

Athena Psych Compliance Plan

Contents

Introduction	3
Scope of the Compliance Plan	3
Who is subject to this Compliance Plan?	3
Relevant Statutes and Standards	4
Element 1: Written Standards, Policies and Procedures.....	5
1.1 Maintenance and Review of These Policies and Procedures.....	5
Element 2: Designation of a Compliance Officer and resources.....	6
2.1 Designated Compliance Officer	6
2.2 Compliance Officer’s Primary Responsibilities:	6
The Compliance Officer’s primary responsibilities include:	6
2.3 Compliance Officer Support.....	6
2.4 Staff Compliance Committee	7
2.5 Staff Compliance Committee Charter	7
Element 3: Training and Education of all Affected Parties	8
3.1 Comprehensive Compliance Training Plan	8
3.2 Training Topics	8
3.3 Training Frequency	9
Element 4: Accessible Communication to and from the Compliance Officer	10
4.1 Lines of Communication to the Compliance Officer	10
4.2 Documentation	11
Element 5: Disciplinary Policies to Encourage Good Faith Participation.....	12
5.1 Disciplinary Procedures.....	12
<i>Vendors</i>	13
Element 6: Auditing & Monitoring.....	14
6.1 Identification.....	14
<i>Prohibited Activities</i>	14
6.2 Self-Evaluation	14
6.3 Audits and Monitoring	15
6.5 Overpayments.....	16
Element 7 – System for Responding to Compliance Issues	17

7.1	Investigations	17
7.2	Organizational Response	19
7.3	Disciplinary Action	20
7.4	Responsiveness	20
8.0:	Non-Intimidation and Non-Retaliation	21
8.1	Policy of non-intimidation and non-retaliation	21
Appendix A:	Vendor Compliance Letter.....	23

Introduction

At Athena Psych, our values and ethics are essential not only for providing the best mental health care but also for maintaining a robust compliance program. We are committed to conducting our business ethically, adhering to fundamental principles that align with relevant law. We prioritize creating a welcoming and judgment-free environment, empowering patients to actively participate in their care, and collaborating with other providers to deliver comprehensive services that meet the unique needs of our community. By upholding these ethical standards, we remain dedicated to improving mental health care access and outcomes for all of our clients.

Athena is committed to establishing and maintaining an effective Compliance Plan in compliance with applicable law. The purpose to this Compliance Plan is to:

- Detect and correct payment and billing mistakes and fraud.
- Organize Athena resources to resolve payment discrepancies and detect inaccurate billing.
- Make corrections/improvements quickly and efficiently to prevent compliance issues going forward.
- Create and operate a system of checks and balances to prevent recurrences.
- Develop and implement an organization-wide system to identify and address risks that includes self-evaluation and mitigation procedures.
- Maintain compliant processes to detect, track, and repay overpayments, regardless of the cause.
- Create a culture of compliance by making sure the Compliance Plan is implemented throughout the organization with adequate training and support.

Athena's Compliance Plan is reviewed and updated at least annually, and when there are significant changes to applicable law.

Scope of the Compliance Plan

This Compliance Plan covers all areas of Athena's operations, including but not limited to:

- Billings
- Payments
- Medical necessity and quality of care
- Governance
- Mandatory reporting
- Credentialing
- Contractor, subcontractor, agent, or independent contract oversight.

Who is subject to this Compliance Plan?

All "Affected Parties" are subject to Athena's Compliance Plan. This includes: all staff, Governing Body members, and any person or affiliate who is not staff but who contributes to

Athena's entitlement to payment (including independent contractors and subcontractors, agents, vendors, students, and volunteers). It also includes any individual who is at least a 5% owner of Athena.

Relevant Statutes and Standards

Athena complies with all federal and state requirements, including those outlined in the deficit reduction act. Section 6032 of the Deficit Reduction Act ("DRA") requires entities that receive annual payments under a State Medicaid Plan of at least \$5 million dollars, as a condition of receiving such payments, to have established written policies and procedures for all employees, contractors, and agents regarding detecting and preventing fraud, waste and abuse and which provide detailed information about state and federal whistleblower law and whistleblower protections.

The relevant federal and state law includes:

- New York State Social Services Law §363-d
- 18 NYCRR Part521 with addendums A and B
- 42 USC §1396(a)(68) (Federal Deficit Reduction Act)
- 31 U.S.C. 3729-3733 et seq.(Federal False Claims Act)
- New York State Finance Law §§187-194 (State False Claims Act)
- New York State Labor Laws §§740, 741
- New York State Penal Law §175 (False Written Statements)
- New York State Penal Law §176 (Insurance Fraud)
- New York State Penal Law §177 (Health Care Fraud)

Element 1: Written Standards, Policies and Procedures

The Compliance Plan is documented in these written policies and procedures. These materials are distributed to all Affected Parties and are available to all staff on an ongoing basis, as set forth below.

1.1 Maintenance and Review of These Policies and Procedures

This Compliance Plan is reviewed at least annually as part of the annual review of its effectiveness.

This Compliance Plan is always available to staff via an electronic shared drive.

The core concept of the Compliance Plan are reviewed in the annual compliance training, as set forth in Element 3 of this Compliance Plan. To the extent material changes are made to the Compliance Plan, Affected Parties may be notified through various mechanisms, including staff meetings, compliance presentations, intranet postings, compliance alerts, etc.

Element 2: Designation of a Compliance Officer and resources

Athena has designated an employee to be vested with day-to-day responsibility for the Compliance Plan and to serve as the Compliance Officer. The Compliance Officer reports directly to Athena's Executive Director and directly to Athena's Governing Body.

2.1 Designated Compliance Officer

Athena's Executive Director has designated Andrea Luke as the Compliance Officer.

2.2 Compliance Officer's Primary Responsibilities:

The Compliance Officer's primary responsibilities include:

- overseeing and monitoring the adoption, implementation and maintenance of the Compliance Plan and evaluating its effectiveness.
- drafting, implementing, and updating no less frequently than annually a compliance work plan which shall outline the required provider's proposed strategy for meeting the Compliance Plan requirements.
- reviewing and revising, at least annually, this Compliance Plan.
- reporting directly, on a regular basis, but no less frequently than quarterly, to the Executive Director and to Athena's Governing Body on the progress of adopting, implementing, and maintaining the Compliance Plan.
- investigating and independently acting on matters related to the Compliance Plan, including designing, and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and the State.
- overseeing communication of key initiatives and changes, including new and revised policies and procedures and updates to the Compliance Plan, to Affected Persons.

2.3 Compliance Officer Support

Athena will assess the compliance needs of the agency in terms of staffing and resources provided to the Compliance Officer as part of the program effectiveness review as described below. Supporting staff and resources will be allocated to the Compliance Officer to ensure that all compliance requirements are met and that they are able to perform their day-to-day duties and all required compliance activities.

2.4 Staff Compliance Committee

The Staff Compliance Committee (SCC) is responsible for working with the Compliance Officer on implementing and monitoring Athena's Compliance Plan and promoting responsible and ethical decision-making by all Affected Parties. The SCC is chaired by the Compliance Officer and includes: The Director of Compliance, and two Compliance Specialists.

2.5 Staff Compliance Committee Charter

- Chaired by the Compliance Officer
- Meet no less than quarterly.
- Coordinate with the Compliance Officer to ensure effective communication and execution of all compliance activities
- Members must attend regularly scheduled and special meetings of the SCC.
- Request that certain Athena personnel and subject matter experts attend meetings as a guest to provide specific information to the SCC as warranted.
- Oversee the ongoing implementation of the Compliance Plan and ensure that potential issues or violations presented directly to the SCC or through a member of the management team are logged, investigated, and addressed.
- Review all audits/reviews and quality assurance activities both internally and externally to ensure corrective action while identifying patterns and trends that need to be addressed on a larger scale.
- Supporting the Compliance Officer, as needed, in developing, reviewing, and operating the Compliance Plan and developing new policies and procedures that address areas of risk and that promote compliance with this Compliance Plan.

Element 3: Training and Education of all Affected Parties

3.1 Comprehensive Compliance Training Plan

Athena conducts compliance training for all Affected Parties. Athena's compliance training and education plan is maintained as part of the overall Compliance Plan and as such is reviewed and edited no less than annually. Training updates also occur as part of corrective action.

3.2 Training Topics

Athena's compliance training covers, at a minimum, the following general topics:

- a) Athena's risk areas and organizational structure.
- b) Athena's Compliance Plan, including:
 - guidance on dealing with compliance issues.
 - how to communicate compliance issues to appropriate compliance personnel; and
 - guidance on how potential compliance problems is investigated and resolved.
 - expectations related to acting in ways that support integrity in operations.
 - written policies and procedures that describe compliance expectations; and
 - written policies and procedures that implement the operation of the Compliance Plan.
- c) the role of the Compliance Officer and the SCC at Athena.
- d) how Affected Parties can ask questions and report potential compliance-related issues to the Compliance Officer and senior management, including the obligation to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the Compliance Plan;
- e) disciplinary standards, with an emphasis on how the standards relate to the Compliance Plan and the prevention of fraud, waste, and abuse.
 - sanctions for failing to report suspected problems.
 - sanctions for participating in non-compliant behavior.
 - sanctions for encouraging, directing, facilitating, or permitting non-compliant behavior; and
 - expectations that compliance-related disciplinary policies are fairly and firmly enforced.
 - information about the non-intimidation and non-retaliation requirements
- f) how Athena responds to compliance issues and implements corrective action plans.

3.3 Training Frequency

Staff (Employees/Executives/Contracted Parties (1099)/Volunteers/Interns)

New hire orientation is provided to all new staff of Athena, and will include an initial compliance training, a copy of the Compliance Plan, and instructions on how to access the Compliance Plan via electronic means through Athena's intranet or shared portal.

Compliance training is provided to existing staff on an annual basis, although ad hoc trainings may be provided to some/all of the staff members in the event of a significant change to relevant law or the Compliance Officer identifies an issue.

Vendors

Vendors who directly support Medicaid billing activities receive information about their compliance obligations and Athena's Compliance Plan as part of the contracting process and annually thereafter. The vendor notification letter is included as an Attachment to this Compliance Plan.

The Compliance Officer makes themselves available for any questions vendors may have.

Governing Body

Athena's Board of Directors completes compliance training within 30 days of appointment and then annually thereafter. The Compliance Officer or a designee provides the compliance training during a Board meeting (or during a new Board member orientation process) so that Board members have an opportunity to ask questions.

3.4 Training Plan Documentation.

Athena documents all Affected Parties who have received compliance training. This can be accomplished online (through a learning management system), through meeting minutes/attendance, and/or through Affected Party attestations.

3.5 Training Evaluation

As part of the annual Compliance Plan assessment, the Compliance Officer will assess the effectiveness of the compliance training.

Element 4: Accessible Communication to and from the Compliance Officer

Athena maintains open lines of communication to the Compliance Officer to allow questions to be asked and compliance issues to be reported promptly. In an effort to keep the communication lines to the Compliance Officer accessible, Athena provides a variety of methods that all Affected Parties (and Medicaid beneficiaries) may use to report potential compliance issues as soon as they are suspected and or identified. *This includes a method for anonymous and confidential good faith reporting* as well as information on how to report directly to NYS DOH and or OMIG.

Athena's policy of non-intimidation and non-retaliation relating to its Compliance Plan is found in Section 8 of this Compliance Plan.

4.1 Lines of Communication to the Compliance Officer.

The following methods are available for reporting suspected compliance misconduct, which will be detailed in training materials.

- a) Supervisors
 - a. If you are comfortable, you can discuss the question or concern first with the direct supervisor. Supervisors are aware that any reports of actual or suspected non-compliance during supervision, conversation or observation should be immediately reported to the Compliance Officer
- b) Directly to the Compliance Officer
 - a. The Compliance Officer can be called directly at: 646-484-0409.
 - b. The Compliance Officer can be directly emailed at: aluke@athenapsych.com
- c) Anonymously
 - a. Google Forms (Internal only): All staff members of Athena will have access to an internal, anonymous Google form through which they will be able to submit any and all compliance matter.
 - b. Via mail to PO Box 237181, New York, NY 10023
- d) Directly to OMIG/DOH
 - a. Report the matter to DOH/OMIG based on findings specific to medical necessity, governance, quality of care, overpayment, or underpayment to Medicaid.
 - b. Report to OMIG at 1-877-87FRAUD (1-877-873-7283) or via their website at www.omig.ny.gov;
 - c. Report to DOH at <https://www.health.ny.gov/>
- e) Report all compliance issues to the OMIG at 1-877-87FRAUD (1-877-873-7283) or via their website at www.omig.ny.gov;

1. Report the matter to the Office of the Inspector General by phone at 1-800-DO-RIGHT (1-800-367-4448) or by email to inspector.general@ig.ny.gov.
2. Report the matter to the NYS Attorney General's Medicaid Fraud Control Unit at 1-800-771-7755.

4.2 Documentation

All reports received through the compliance reporting mechanisms will be maintained by the Compliance Officer.

Element 5: Disciplinary Policies to Encourage Good Faith Participation.

Athena maintains disciplinary procedures to encourage good faith participation in the Compliance Plan by all Affected Parties. These policies are procedures are disseminated Athena.

All Affected Parties are expected to comply with all applicable law, including laws associated with fraud, waste, and abuse and proper billing. In addition, all Affected Parties are responsible for promptly reporting known or suspected violations of this Compliance Plan whether committed by that Affected Party or by someone else, to the Compliance Officer. *Supervisors should be aware that reports of actual or suspected noncompliance made to them during supervision, conversation or observation must be reported immediately upon knowledge.*

Athena maintains the confidentiality of all reports it receives to the extent that applicable law requires such confidentiality. Athena will also make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct.

5.1 Disciplinary Procedures

Staff (Employees/Interns/Volunteers and/or Contracted 1099)

Employees and/or Contracted Staff who engage in fraud, waste or abuse, or other misconduct are subject to disciplinary action, up to and including immediate termination. In addition, Employees and/or Contracted Staff who fail to report known or suspected violations of the Compliance Plan also may be subject to disciplinary action.

Any disciplinary action imposed related to compliance violations will be carried out by Human Resources in consultation with the Compliance Officer and legal counsel when appropriate. In addition to possible disciplinary action mentioned elsewhere in this plan, personnel may be subject to disciplinary action for:

- Failure to perform any obligation or duty required of personnel relating to compliance with this Plan or applicable laws or regulations.
 - To include but not limited to mandatory training and post testing.
- Promoting, permitting, or facilitating conduct that is contrary to Athena policies, applicable laws or regulations, or payer requirements; and/or
- Failure of supervisory or management personnel to enforce compliance-related requirements or detect non-compliance with applicable policies and legal requirements and the Compliance Plan where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any violations or problems or implement appropriate corrective actions.
- Falsification of a signature
- Falsification of a date of service/time
- Backdating
- Falsification of a timecard

- The creation of fictitious clients and or services
- Threatening another staff/intern in misrepresentation of service delivery
- Colluding with other staff/intern in the misrepresentation of service delivery
- Failure to report known or suspected fraud, waste and or abuse.

There are certain circumstances which may help to mitigate the severity of the disciplinary action recommended against the applicable staff, including, but not limited to (a) the prompt reporting by the applicable staff member of any violation(s) of this Compliance Plan, (b) a positive work record including no previous history of violations under this Compliance Plan, (c) cooperating fully as required, with the investigation and correction of the violation, and/or (d) other compelling factors reviewed with the Compliance Officer and Human Resources.

The Compliance Officer will complete a corrective action plan regardless of outcome to include updates to policies, practices, and trainings.

Vendors

If an allegation involving a vendor and affecting Athena arises, Athena will halt all contracted activities until such time as an investigation can be completed. If the vendor is cleared, they may resume their normal activities, if the allegation is substantiated their contract with Athena will be immediately terminated for cause.

Element 6: Auditing & Monitoring

6.1 Identification

Athena has a system for routine identification of compliance risk areas. The goal of Athena's Compliance Plan is to prevent, detect, and correct non-compliance with Medicaid and Medicare program requirements, including fraud, waste, and abuse as it relates to Athena's identified risk areas and experience.

Prohibited Activities

Athena's Affected Parties are always expected to carry out their responsibilities in a highly ethical manner consistent with the Athena Code of Conduct. Athena's Affected Parties are strictly prohibited from directly and indirectly engaging or participating in any of the following activities:

- Submission of Improper Claims for Medical Care – Presenting or causing to be presented to the United States government, any other healthcare payer, individual, government agency or funding source a claim for a medical or other service that was not provided as claimed and such violations were committed either knowingly, or with reckless disregard of the truth.
- Fraudulent Statements – Making, using or causing to be made or used any false record, statement or representation of material fact for use in determining rights to any benefit or payment under any health Plan or service; or executing or attempting to execute a scheme or artifice to defraud any healthcare benefit Plan, or to obtain, by means of false, fictitious or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody of, any healthcare benefit Plan.
- Failure to Report Violations to Compliance Officer– Failing to report to the Compliance Officer or designee any instance of conduct of which Athena employee knows or suspects to be a violation of the Medicaid Compliance Plan or should, in the ordinary course of carrying out his/her duties, known to be a violation of the Medicaid Compliance Plan.

6.2 Self-Evaluation

Athena has established and implemented an effective system for the routine monitoring and identification of compliance risks. Elements of this process include:

- An annual Athena risk assessment and work plan to identify compliance priorities for the calendar year, including prioritized internal, routine auditing and monitoring for the year.
- An annual review of the effectiveness of the Athena Compliance Plan and if revisions or corrective action are necessary.
- Quarterly meetings of the SCC, along with regular reporting to the Board of compliance-related matters.

- An internal assessment of whether the findings of any external audits require follow up actions, including auditing or monitoring, by the Compliance Officer.
- Sharing of the annual Compliance Plan review with the SCC, the Executive Director and the Board of Directors.

6.3 Audits and Monitoring

Internal Audits

As part of its compliance work plan, Athena identifies the need for any internal audits in the upcoming year and the related frequency. The topics that may be considered include:

- Billings
- Payments
- Medical necessity and quality of care
- Governance
- Mandatory reporting
- Credentialing
- Contractor, subcontractor, agent, or independent contract oversight.

External Audits

In addition to the internal reviews and audits, Athena's operations and programs may be subject to review, inspection, and audit by outside parties. To the extent that the findings resulting from such audits relate to activities and standards covered by the Compliance Plan, such findings will be reported to the Compliance Officer to assess the need for compliance-related follow up activities.

Response to Audits & Monitoring

The Compliance Officer is responsible for developing corrective action in those areas where audits and monitoring activities indicate violations, inconsistencies, or deviations from the compliance standards covered in the Medicaid Compliance Plan. The Compliance Officer will seek to remedy any instances of non-compliance immediately and will work with program leadership to ensure implementation of corrective actions without delay.

6.4 Excluded Provider Screening [OIG, GSA & OMIG]

New staff

Athena screens all prospective staff against state and federal exclusion lists before extending a conditional offer of employment/placement/contract. Athena confirms the identity of all potential staff before performing the exclusion checks. If a prospective individual or 1099 contractor is identified as being an excluded provider. A conditional offer of employment/placement cannot be extended to any individual identified as being an excluded provider on any state or federal exclusion list.

Databases are:

- NYS Office of the Medicaid Inspector General Exclusion List [OMIG]
- Health & Human Services Office of the Inspector General's List of Excluded Individuals and Entities [OIG/GSA]

Current staff

Athena checks all staff against state and federal exclusions lists monthly. If an individual is identified and confirmed as an excluded entity/person, their relationship with Athena will be terminated.

Vendors

Athena checks all vendors against the state and federal exclusions lists prior to contracting and monthly thereafter. If a vendor is identified and confirmed as an excluded entity, their relationship with Athena will be terminated.

6.5 Overpayments

Suspected overpayments must be reported immediately to the Compliance Officer. The Compliance Officer will be responsible for any investigation associated with such suspected overpayment to determine whether such overpayment occurred and the scope of such overpayment. To the extent a genuine overpayment is identified, the Compliance Officer will be responsible for identifying the scope of the overpayment, identifying the cause of the overpayment, and overseeing the implementation of any remedial actions. The Compliance Officer may be supported with these functions, including by using outside counsel.

The Compliance Officer must ensure that each genuine instance of overpayment is recorded in the compliance log and will coordinate the return of any monies to Medicaid. Overpayments will be disclosed and, where possible, repaid within 60 days of identification.

Element 7 – System for Responding to Compliance Issues

Upon reports of known or suspected violations of the Compliance Plan or other reasonable indications of violations of the Compliance Plan, the Compliance Officer will promptly investigate the conduct in question to determine whether a violation of the Medicaid Compliance Plan has occurred. If such a violation has occurred, corrective action will be implemented, and disciplinary action taken that is appropriate to the materiality of the violation. All Affected Parties are required to participate willingly and fully with all investigations.

7.1 Investigations

1. Purpose of Investigation:

The purpose of an investigation is: (1) to identify situations in which applicable Federal or State laws, the requirements of Athena Psych's Compliance Plan, or other Athena Psych policies may not have been followed; (2) to identify individuals who may have knowingly or inadvertently violated such requirements; (3) to facilitate the correction of any violations or misconduct; (4) to implement procedures necessary to ensure future compliance; (5) to protect Athena Psych in the event of civil or criminal enforcement actions; and (6) to preserve and protect Athena Psych's assets.

2. Control of Investigations:

As an initial matter, the Compliance Officer will conduct an investigation of a potential compliance issue. Human Resource-related complaints shall be referred to the Human Resources Department. To the extent that this investigation determines that the underlying issue may be serious or sensitive, they shall consult with legal counsel to determine whether the investigation should continue at the direction of legal counsel. At such time, legal counsel may direct that the ongoing investigation be closed and continues under the direction of legal counsel.

3. Investigation Initiation:

An investigation as set forth in this policy shall be initiated when a complaint alleging a violation is received by the Compliance Officer. Managers are responsible for escalating any complaints that they received directly to the Compliance Officer.

- i. Complaints may be made verbally or in writing.
- ii. In the event the alleged violating party is the Compliance Officer, the complaint should be made directly to the Chief Executive Officer.

- iii. In the event the alleged violating party is the Chief Executive Officer, the complaint should be made directly to the Compliance Officer who has the authority to address directly with the Board of Directors.

4. Investigative Process

Upon receipt of information concerning alleged misconduct, the investigating party will, at a minimum, take the following actions:

- i. Evaluate the need to complete a written intake report that includes, if known, the name of the individual who made the report, the date of the report, and a detailed narrative of the individual's concern. Anonymity of the individual who made the report and confidentiality should be maintained to the extent possible.
- ii. Notify the Executive Director and, if warranted, the Board of Directors, of the nature of the alleged improper conduct and, if the involvement of qualified legal counsel is appropriate, obtain written approval from the Executive Director, as necessary, authorizing qualified legal counsel to initiate an investigation.
- iii. Ensure that the investigation is initiated as soon as reasonably possible but, in any event, not more than five (5) business days following receipt of the information. The investigation may include, as appropriate, but need not be limited to:
 - a. Interviews of all persons who may have knowledge of the alleged conduct and a review of the applicable laws, regulations, and standards to determine whether or not a violation has occurred.
 - b. Identification and review of relevant documentation to determine the specific nature and scope of the violation and its frequency, duration, and potential financial magnitude.
 - c. Interviews of persons who appeared to play a role in, or witnessed, the suspected activity or conduct. The purpose of the interviews is to determine the facts surround the conduct, and may include, but shall not be limited to:
 - i. The person's understanding of the applicable laws, rules, and standards;
 - ii. Identification of relevant supervisors or managers;
 - iii. Training that the person received; and

- iv. The extent to which the person may have acted knowingly or with reckless disregard or with intentional indifference of applicable laws.
 - d. Suspension of a staff member from his or her job functions to protect the integrity of an investigation.
 - e. In the event of a fraud, waste, and abuse complaint, assessment of Athena Psych's potential liability by reviewing all of the claims affected or by reviewing a statistically valid sample of the affected claims.
- 5. Evaluate the need for, and establish a due date for, the summary report or otherwise ensure that the investigation is completed in a reasonable and timely fashion and that the appropriate disciplinary or corrective action is taken, if warranted. All investigations of fraud, waste, and abuse and claims alleging illegal discrimination must be documented in writing. All investigations shall be completed within 30 days of initiations, and the reasons for any unavoidable delay must be documented in writing.
- 6. All compliance reports will be recorded by the Compliance Officer.

7.2 Organizational Response

In the event the investigation determines that there has been non-compliant activity, Athena Psych will undertake the following steps, as appropriate.

- i. Athena Psych will, as quickly as possible, cease the offending practice. If the conduct involves the improper submission of claims for payment, Athena Psych will immediately cease all billing potentially affected by the offending practice.
- ii. Athena Psych will consult with qualified legal counsel to determine whether voluntary reporting of the identified misconduct to the appropriate governmental authority is warranted.
- iii. If applicable, Athena Psych will calculate and repay any duplicate or improper payments made by a Federal or State Government program as a result of the misconduct.
- iv. Any voluntary reporting or repayment shall be coordinated by the Compliance Officer, after consultation with counsel.
- v. Athena Psych will conduct a review of applicable Athena Psych policies and procedures to determine whether revisions or the development of new policies and/or procedures are needed to minimize future risk of noncompliance.

- vi. Athena Psych will conduct, as appropriate, follow-up monitoring and auditing to ensure effective resolution of the offending practice.

7.3 Disciplinary Action

- i. If applicable, Athena Psych will initiate appropriate disciplinary action, which may include, but is not limited to, reprimand, demotion, suspension, and/or termination. If the investigation uncovers what appears to be criminal conduct on the part of one or more Staff, appropriate disciplinary action against the Staff who authorized, engaged in or otherwise participated in the offending practice will include, at a minimum, the removal of the person from any position of oversight and may include, in addition, suspension, demotion, and/or termination.
 - a. Athena Psych may initiate disciplinary action and/or sanctions towards an employee for violations of any stated violations in this Compliance Manual. Disciplinary action and/or sanctions may also be initiated for failing to report suspected problems or violations and/or for encouraging, directing, facilitating, or permitting non-compliant behavior.
- ii. Athena Psych will promptly undertake appropriate training and education of responsible staff to prevent a recurrence of the misconduct.

7.4 Responsiveness

Athena mandates that known or suspected noncompliance must be addressed promptly and thoroughly to include determining what corrective action is needed, prevention of recurrence, the reporting of credible evidence that a state or federal rules or regulation has been violated to the governing body and the returning of over payments.

8.0: Non-Intimidation and Non-Retaliation

Athena maintains a policy of non-intimidation and non-retaliation relating to its Compliance Plan. Athena does not discharge, suspend, demote, or otherwise retaliate against an employee because the employee discloses an unlawful activity, policy or practice that presents a danger to public health or safety to a supervisor or to a government body. Following these laws and regulations fosters the good faith participation of employees in the Compliance Plan, meaning that employees feel comfortable reporting possible violations accurately and in a timely matter because they do not fear grave repercussions.

8.1 Policy of non-intimidation and non-retaliation

Athena 's policy for non-intimidation and non-retaliation for good faith participation in the Compliance Plan, includes: a) reporting potential issues; b) investigating issues; c) self-evaluations; d) audits; e) remedial actions, and f) reporting instances of intimidation or retaliation to appropriate officials as provided in sections 740 and 741 of the NYS Labor Law, and g) reporting potential fraud, waste, or abuse to the appropriate State or Federal Entities

The Athena's Compliance Plan follows the Federal False Claims Act's qui tam provision, also referred to as the "whistleblower" provision as well as NYS Labor Laws 740 and 741 on non-intimidation and non-retaliation to protect individuals from intimidation and retaliation and maintains confidentiality in respect to all concerns raised. All Affected Parties may not be intimidated or retaliated against for good faith participation in the Compliance Plan, including but not limited to :

- Reporting potential issues
- Investigating issues
- Self-evaluations
- Audits
- Remedial actions
- Reporting to appropriate officials as provided in sections NYS Labor Law 740 and 741 in connection with non-intimidation and non- retaliation expectations.

To engage in any intimidation and retaliation activities including but not limited to harassment, blackmail, theft of property, and termination is strictly prohibited. Any individual(s) who engages in such retribution, intimidation, retaliation, or harassment is subject to discipline, in accordance with his or her level of intimidation or retaliation, up to and including termination/removal. For contractors and vendors, such actions may lead to the termination of the contract under which their services are provided to Athena.

Athena management will ensure that there is no intimidation or retaliation taken against an Affected Party for reporting what an Affected Party reasonably believed to be a violation of the Medicaid Compliance Plan. However, in those circumstances where Athena has reasonably concluded that the Affected Party knowingly fabricated, distorted, exaggerated, or minimized a

report of a violation to either damage another individual, to protect himself/herself or others, or if the report contains admissions of personal wrongdoing, Athena management may, to the extent consistent with applicable laws and pursuant to the advice of legal counsel, as necessary, implement disciplinary or corrective action against those involved.

Appendix A: Vendor Compliance Letter

To: Athena Psych Vendors

Athena is committed to providing excellent services and operating in full compliance with all applicable laws. As a valued vendor supporting our business operations, we expect your understanding and commitment to upholding our policies.

We maintain a comprehensive compliance program governing Athena's waste, fraud, and abuse detection and prevention policies. Along with this letter, we are sharing with you a copy of our internal compliance training. Please ensure that your staff receive this, or a similar, training.

We also must ensure that you perform monthly checks of the following databases to confirm that your employees are not prohibited from participating in federal healthcare programs:

- NYS Office of the Medicaid Inspector General Exclusion List [OMIG]
- Health & Human Services Office of the Inspector General's List of Excluded Individuals and Entities [OIG/GSA]

If an employee is excluded, they cannot provide any services that support Athena Psych.

If you have any compliance concerns related to your work for us, please contact our Compliance Department at 646-484-0409.

For any inquiries or clarifications regarding these materials, please do not hesitate to contact our Compliance Department at 646-484-0409.

Thank you for your continued partnership and dedication to maintaining the highest standards of compliance and ethical conduct.

Sincerely,

[Your Name]

[Your Title]

Athena Psych