contract Manager and the CCO regarding the actions taken to resolve significant findings and the status of each open finding. These reports will be reviewed, and appropriate steps taken to improve performance where warranted.

- b. Monthly reporting to Corporate Management group: The CCO Establishes an access tracking system: The Facility Director/Manager/Supervisor will complete an incident reporting form to monitor the prompt and proper resolution of the deficiencies by implementing each intervention, including investigations, audits, review recommendations, and plans of correction. The access tracking system maintained by the CCO will provide for a complete record of actions taken in response to audit, review findings, and recommendations. The Contract Manager, Director of Operations or Program Director will maintain a copy of the Corrective Action Plan and remediation sent from the CCO. The CCO will receive original copies of all incident reports. The CCO may also request additional information such as audits and reviews as applicable. The CCO will be informed of scheduled meetings at the site in which the results of such audits and reviews are discussed.
- c. Corporate tracking of corrective action plans: The CCO will establish and maintain an access tracking system for monitoring adequacy of corrective active plans. This tracking system includes significant findings from audits or reviews that were monitored during the corrective action and resolution process. The CCO will update the Compliance Tracking Database to reflect the resolution of findings. The CCO will maintain the originals of the Corrective Action Plan and remediation and the original Compliance Resolution Tracking Report.
- d. Quarterly Summary Reports to the Corporate Management group: The CCO will make quarterly Summary reports to the Corporate Management group on the statics and substantiated of complaints.
- e. Report to General Counsel: The CCO provides a report on each investigation and the status of the corrective action to General Counsel for Liberty Healthcare Corporation.

8. Follow-up review for resolution.

The CCO or designee retains the right to order an independent Follow-up Review to verify that corrective actions have been successful.

- a. Resolution is considered achieved when the corrective action plan has been instituted and its effectiveness has been evaluated by the respective Contract Manager to ensure a satisfactory outcome. For this reason, significant deficiencies will not be considered resolved until the CCO, in collaboration with the Contract Manager and General Counsel, has completed a follow-up review and determined which actions were, in fact, taken and resulted in adequate correction of the identified deficiencies.
- b. The Contract Manager may conduct this follow-up review personally or may request that it be conducted by another qualified and capable party (e.g., Director of Operations, Program Manager etc.).
- c. The Contract Manager is ultimately responsible for assuring that the review has been conducted and determining whether the deficiencies were adequately corrected.
- d. The review should be initiated as soon as possible after the implementation date with identified corrective actions.
- e. If the follow-up review shows that the program has not completed all actions needed to appropriately correct the deficiencies, the Contract Manager will notify the CCO and provide a written description regarding what additional actions are needed and proposed completion dates. The Contract Manager will continue to monitor the situation until they are satisfied that the department or site has fully and effectively corrected the deficiencies.

9. Documentation of inquiries, reviews and investigations.

The CCO and/or designee prepares a key performance indicator report of each inquiry, review and investigation. The Corporate Compliance file will include documentation of the issue and, as appropriate, a description of the investigative process, copies of interview notes and key documents, a log of the personnel interviewed and the documents reviewed, the results of the investigation and if it was determined to be a compliance issue, any disciplinary actions taken and the corrective action implemented to prevent recurrence.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/27/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
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#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 6

Disciplinary Action & Termination

Title:	Disciplinary Action and Termination	Effective Date:	10/27/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/05/2020
Location:	All Locations	Last Revision Date:	11/05/2020
Functional Area:	ADMINISTRATION		

POLICY

© Liberty Healthcare Corporation (Liberty) will take prompt and appropriate action whenever a violation of compliance has been discovered. In instances involving individual misconduct, the individuals involved will either be restricted, re-trained and/or disciplined or, if appropriate, terminated and/or reported to external authorities. Corporate officers, managers and supervisors, medical staff and other healthcare professionals are also accountable for failing to comply with, or for the foreseeable failure of their subordinates to adhere to, applicable standards, laws and procedures. Disciplinary action may be appropriate when a supervisor's failure to detect a violation is attributable to his/her own negligence or reckless conduct. If any individual has shown a propensity to engage in practices that raise compliance or competency concerns, corrective action must be taken to prevent or remove such individuals from exercising discretion in that area. Sanctions and/or discipline, up to and including termination, in accordance with Liberty's standard disciplinary policies and procedures, may be necessary to ensure that any and all specific compliance issues are addressed and prevent the recurrence of similar problems to the greatest extent possible.

PROCEDURE

1. Expert guidance in disciplinary process.

In Liberty's Corporate Compliance Program, the Vice President of Human Resources (VP-HR) is recognized at the foremost expert in providing guidance regarding disciplinary actions for corporate officers, managers, employees, physicians and other healthcare professionals who fail to comply with Liberty's Code of Conduct, policies, procedures, or federal and state laws and regulations. Employment related issues should always be reviewed and approved by the Corporate Vice President of Human Resources so that appropriate checks and balances are in place to ensure proper management and fairness to every Liberty employee.

2. Determination of individual misconduct.

The on-site Program Director or Medical Director of a given program will confer with the appropriate Contract Manager and the Corporate Compliance Officer (CCO) to determine if individual misconduct has been implicated during an audit or investigation. If misconduct has been identified and disciplinary action is needed, the Contract Manager, the Vice President of Human Resources and the CCO will determine the appropriate disciplinary action in accordance with Liberty's personnel policies and procedures.

3. Disciplinary sanctions must be appropriate to situation.

There is no template or formula for determining what disciplinary sanction is appropriate in every instance of misconduct because each case has its own distinguishing characteristics. Nevertheless, Liberty strives to apply disciplinary measures with consistency across similar types of violations.

The range of disciplinary actions can include re-training, verbal warnings, written reprimands, termination, restitution of damages, or referral for criminal prosecution for illegal acts. The VP-HR must be consulted for guidance at each level of the progressive disciplinary process. In determining the form of disciplinary action, the nature of the misconduct is the most important consideration. Intentional or reckless noncompliance will subject transgressors to significant sanctions, including immediate discharge. Other factors that are relevant to determining

the appropriate level of discipline include, but are not limited to, the individual's prior disciplinary record; length of service; prior record of work performance; evidence of willful or knowing misconduct; attitude; willingness to cooperate in the process of investigation of self and others, if applicable, and willingness to make restitution.

Note: Indispensability or difficulty in obtaining a replacement for a given staff person should never be considered when taking disciplinary action, including termination. If the proposed disciplinary action falls outside the parameters set by Liberty's existing policy, the parties will confer with the Senior Vice President/Chief Operating Officer of Liberty Healthcare Corporation.

4. Termination procedure.

Before any Liberty employee is terminated from employment, the termination must be reviewed with a written sign off for final approval by Liberty's Corporate VP-HR.

- a. The proposed termination letter should be forwarded to and reviewed by the Vice President of Human Resources prior to any formal review with management and/or the employee. The letter should also include any documentation that will help justify the termination recommendation and copies of pertinent policies and procedures regarding the infraction(s).
- b. The Corporate VP-HR reviews the proposed termination letter and the supporting documentation and discusses the termination recommendation with the appropriate Contract Manager.
- c. General Counsel is notified by the Corporate VP-HR following the review of all documents and the discussion with the Contract Manager.
- d. The Corporate VP-HR will notify in writing the appropriate Liberty leadership following this review with General Counsel.
- e. The employee is terminated.

5. Adherence to the Compliance Plan should be evaluated annually.

The annual employee evaluation process should assess and document the employee's failure to adhere to the compliance program, including specific details about misconduct or violation of compliance policies and procedures. Supervisors and managers will be evaluated on whether they have monitored and enforced the compliance program in their substantive areas of responsibility.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/27/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
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#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 7
Non-retaliation/Non-retribution

Title:	Non-retaliation/Non-retribution Policy	Effective Date:	11/10/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

The Office of Inspector General (OIG) of the United States Department of Health and Human Services believes that organizations should protect individuals from retribution if they report potential compliance-related violations. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination. Fear of retaliation against so-called whistleblowers will seriously limit the effectiveness of reporting mechanisms for corporate compliance issues. Any form of retaliation or retribution can undermine the problem resolution process and result in a failure of communication channels within Liberty.

PROCEDURE

1. Procedures that apply to all staff:

© Liberty Healthcare Corporation (Liberty) has established a problem resolution process and a strict non-retaliation policy to ensure that employees and others who report compliance problems and concerns in good faith will not be subjected to retaliation or harassment as a result of their reports. Retribution related to reporting of compliance concerns is prohibited and anyone who engages in such prohibited activity will be subject to disciplinary action. Concerns about possible retaliation or harassment should be reported to the Corporate Compliance Officer (CCO). All employees and subcontractors have an affirmative duty and responsibility for reporting perceived misconduct, including actual or potential violations of laws, regulations, and Liberty's Code of Conduct. Knowledge of misconduct, including actual or potential violations, will be immediately reported to the traditional chain of command, directly to the CCO, or to the Employee Help Line.

- Staffs are encouraged to utilize the Employee Help Line. In furtherance of their protection against retaliation, callers may remain anonymous or may seek confidentiality.
- Staff may also proceed up the chain-of-command or communicate with the Human Resources Department if their problem or concern is not resolved.
- All compliance issues will be documented and forwarded to the CCO. Staff cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action.

2. Procedures that apply to management.

Liberty maintains an "open-door" policy at all levels of management (which includes Executives, Vice Presidents, Directors, site Managers and Supervisors) to encourage staff to report compliance problems and concerns. Management must take appropriate measures to ensure that all levels of management support this policy and encourage the reporting of problems and concerns.

Management must take appropriate measures to ensure that all levels of management support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:

- Meet with staff and discuss the main points of the Corporate Compliance Plan;
- Provide all staff with a copy of the Compliance policy; and
- Post a copy of the Compliance policy on all staff bulletin boards.

3. Procedures that apply to the Corporate Compliance Officer (CCO):

Any indication of a violation of the nonretaliation policy will be taken with great seriousness and will be investigated immediately by the CCO. The CCO will be responsible for conducting the investigation of the alleged retaliation and follow-up of any reported retaliation against an employee. The CCO will report the actions taken and results of any investigation into suspected retaliation to the Corporate Compliance Committee at the next scheduled quarterly meeting.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	11/10/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
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#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 8
Monitoring Tool Audits

Title:	Monitoring Tool Audits	Effective Date:	10/27/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

One of the seven essential elements of an effective compliance program as dictated by the Office of Inspector General of the United States is establishing a standard audit process that is applicable to its operations. Liberty staff, including the Corporate Compliance Officer (CCO), conducts periodic auditing and monitoring of identified risk areas related to compliance. It is the responsibility of the entire management team to ensure that ongoing auditing and monitoring are properly executed, documented and evidenced. When the audit or survey is conducted by a federal, state or private agency, the CCO will be responsible for monitoring the results of such audits. An important component of the compliance program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.

PROCEDURE

1. Responsibility of program management personnel for compliance monitoring:

It is the responsibility of individual Contract Managers, Directors of Operations and on-site Program Directors and Managers to remain vigilant to particular risk areas and lead initiatives to address potential, emergent and evident compliance issues. Clearly, the individual leaders who are closest to the details of day-to-day operations have greatest familiarity with their particular processes and exposure to compliance issues. The CCO cannot be an expert in all facets of Liberty's many diverse programs but will be available for consultative expertise.

2. Responsibility of CCO for compliance monitoring:

The CCO is responsible for ensuring that the element of the Compliance Program, such as the Employee Help Line, remains effective. The CCO also provides oversight to ensure that various areas of risk are monitored consistently and appropriately. One of the principal responsibilities of the CCO is to annually identify compliance issues, which require monitoring, with proposed timetables and personnel assignments. Progress reports of the ongoing monitoring activities, including identification of suspected noncompliance, will be maintained by the CCO and shared with the Corporate Management group monitoring techniques that will be used by the CCO include, but are not limited to, the following:

- a. Compliance audits that focus on those areas within Liberty that have potential exposure to government enforcement actions as identified in:
 1. Special Fraud Alerts issued by the Office of Inspector General (OIG);
 2. OIG work plans, audits and evaluations;
 3. Medicare fiscal intermediary or carrier reviews; and
 4. Law enforcement initiatives.
- b. Benchmarking analyses, which provides operational trends from a compliance perspective, and identify the need for further assessment, study or investigation c) Periodic reviews in the areas of Compliance Program dissemination, communication of Liberty's compliance standards and Code of Conduct, availability of the Employee Help Line, and adequacy of compliance training and education to ensure that the Program's compliance elements have been satisfied in terms of Liberty conformance. The review process will be conducted

through on-site interviews and survey questionnaires completed by personnel in operations, medical records, coding, billing and patient care and other select areas.

- c. Follow-up reviews that ensure corrective action have been effectively and completely implemented.
- d. The CCO will recommend and facilitate auditing and monitoring of identified risk areas related to compliance with laws and regulations, as well as Liberty’s policies, procedures and Code of Conduct.
- e. The CCO will guide and assist management personnel in conducting and/or overseeing annual compliance reviews.
- f. The CCO will verify completion of compliance reviews and any corrective action measures arising from them. The CCO will also be required to validate corrective compliance system measures that address any weaknesses identified by the process.
- g. The CCO is responsible for periodic reporting to the Corporate Management group on the general status and outcome of compliance auditing and monitoring.

NOTE: It is not necessary that the CCO perform all of the audits personally. However, the CCO should coordinate efforts to secure the resources and experts needed to accomplish this key element of compliance.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	11/10/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
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#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 9
Compliance Office Records Management

Title:	Compliance Office Records Management	Effective Date:	10/27/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

All compliance program overview memoranda, reports and meeting minutes should be retained in order to maintain a record of compliance program operations. Records pertaining to a specific incident should be retained if a review or investigation is ongoing. Otherwise, all records should be destroyed on a periodic basis unless applicable state or federal law/regulation requires longer retention. During operations, the Corporate Compliance Officer receives and generates a substantial volume of records, documents and other information, in both electronic and hard copy format (hereinafter collectively referred to as “records”). This policy provides guidelines for the creation, distribution, retention, storage, retrieval and destruction of compliance documents and records, especially for the protection of the anonymity or confidentiality of individuals who report problems or concerns to the compliance office.

PROCEDURE

1. Types of compliance documents and records.

According to the Office of Inspector General of the United States Department of Health and Human Services, compliance programs must create and maintain a formalized records management system that includes policies and procedures for the creation, distribution, retention, storage, retrieval and destruction of documents. The kind of information and activities that are noted in compliance records include:

- Documentation of employee training.
- Reports to and from the Employee Help Line.
- Results and nature of all investigations.
- Modifications to the compliance program.
- Self-disclosures.
- Results of auditing and monitoring efforts.

2. Compliance Office record management system.

All Liberty compliance office records, including information created by and received by the Office will be maintained in a secure area. Any electronic databases will also be protected by appropriate security measures. The CCO is responsible for maintaining security of the record management system in accordance with Liberty policies and procedures. Records will be kept secure and confidential to protect employee and patient privacy rights. Liberty documents and retains information about the compliance investigations and any conclusive findings in the personnel file of the respective employee/agent/subcontractor. This file is confidential and can only be viewed by authorized representatives of Liberty.

3. Communications with Government agencies.

The Program Director/Manager/Supervisor at a © Liberty Healthcare Corporation (Liberty) program is responsible for documenting and retaining a record of all requests for information regarding payment policy from a government agency (CMS, etc.) and all written or oral responses received. Such records are critical if Liberty intends to rely on such responses to guide them in future decisions, actions, or claim reimbursement requests or appeals, while further underscoring Liberty’s commitment to compliance with the law.

4. Retention of records.

Liberty complies with record retention and documentation requirements under federal or state law for participation in federal health care programs, as well as the maintenance and retention of records and documentation necessary to confirm the effectiveness of Liberty’s Compliance Program (e.g., Employee Help Line log, educational presentation overviews, handouts and attendance sheets, and documentation of ongoing auditing and monitoring efforts). All compliance records and information received by the Liberty Compliance Office or the Employee Help Line will be maintained, at a minimum, for ten years.

5. Record retention and destruction guidelines.

All compliance records and information received by the Liberty Compliance Office or the Employee Help Line will be maintained, at a minimum, for ten years. Records will only be destroyed pursuant to the ten-year requirement for retention of records in order to avoid any erroneous implication that the Compliance Office deliberately destroyed records to prevent discovery of a particular problem. Upon receipt of notice regarding the initiation of an investigation or the service of legal process, the CCO will take immediate steps to cease the destruction of any relevant documents pending further notice that the investigation or litigation has concluded.

6. Mechanisms for record retention and destruction.

A log system will be utilized to document the following steps in the records management process:

- Identification, control and maintenance of records;
- Retrieval/return of records to and from storage; and
- Destruction of records and deletion from storage.

The CCO will assure that correspondence, calendars, diaries, notepads; personal files, telephone message pads, chronological correspondence files and other similar materials will be part of a general quarterly review for determination as to record maintenance and destruction. Records generated and maintained in the information systems or equipment will also be part of the quarterly review to ensure that the policy requirements are applied to these documents.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	11/10/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 10
Legal Counsel and Subpoenas

Title:	Legal Counsel and Subpoenas	Effective Date:	11/10/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

Upon reasonable evidence of suspected noncompliance with any criminal, civil or administrative law, legal counsel should conduct an investigation into the legal sufficiency of the allegations. Liberty is also committed to fulfilling its legal obligations in the event of the issuance of a subpoena. Many issues brought to the attention of the Liberty Compliance Office may have significant legal implications; therefore, legal counsel should become involved in the investigation and resolution process. It may also be prudent to investigate under the direction of legal counsel to protect © Liberty Healthcare Corporation’s (Liberty’s) attorney-client privilege. However, it may not always be necessary or appropriate to involve legal counsel. This policy creates a clear distinction between the roles and responsibilities of the Corporate Compliance Officer (CCO) and those of legal counsel. However, given the serious legal implications of the receipt of a subpoena, it is necessary to ensure that Corporate Legal Counsel reviews any subpoena and coordinates © Liberty Healthcare Corporation’s response.

PROCEDURE

- 1. Allegations of misconduct related to billing and reimbursement.**
In light of timely reporting requirements, credible allegations of misconduct related to billing and reimbursement should be turned over to legal counsel as expeditiously as possible.
- 2. Initial inquiry if suspected noncompliance with any law.**
The CCO will conduct an “initial inquiry” into the alleged misconduct. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible noncompliance to warrant further investigation. Both the initial inquiry and legal investigation will be conducted as expeditiously as possible. If, during the initial inquiry, the CCO determines that there is sufficient evidence of possible noncompliance to warrant further investigation, then the issue should be turned over to legal.
- 3. Allegations of misconduct that require legal counsel.**
Although the CCO may address the majority of allegations of misconduct, issues may occasionally arise that should be addressed under direction of legal counsel. In this case, Corporate Legal Counsel will appoint either internal or external counsel to conduct an investigation as expeditiously as possible to evaluate the facts to determine whether credible evidence exists to indicate that a violation of criminal, civil or administrative law has occurred. It will also be the responsibility of Corporate legal counsel to:
 - Notify the senior management of © Liberty Healthcare Corporation of the results of its legal investigation; and
 - Provide the compliance office with sufficient factual details from its legal investigation to allow the CCO to properly address the compliance issue.
- 4. Preserving relevant evidence.**
During any investigation, legal counsel and the compliance office must ensure that all relevant evidence is preserved.

5. Subpoena response procedure.

Subpoenas are official demands for testimony or for the disclosure of documents and information. They can originate from law enforcement or administrative agencies. Given the serious legal implications of the receipt of a subpoena, it is necessary to ensure that Corporate Legal Counsel reviews any subpoena and coordinates Liberty's response.

- a. If a subpoena is received, either in person or via the mail, it will be delivered immediately to the senior © Liberty Healthcare Corporation manager present in the office or site. No one is to impede in any way efforts to deliver a subpoena.
- b. The staff person first greeting the agent/investigator will provide him/her with direction or information so s/he may deliver the subpoena to the appropriate or requested individual. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena.
- c. If delivered in person, the senior © Liberty Healthcare Corporation (Liberty) manager will be provided with any information obtained during the service of the subpoena, such as the name, title and telephone number of the serving agent/investigator and any information provided by the agent/investigator.
- d. The senior Liberty manager will immediately contact the Corporate Legal Counsel before responding to the subpoena. S/he will identify the individual at the facility who is most qualified and available to assist Legal Counsel in responding to the subpoena.
- e. Staff and managers at the facility will await direction from Corporate Legal Counsel.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	11/10/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 11
Employee Help Line

Title:	Employee Help Line	Effective Date:	11/10/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

Regardless of job title or function, it is every © Liberty Healthcare Corporations (Liberty) employee's responsibility to report compliance issues and violations. Liberty's Corporate Compliance Office (CCO) will maintain a 24-hour telephonic Employee Help Line that employees may use to report problems and concerns either anonymously or in confidence. All Liberty staff must be aware of the Employee Help Line as a key mechanism for reporting and resolving suspected compliance violations and problems.

PROCEDURE

1. **Access to the Employee Help Line and anonymity**

Liberty provides a dedicated toll-free telephonic answering, reporting and tracking system for compliance concerns. The Employee Help Line is staffed with qualified and properly trained Compliance Risk Specialists (CRS) on 24 hours a day 7 days a week basis by a third-party hotline monitoring and reporting service. All incoming calls, regardless of the time of receipt, are answered by a live-voice CRS. The CRS will make no attempt to identify a caller who requests anonymity. When the caller discloses his/her identity, it will be held in confidence to the fullest extent practical or allowed by law.

2. **Severity Codes and notification timelines**

The CRS will document all reported concerns and prepare a detailed structured report for delivery to Liberty within 24 hours of receipt by the CRS. Calls will be assigned a severity code that indicates the urgency timeline for contacting the CCO:

SEVERITY I: There is an immediate threat to person(s), property, or environment. The CCO must be immediately contacted regardless of the hour of day or day of week.

SEVERITY II: There is a threat to person(s), property, or environment, but it is not immediate. The CCO must be verbally contacted during reasonable hours.

SEVERITY III: Assigned to all other calls.

Regardless of severity code, the CCO is provided with written documentation of each call. The CCO must communicate any matter deemed potentially unlawful to legal counsel within two business days after receiving initial information.

3. **Calls that require further inquiry or investigation**

When an Employee Help Line call cannot be resolved while the caller is on the line, a follow-up review or investigative action will be taken. The caller may be asked to call back at an agreed date and time in case additional information is needed. Callers will be provided a Risk Assessment Number (RAN) to protect their identity and to facilitate the provision of information about the status and/or resolution of the reported matter. A call back date is assigned to each identified concern, and further defined by the severity code that is given to the situation. The call back date is supplied to the caller so he/she may obtain subsequent information about the status or disposition of the problem. Additionally, new information can be gathered if available. This process keeps the communication door

open while maintaining the caller’s anonymity. Employee Help Line reports will be subject to a good-faith preliminary inquiry to determine whether a more thorough internal investigation is necessary. If a preliminary review of the matter suggests that there is a substantial violation of applicable law and/or the requirements governing private- or government-sponsored health plans, a full investigation will promptly be conducted to determine its veracity. Legal counsel will be consulted in connection with such investigations.

The Employee Help Line operation will involve other departments, as appropriate, for advice or further investigation. In the event that the CCO is not, in good faith, satisfied that a matter brought before the aforesaid departments was appropriately addressed and resolved, the CCO will be responsible for and is authorized to take the matter to other persons in positions of authority.

4. Quarterly Employee Help Line activity reports

The CCO provides a quarterly report to the Corporate Management group regarding Employee Help Line activity. This report will include the total number of calls received and acted upon, and general results from the Employee Help Line operation. In addition, the report will include any recommendations for system wide improvements or corrective actions arising from the results of the operation and related investigations.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	11/10/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 12
Visits/Interviews by the Government

Title:	Visits/interviews by the Government	Effective Date:	12/08/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

Federal and state law enforcement and regulatory agencies routinely conduct interviews to gather information during audits, surveys, inquiries, investigations, and search warrants. © Liberty Healthcare Corporation (Liberty) is committed to appropriately responding to, and not interfering with, any lawful audit, survey, inquiry or investigation. It is important that Liberty respond to any official requests for information consistently and appropriately. This policy provides guidelines for staff about how to respond most appropriately to a site visit by government investigators, an official interview with government officials, and audits and/or search warrants.

PROCEDURE

1. Response guidelines for routine visits to a Liberty program site.

Notification of an impending visit by any government investigator or auditor should be immediately reported to the appropriate Contract Manager. Each Liberty facility/program must establish one senior management level individual, and a back-up individual, to serve as the Response Team Leader and assume primary responsibility for coordinating activities during government investigations, audits and/or surveys. Each facility/program is required to forward the names of the Response Team Leader and designated back-up to the Corporate Compliance Officer (CCO). The on-site Response Team Leader ensures that a designated representative of Liberty management is always present during the site visit and is able to promptly contact the designated Liberty Contract Manager for assistance or to provide updated information. Government investigators and/or agents should not be left alone while waiting for the Response Team Leader because they have the legal right to proceed without permission from the team leader or anyone else. Employees must always remain courteous and professional when dealing with government investigators, surveyors or agents. If the Response Team Leader ascertains that the site visit is anything other than a routine periodic survey, the CCO and Corporate Legal Counsel must be contacted in addition to the Contract Manager.

2. Non-routine visits to a Liberty facility/program site.

- a. If an individual arrives at any Liberty facility or site and identifies himself or herself as a government auditor, surveyor, investigator or agent, staff must immediately contact the Response Team Leader or a senior manager on duty. The Response Team Leader or the senior manager on duty will ensure that the agent(s) is accompanied by Liberty staff at all times.
- b. If the senior manager on duty is NOT the Response Team Leader or back-up, then this individual will be contacted immediately.
- c. The Response Team Leader must obtain and document the name of the lead agent and the government agency he/she represents.

Staff must not attempt to photocopy the credentials of the government agent because this is a violation of federal law.

- d. The Response Team Leader must request the reason for the visit and examine any documents that the agent displays. This review of documentation should include expiration dates, any limits on the hours that the agent can visit the facility/site, and any signatures (or lack of signatures) on the authorization.
 - e. If this is an unannounced inspection, official identification is required from all agencies. If there is any question about the authenticity of the site visit, designated staff must obtain verification from the home office of the official. The official should be logged in the guest registry, which would include full name, name of agency, purpose of visit, and time of visit.
 - f. The Executive Director or designee will immediately contact the appropriate Contract Manager.
 - g. If the reason for the visit pertains to any allegation of wrongdoing or any complaint, the Executive Director or designee will also contact the CCO and the Corporate Legal Counsel immediately.
 - h. Staff should request the opportunity to obtain direction from Corporate Legal Counsel before submitting to questioning or an interview or providing documents or other information.
- Staffs are not required to submit to questioning or an interview or provide documents or other information before consulting with Corporate Legal Counsel.**

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	12/08/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP # 13
Corporate Compliance - Gifts

Title:	GIFTS	Effective Date:	10/27/2003
Author:	Corporate Compliance Officer	Last Review Date:	11/04/2020
Location:	All Locations	Last Revision Date:	11/04/2020
Functional Area:	ADMINISTRATION		

POLICY

Anti-kickback requirements prohibit the provision or acceptance of anything of value in exchange for the referral of patients or services covered by a federal or state health care program. However, © Liberty Healthcare Corporation (Liberty) recognizes situations when staff may be offered gifts from business associates. In health care, such gifts can pose a risk for conflict of interest or fraud and/or abuse related to anti-kickback laws and regulations. This policy is intended to provide clear guidelines for receiving, giving and refusing gifts from individuals and agencies outside Liberty Healthcare to prevent any appearance of “kickbacks” or other potential conflicts of interest.

NOTE: These guidelines only pertain to relationships between Liberty personnel, external individuals and entities. It does not pertain to gifts and rewards from Liberty Healthcare Corporation to its staff or gifts shared among Liberty staff. These guidelines also do not cover business courtesies.

PROCEDURE

1. Receiving Gifts.

Liberty staff are not permitted to receive a gift or money from a client, parent, guardian or family member of any of our clients (12/03/2019).

Liberty Staff may accept gifts with a total value of \$50.00 or less in any one year from any individual or organization. Perishable or consumable gifts given to a department or group may only exceed this limitation if the total does not exceed a value of \$50.00 per person. Staff may never accept cash or cash equivalents such as gift certificates. Staff are prohibited from soliciting gifts. Any gifts that would influence or appear to influence a Liberty staff member in the conduct of his/her duties or responsibilities must be declined.

2. Giving Gifts.

Liberty staff are not permitted to give a gift or money to a client, parent, guardian or family member of any of our clients.

Liberty staff may provide gifts that do not exceed \$50.00 in value per year, per recipient. However, gifts can never be given with the purpose of improperly influencing relationships, business outcomes or referral sources. Cash or cash equivalents such as gift certificates are always prohibited.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/27/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes
#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
#11	12/22/2013	Judith Ann Shields	Attorneys reviewed no changes
#12	12/22/2014	Judith Ann Shields	Attorneys reviewed no changes
#13	11/15/2015	Judith Ann Shields	Attorneys reviewed no changes
#14	08/20/2016	Judith Ann Shields	Attorneys reviewed no changes
#15	12/22/2017	Judith Ann Shields	Attorneys reviewed no changes
#16	12/22/2018	Judith Ann Shields	Attorneys reviewed no changes
#17	12/03/2019	Judith Ann Shields	Attorneys reviewed added no gifts from clients/parents
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title



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Standard Operating Policies – SOP #14

Prohibition on Employment and Association with Sanctioned Individuals and Entities

Title:	Prohibition on Employment and Association with Sanctioned Individuals and Entities	Effective Date:	06/17/2021
Author:	Corporate Compliance Officer	Last Review Date:	
Location:	All Locations	Last Revision Date:	
Functional Area:	ADMINISTRATION		

POLICY

1. Non-Employment and Non-Association of Sanctioned Individuals and Entities

- a. No individual or entity that has been convicted of a criminal offense related to health care fraud or the regulations governing the health care industry or who is listed by a Federal or state agency as debarred, excluded or otherwise ineligible for participation in federally or state funded health care programs shall be employed by or contracted to Liberty. No individual or entity who is charged with criminal offenses related to health care or proposed for exclusion or debarment shall have direct responsibility for or involvement in any federally or state funded health care program in which Liberty participates.
- b. With respect to its obligations under any contract that Liberty has entered into, Liberty shall not knowingly form a contract with, purchase from, or enter into any substantial business relationship with, for the purpose of fulfilling its obligations under such contract, any individual or entity charged with a criminal offense involving government business, listed by a federal agency as debarred, proposed for debarment or suspended, otherwise excluded from federal program participation or listed as a known terrorist or blocked individual. Liberty, including its affiliates, will not knowingly contract with a provider that has been so convicted, debarred or excluded from participation.
- c. In order to carry out the provisions of this section 1 with respect to its contractual obligations, Liberty shall make reasonable inquiry into the status of any current or potential employee, subcontractor or business partner for such employee, subcontractor or business partner that would be providing services in support of such contract. Liberty's obligations do not extend to employees, subcontractors and business partners that do not provide services to such contract. Such inquiry shall include, at a minimum, a review of the following sources and time frames:
 - Social Security Number (SSN) trace verification (including disclosure of all other names by which the individual has been known and a check for validity, a suspicious issuance date or a deceased person result)(**pre-engagement**);
 - System for Award Management (SAM) database for debarment from federal programs (**pre-engagement & monthly thereafter**);
 - Office of Inspector General (OIG) database for exclusions from Department of Health & Human Services (HHS) programs (LEIE) (**pre-engagement & monthly thereafter**);
 - Applicable State exclusion lists (**pre-engagement & monthly thereafter**);
 - Office of Foreign Assets Control Specially Designated Nationals (SDN) exclusions list (**pre-engagement & monthly thereafter**);
 - The US Department of Justice National Sex Offender Public Website (NSOPW);

- Felony and misdemeanor convictions at any time that are filed at federal, state, and county government levels using the individual's home, school and work addresses for the previous seven year period of developed addresses, including participation in court-ordered programs, deferred adjudication, probation and parole; and
- The following investigations, as applicable:

<i>In the event the services require:</i>	<i>...the background investigation must include:</i>
Driving a resident/patient/client on behalf of Client	Motor Vehicle history in state of current licensure, state of residence, and state of assignment, if different.
Licensed health professional	Search for disciplinary actions against licenses plus review of Educational degrees, licenses, or professional certifications required for the position. Verifications of such degrees / licenses / certifications. Liberty will monitor active status of licenses and certifications, as required by regulations or contract.
Educational degrees, licenses, or professional certifications required for the position.	Verifications of such degrees / licenses / certifications. Liberty will monitor active status of licenses and certifications, as required by regulations or contract.

- d. In order to ensure compliance with the False Claims Act, the USA Patriot Act and all applicable terms of the federal and state Medicaid programs, Liberty shall terminate any agreement or other arrangement if it determines that the other party to the arrangement is either barred from participation in the Medicare or Medicaid programs or is included in the various federal government lists of known terrorists or other blocked individuals.
- e. Liberty shall also require all persons and entities with which it contracts to certify that they are not subject to any sanction which precludes them from contracting with federal agencies and have not been convicted of, or are under investigation for, any crime involving fraud or deceit.

PROCEDURE

1. In order to carry out the provisions of this policy, Liberty shall make reasonable inquiry into the status of any current or potential employee or subcontractor. Such inquiry shall include, at a minimum, all of the sources and at the times frames as listed above. Liberty conducts background checks on all individuals offered employment in a position responsible for or involving federally or state funded health care programs.
2. Liberty's Legal and Credentialing Departments may receive and review the results of the inquiries. The details of which persons and entities which are subject to this policy and who are subject to inquiry shall be provided to the Credentialing Department.
3. The employment agreements and subcontracts shall require that each provider or subcontractor shall provide prompt notice of any sanctions or exclusions from participation in the Medicare, Medicaid, or other similar government funded programs. Those Departments may also receive and review periodic lists of providers excluded from State government programs from the various State government agencies with which it contracts. These Departments work closely with other Liberty Departments to ensure that providers excluded from participating in Federal or state government funded programs do not provide services for Liberty.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	06/17/2021	John Beck	Policy Created and Attorney's Reviewed



Liberty QualityCare®
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Standard Operating Policies – SOP # 15
Record Retention and Destruction

Title:	Record Retention and Destruction	Effective Date:	07/15/2021
Author:	Corporate Compliance Officer	Last Review Date:	
Location:	All Locations	Last Revision Date:	
Functional Area:	ADMINISTRATION		

POLICY

This Policy represents Liberty Healthcare Corporation and its Affiliated Company’s (collectively “Liberty”) policy regarding the retention and disposal of records and the retention and disposal of paper and electronic documents. The purpose of this Policy is to ensure that necessary records and documents of are adequately protected and maintained and to ensure that records that are no longer needed or are of no value are discarded at the proper time. This Policy is also for the purpose of aiding employees of Liberty in understanding their obligations in retaining electronic documents - including e-mail, Web files, text files, sound and movie files, PDF documents, and all Microsoft Office or other formatted files.

1) Administration

Attached as Appendix A is a Record Retention Schedule that is approved as the initial maintenance, retention and disposal schedule for physical and electronic records. The Chief Compliance Officer (“CCO”) is the officer in charge of the administration of this Policy and the implementation of processes and procedures to ensure that the Record Retention Schedule is followed. The CCO shall: make modifications to the Record Retention Schedule from time to time to ensure that it is in compliance with local, state and federal laws and includes the appropriate document and record categories; monitor local, state and federal laws affecting record retention; annually review this Policy; and monitor compliance with this Policy.

Upon the termination or expiration of any contract, the Legal Department shall notify the Liberty Technology Solutions group in order that the future of the documents related to the contract can be determined.

2) Suspension of Record Disposal In The Event of Litigation or Claims

In the event Liberty is served with any subpoena or request for documents, there is a governmental investigation or audit concerning Liberty, or the commencement of any litigation against or concerning Liberty, or such litigation seems imminent, any further disposal of documents shall be suspended until such time as the CCO, with the advice of counsel, determines otherwise. The CCO shall take such steps as is necessary to promptly inform all staff of any suspension in the further disposal of documents.

3) Applicability

This Policy applies to all physical records generated in the course of Liberty’s operation, including both original documents and reproductions. It also applies to the electronic documents described above. This Policy supplements Policy ISF 2.0 – Data Management Policy.

APPENDIX A - RECORD RETENTION SCHEDULE

The Record Retention Schedule is as follows:

SECTION TOPIC

- A. Accounting and Finance
- B. Contracts
- C. Corporate Records
- D. Correspondence and Internal Memoranda
- E. Electronic Documents
- F. Insurance Records
- G. Legal Files and Papers
- H. Miscellaneous
- I. Payroll Documents
- J. Personnel Records
- K. Property Records
- L. Tax Records
- M. Programs & Services Records

A. ACCOUNTING AND FINANCE

Record Type	Retention Period
Accounts Payable ledgers and schedules	10 years
Accounts Receivable ledgers and schedules	10 years
Annual Audit Reports and Financial Statements	Permanent
Annual Audit Records, including work papers and other documents that relate to the audit	10 years after completion of audit
Annual Plans and Budgets	2 years
Bank Statements and Canceled Checks	10 years
Employee Expense Reports	7 years
General Ledgers	Permanent
Interim Financial Statements	7 years
Notes Receivable ledgers and schedules	7 years
Investment Records	7 years after sale of investment

B. CONTRACTS

Record Type	Retention Period
Contracts and related correspondence (including any proposal that resulted in the contract and all other supportive documentation)	10 years after expiration or termination

C. CORPORATE RECORDS

Record Type	Retention Period
Corporate Records (minute books, signed minutes of the Board and all committees, corporate seals, articles of incorporation, bylaws, annual corporate reports)	Permanent
Licenses and Permits	Permanent

D. CORRESPONDENCE AND INTERNAL MEMORANDA

General Principle: Most correspondence and internal memoranda should be retained for the same period as the document they pertain to or support. For instance, a letter pertaining to a particular contract would be retained as long as the contract (10 years after expiration). It is recommended that records that support a particular project be kept with the project and take on the retention time of that particular project file.

Correspondence or memoranda that do not pertain to documents having a prescribed retention period should generally be discarded sooner. These may be divided into two general categories:

1. Those pertaining to routine matters and having no significant, lasting consequences should be discarded *within two years*. Some examples include:
 - Routine letters and notes that require no acknowledgment or follow-up, such as notes of appreciation, congratulations, letters of transmittal, and plans for meetings.
 - Form letters that require no follow-up.
 - Letters of general inquiry and replies that complete a cycle of correspondence.
 - Letters or complaints requesting specific action that have no further value after changes are made or action taken (such as name or address change).
 - Other letters of inconsequential subject matter or that definitely close correspondence to which no further reference will be necessary.
 - Chronological correspondence files.

Please note that copies of interoffice correspondence and documents where a copy will be in the originating department file should be read and destroyed, unless that information provides reference to or direction to other documents and must be kept for project traceability.

2. Those pertaining to non-routine matters or having significant lasting consequences should generally be retained permanently.

E. ELECTRONIC DOCUMENTS

1. **Electronic Mail:** Not all email needs to be retained, depending on the subject matter.
 - All e-mail—from internal or external sources—shall be deleted after 10 years.
 - Staff will not store or transfer Liberty-related e-mail on non-work-related computers, unless an exception is needed, and such is obtained from Liberty Technology Solutions.
2. **Electronic Documents: including Microsoft Office Suite and PDF files. Retention also depends on the subject matter.**
 - **PDF documents** – The length of time that a PDF file should be retained should be based upon the content of the file and the category under the various sections of this policy. PDF files the employee deems vital to the performance of his or her job should be printed and stored in the employee’s workspace.
 - **Text/formatted files** - Staff will conduct annual reviews of all text/formatted files (e.g., Microsoft Word documents) and will delete all those they consider unnecessary or outdated. After 10 years, all text files will be deleted from the network and the staff’s desktop/laptop. Text/formatted files the staff deems vital to the performance of their job should be printed and stored in the staff’s workspace.

3. Web Page Files: Internet Cookies

- All workstations: Internet Explorer should be scheduled to delete Internet cookies once per month.
- Liberty does not automatically delete electronic files beyond the dates specified in this Policy. It is the responsibility of all staff to adhere to the guidelines specified in this policy.
- In certain cases a document will be maintained in both paper and electronic form. In such cases the official document will be the electronic document.

F. INSURANCE RECORDS

Record Type	Retention Period
Annual Loss Summaries	10 years
Audits and Adjustments	3 years after final adjustment
Certificates Issued to Liberty	Permanent
Claims Files (including correspondence, medical records, injury documentation, etc.)	Permanent
Group Insurance Plans - Active Employees	Until Plan is amended or terminated
Insurance Policies (including expired policies)	Permanent
Loss Runs	10 years
Releases and Settlements	Permanent

G. LEGAL FILES AND PAPERS

Record Type	Retention Period
Legal Memoranda and Opinions (including all subject matter files)	10 years after close of matter
Litigation Files	Permanent
Court Orders	Permanent
Requests for Departure from Records Retention Plan	10 years

H. MISCELLANEOUS

Record Type	Retention Period
Consultant's Reports	10 years
Material of Historical Value (including pictures, publications)	Permanent
Policy and Procedures Manuals – Original	Current version with revision history
Policy and Procedures Manuals - Copies	Retain current version only
Annual Reports	Permanent

I. PAYROLL DOCUMENTS

Record Type	Retention Period
Employee Deduction Authorizations	4 years after termination
Payroll Deductions	Termination + 7 years
W-2 and W-4 Forms	Termination + 7 years
Garnishments, Assignments, Attachments	Termination + 7 years
Labor Distribution Cost Records	7 years
Payroll Registers (gross and net)	7 years
Time Cards/Sheets	2 years
Unclaimed Wage Records	6 years

J. PERSONNEL RECORDS

Record Type	Retention Period
Commissions/Bonuses/Incentives/Awards	7 years
EEO-1 /EEO-2 - Employer Information Reports	2 years after superseded or filing (whichever is longer)
Employee Earnings Records	Separation + 7 years
Employee Handbooks	1 copy kept permanently
Employee Medical Records	Separation + 6 years
Employee Personnel Records (including individual attendance records, application forms, job or status change records, performance evaluations, termination papers, withholding information, garnishments, test results, training and qualification records)	6 years after separation
Employment Contracts – Individual	7 years after separation
Employment Records - Correspondence with Employment Agencies and Advertisements for Job Openings	3 years from date of hiring decision
Employment Records - All Non-Hired Applicants (including all applications and resumes - whether solicited or unsolicited, results of post-offer, pre-employment physicals, results of background investigations, if any, related correspondence)	2-4 years (4 years if file contains any correspondence which might be construed as an offer)
Job Descriptions	3 years after superseded
Personnel Count Records	3 years
Forms I-9	3 years after hiring, or 1 year after separation if later

K. PROPERTY RECORDS

Record Type	Retention Period
Correspondence, Property Deeds, Assessments, Licenses, Rights of Way	Permanent
Original Purchase/Sale/Lease Agreements	Permanent
Property Insurance Policies	Permanent

L. TAX RECORDS

These documents and records shall be kept for as long as the contents thereof may become material in the administration of federal, state, and local income, franchise, and property tax laws.

Record Type	Retention Period
IRS Rulings	Permanent
Excise Tax Records	7 years
Payroll Tax Records	7 years
Tax Bills, Receipts, Statements	7 years
Tax Returns - Income, Franchise, Property	Permanent
Tax Workpaper Packages - Originals	7 years
Sales/Use Tax Records	7 years
Annual Information Returns - Federal and State	Permanent
IRS or other Government Audit Records	Permanent

M. PROGRAM AND SERVICE RECORDS

Record Type	Retention Period
Program Records	10 years after termination or expiration
Research & Publications	Permanent (1 copy only)

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	07/15/2021	John Beck	Policy Created