

The background features a light blue illustration of a sailboat with a large sail and a small boat hull, positioned below the title. Above the title, there are two stylized seagulls in flight.

CORPORATE COMPLIANCE PLAN

April 2023 (Revision date)

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CORPORATE COMPLIANCE PLAN

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS

SECTION I OF V

INTRODUCTION

I. INTRODUCTION

Cape Atlantic Integrated Network for Kids, Inc. (referred to herein as the “Cape Atlantic I.N.K.”) is a non-profit and federally tax-exempt Cape Atlantic I.N.K. contracted by the New Jersey Department of Children and Families, Children’s System of Care (“DCF/CSOC”). Cape Atlantic I.N.K. is dedicated to assisting children with emotional and behavioral challenges and utilizes a Wraparound Model Care to provide services to children and families. Cape Atlantic I.N.K. uses this model of care to design, implement and manage Individual Service Plans (ISP) that are specific to a child’s individual strengths and complex needs. Emphasis is placed on the strengths of the child, family and community. The goal of Cape Atlantic I.N.K. is to keep children stable in their homes, in their schools, and their communities, where they belong.

The Organization is devoted to meeting and maintaining high ethical and professional standards and to do so through compliance with all applicable federal and state laws in the operation of its business. This commitment and dedication is essential to the Organization achieving its mission and is critical because a significant portion of services provided by the Organization are reimbursed through governmental programs which require that the Organization's business be conducted with integrity. In such regard, the Organization intends to treat its youth/young adults and families and to conduct its business in a manner that satisfies its ethical and legal obligations and its own high standards of integrity and quality. Toward this end, the Organization intends to comply with both the letter and the spirit of federal and state fraud and abuse and related laws, reimbursement laws and rules, and its lawfully executed contracts with third party payors and DCF/CSOC. In addition, as non-profit corporate entity and federally tax-exempt organization, the Organization intends to comply with all requirements imposed upon such organizations.

To underscore and enhance its policy and pledge of compliance, and to provide its staff with the tools necessary to ensure compliance, Cape Atlantic I.N.K. is committed to this Corporate Compliance Plan (this “Compliance Plan”). This Compliance Plan is based on compliance guidance offered by the U.S. Department of Health & Human Services, Office of Inspector General and other available guidance. Implementation of this Compliance Plan is intended to assist Cape Atlantic I.N.K. in achieving and maintaining its goals of the delivery of quality services, integrity with respect to its participation in government and private health care reimbursement programs, and conduct that is in compliance with, and that promotes prevention, detection and resolution of behavior that does not conform to, federal and state laws and health care program requirements. This Compliance Plan has been approved by Cape Atlantic I.N.K.’s Board of Trustees and represents official Cape Atlantic I.N.K. policy.

A. Mission, Vision, and Core Values.

Mission Statement

The mission of Cape Atlantic I.N.K. is to create solutions together with youth/young adults and their families, in partnership with the community, that facilitate desired changes in their lives and to enhance their ability to live and thrive in their community.

Vision

Healthy Families: Thriving Communities

Core Values

The mission encompasses the concept that Community-based wraparound services are customized according to the individual child and family need. The Cape Atlantic I.N.K. core values of care are:

- Centered on the strengths that are inherent in each situation, with service planning focusing on the total child, across all life domains, in a proactive manner/
- Driven by family needs and goals, assuring that the family is engaged in a process that is flexible and friendly;
- Culturally proficient and responsive to the community strengths, programs and resources that characterize the flavor of the unique cultures of the families within each neighborhood, to create a caring and honest interchange;
- Outcome driven and focused on the quality and appropriateness of the results that come from coordinating and managing services for youth/young adults, families and communities, and,
- Self-monitoring and committed to continuous quality improvement

Core Principles

Cape Atlantic I.N.K. is committed to providing an effective system of care that is comprehensive and integrated, and empower the youth/young adults and their families. The fundamental principles that lead this endeavor affirm that Cape Atlantic I.N.K. is:

- A leader in the community and has the charge of training and educating youth/young adults, their families, community members and service providers;
- Obligated to listen to youth/young adults, their families and the community, not for collateral guidance, but for more effective participation in the reform effort;
- A change agent - through creative problem-solving with "out of the box" solutions that offer fresh perspectives to guide the change process;
- Culturally competent in recognizing and celebrating diversity to honor the unique contributions in each family and community;
- A partner with kids, families, communities, and other systems to synthesize perspectives and priorities; and
- Streamlined to make services timely, accessible, age-appropriate, seamless and community-based.

B. Responsibility.

It is the responsibility of every member of Cape Atlantic I.N.K.'s employees, interns and volunteers, to comply with the policies and procedures implemented under this Compliance Plan. It is the responsibility of all employees, interns, and/or volunteers (hereafter referred to as employees, interns, and volunteers to identify compliance issues that may expose Cape Atlantic I.N.K. to liability for fraud or abuse under federal or state law or to other legal liability, so that such compliance issues may be promptly

and appropriately addressed. Such efforts on behalf of Cape Atlantic I.N.K. will be a factor in performance evaluations for employees, interns, and volunteers, and failures to comply with this Compliance Plan will be met with consistent and appropriate remedial and disciplinary actions.

In addition to compliance with this Compliance Plan, employees, interns, and volunteers are expected to comply with all other policies and procedures of Cape Atlantic I.N.K., including, but not limited to, policies governing OSHA compliance, HIPAA compliance and other compliance with law, policies governing employment and employment practices, and policies governing care management and administrative operations. Access to all policy and procedure manuals and documents of Cape Atlantic I.N.K. may be obtained from the Executive Director or Compliance Officer.

C. Objectives.

This Compliance Plan outlines the means by which Cape Atlantic I.N.K. will meet its ethical and legal obligations and its own high standards of integrity and quality, and by which it will foster a culture of compliance. If implemented as intended, this Compliance Plan will:

- Promote Cape Atlantic I.N.K.'s commitment to accurate submission of all claims to reimbursement programs in conjunction with Cape Atlantic I.N.K.'s pledge of honest and responsible conduct.
- Provide an effective internal control system that promotes adherence to and compliance with applicable federal and state reimbursement laws and regulations, and government and private health care reimbursement program requirements.
- Promote the prevention, detection and resolution of instances of conduct that may not conform to federal or state laws and regulations, government or private health care reimbursement program requirements, or Cape Atlantic I.N.K.'s ethical and business Code of Conduct.
- Define responsibilities and establish accountability for compliance with federal and state laws and regulations and government and private health care reimbursement program requirements, and sustain a culture in which ethical conduct is recognized, valued and exemplified.
- Educate employees, interns, and volunteers about the proper standards and procedures used in billing and coding to minimize billing mistakes and ensure early detection of any erroneous claims.
- Provide a process through which employees, interns, and volunteers may identify and confidentially report to Cape Atlantic I.N.K. potential fraud, waste, abuse and noncompliance with federal or state laws and regulations, or government or private health care reimbursement program requirements.
- Create a centralized source for the distribution of information on applicable federal and state laws, and government and private health care reimbursement program requirements.
- Minimize, through early detection and reporting, any potential loss to the government from erroneous claims, as well as reduce Cape Atlantic I.N.K.'s potential exposure to damages and penalties that might result from improper activities.

D. Benefits.

Implementation of this Compliance Plan as intended and full participation by employees, interns, and volunteers will assure Cape Atlantic I.N.K.'s long-term success and will offer many benefits, including:

- The development of effective internal procedures to ensure compliance with laws and regulations, payment policies and coding rules.
- Improved client record documentation.
- Improved education for employees, interns, and volunteers.
- Reduction in the denial of claims.
- More streamlined operations through better communication and more comprehensive policies.
- The avoidance of potential liabilities arising from noncompliance.
- Reduced exposure to penalties.

E. Summary of Plan.

This Compliance Plan includes this Introduction and the following four main sections, as well as appendices that include supplemental information and forms:

Section II - Code of Conduct. This section sets forth Cape Atlantic I.N.K.'s "code of conduct" to be followed by all employees, interns, and volunteers. The Code of Conduct draws from each of the other sections of this Compliance Plan and Cape Atlantic I.N.K.'s Employee Manual. It highlights key elements of the Compliance Plan and the standards against which efforts under this Compliance Plan may be measured. It sets forth Cape Atlantic I.N.K.'s commitment to create a culture of compliance within Cape Atlantic I.N.K..

Section III - Compliance Practices and Procedures. This section includes important information about the Compliance Officer and Compliance Committee, Cape Atlantic I.N.K.'s auditing and monitoring processes, compliance training and education, effective lines of communication for reporting suspected or actual incidents of non-compliance, responses to compliance concerns, and enforcement standards and disciplinary guidelines.

Section IV - Regulated Conduct and Guidelines. This section includes specific policies, procedures and guidelines intended to address important compliance matters, a summary of various federal and state fraud and abuse and other related compliance laws, information about government investigations, and information about compliance document recordkeeping and retention.

Section V – Federal Deficit Reduction Act Policy. This section includes Cape Atlantic I.N.K.'s policy in compliance with the federal Deficit Reduction Act of 2005.

CORPORATE COMPLIANCE PLAN

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS

SECTION II OF V CODE OF CONDUCT

II. CODE OF CONDUCT

A. Introduction.

Cape Atlantic Integrated Network for Kids, Inc. (referred to herein as the “Cape Atlantic I.N.K.”) is committed to conducting its business lawfully and ethically. To assure that Cape Atlantic I.N.K.’s employees, interns, and volunteers (including Cape Atlantic I.N.K.’s leadership, supervisors, administrators, office personnel and field staff) adhere to high standards of legal and ethical conduct, and to assure uniformity in standards of conduct, Cape Atlantic I.N.K. has established this Code of Conduct as part of Cape Atlantic I.N.K.’s Compliance Plan.

This Code of Conduct establishes the general policies and procedures with which all employees, interns, and volunteers must comply. These policies and procedures are applicable to Cape Atlantic I.N.K.’s relationships with government authorities and with private companies and individuals. These policies and procedures cannot cover all situations. Any doubts as to the propriety of a particular situation, whether or not the situation is described within this Code of Conduct or the Compliance Plan, should be submitted to the individual’s immediate supervisor or Cape Atlantic I.N.K.’s Compliance Officer.

This Code of Conduct is intended to assist Cape Atlantic I.N.K. in carrying out its mission, including to remind all employees, interns, and volunteers of their obligation to:

- Engage in carrying out Cape Atlantic I.N.K.’s mission and vision in a professional manner, and in compliance with applicable laws and regulations.
- Recognize that the chief function of Cape Atlantic I.N.K. at all times is to serve the best interests of Cape Atlantic I.N.K. and their families.
- Treat with respect and consideration all persons receiving services, regardless of race, religion, gender, sexual orientation, maternity, marital or family status, disability, age, national origin or other discriminatory factors.
- Demonstrate the highest standards of personal integrity, honor, truthfulness, honesty, and fortitude in all activities in order to inspire confidence and trust in such activities and uphold the dignity of the profession.
- Conduct Cape Atlantic I.N.K.’s operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.
- Collaborate with and support other professionals in carrying out Cape Atlantic I.N.K.’s mission and vision.
- Strive for personal and professional excellence, including through continuing education, and encourage the professional developments of others.
- Respect and protect confidential and proprietary information, and access the same only in the performance of official business duties.
- Avoid any interest or activity that is in conflict with the conduct of official duties and responsibilities, or the mission and vision of Cape Atlantic I.N.K.
- Respect the structure and authority of the Board of Trustees, and uphold, implement and comply with policies adopted by the Board of Trustees.

Compliance with this Code of Conduct and the Compliance Plan are criteria used in evaluating the performance of employees, interns, and volunteers. Violations of any of these policies and procedures will be addressed as specified in the Compliance Plan. This Code of Conduct may be revised from time to time, as Cape Atlantic I.N.K. deems appropriate. To the extent that any other policies or procedures are adopted by Cape Atlantic I.N.K., such as those contained in Cape Atlantic I.N.K.'s Employee Manual, such other policies and procedures should be consistent with this Code of Conduct. In case of any inconsistency, this Code of Conduct governs.

COMPLIANCE WITH THIS CODE OF CONDUCT IS A CONDITION OF EMPLOYMENT OR OTHER ENGAGEMENT WITH CAPE ATLANTIC I.N.K.. THIS CODE OF CONDUCT IS NOT, HOWEVER, A CONTRACT OF EMPLOYMENT OR OTHER ENGAGEMENT WITH CAPE ATLANTIC I.N.K., AND IT IS NOT INTENDED TO GIVE ANY EXPRESS OR IMPLIED RIGHTS OF CONTINUED EMPLOYMENT OR ENGAGEMENT WITH CAPE ATLANTIC I.N.K..

B. Oversight & Communications Regarding Compliance.

Cape Atlantic I.N.K. has designated a Compliance Officer, whose role is to assist Cape Atlantic I.N.K. in overseeing compliance with this Code of Conduct and Cape Atlantic I.N.K.'s compliance policies and practices. The Compliance Officer works closely in conjunction with the Compliance Committee, and together the Compliance Officer and Compliance Committee oversee the compliance activities of Cape Atlantic I.N.K.. With respect to compliance matters, the Compliance Officer and Compliance Committee report to the Board of Trustees.

The name of the Compliance Officer and the Executive Director, and the means for communicating with them, may be found posted in the employee kitchen(s).

Any questions regarding this Code of Conduct and the Compliance Plan should be directed to the Compliance Officer or, in the absence of the Compliance Officer, the Executive Director. Actual or suspected violations of the Code of Conduct or Compliance Plan must be reported to the Compliance Officer in person or by mail, work email or telephone, or by utilizing Cape Atlantic I.N.K.'s Corporate Compliance Line link on Cape Atlantic I.N.K.'s website, by logging in through the "Employee Portal" with your username and password and clicking on the link titled "Corporate Compliance Line."

C. Quality of Services.

Cape Atlantic I.N.K. is committed to providing quality services to its youth/young adults, and families. Cape Atlantic I.N.K. will monitor its performance against recognized standards, including, but not limited to, government healthcare and private reimbursement program requirements. Any deficiencies discovered by Cape Atlantic I.N.K. or any third party will be addressed. Cape Atlantic I.N.K. not only will respond to identified deficiencies, but will make reasonable efforts to be proactive by identifying and responding to quality risks prior to the occurrence of any deficiencies. Employees, interns, and volunteers are expected to assist Cape Atlantic I.N.K. in maintaining the high quality of services provided.

D. Preserving Privacy & Security.

1. Youth/young adults, and families.

We are entrusted by our youth/young adults, and families with sensitive, personal and identifying information of a confidential nature. Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other federal and state privacy laws, we must maintain and protect “Protected Health Information” from inappropriate disclosures and uses. Cape Atlantic I.N.K. is committed to maintaining the privacy, confidentiality and security of this information. Cape Atlantic I.N.K. employees, interns, and volunteers, shall represent themselves only as agents of the Organization and no one else, while assisting in the planning efforts in developing the Individual Service Plan (ISP).

Information is collected by Cape Atlantic I.N.K.’s employees, interns, and volunteers regarding each client’s demographics, social, family and medical history, and other sensitive or personal health information, as well as certain financial and benefits information, to provide appropriate quality services and seek reimbursement for such services. Under HIPAA, “Protected Health Information” (or “PHI”) consists of any information that can identify an individual and that relates to the individual’s health condition, treatment or payment for health care. PHI includes a broad range of information, whether in paper, electronic or oral format, including not only the individual’s medical or related records and related information, but also billing information about the individual.

This information, which may be included in client records and in business records of Cape Atlantic I.N.K., must be kept confidential and must be protected against theft, loss or improper disclosure. Consistent with the privacy regulations under HIPAA and other federal and state privacy laws and regulations, this information may not be disclosed unless otherwise permitted or required by law. **No employees, interns, and volunteers may view or access client health information other than as necessary to perform his or her job.** All uses and disclosures must be consistent with Cape Atlantic I.N.K.’s privacy policies and procedures.

Inappropriate or unauthorized disclosures of confidential information may result not only in discipline by Cape Atlantic I.N.K., but also may result in civil and financial penalties, and even criminal proceedings in egregious situations. Most importantly, the failure to maintain the privacy and security of our youth/young adults, and families’ information can break our youth/young adults, and their families’ trust in Cape Atlantic I.N.K. and our services. **If you become aware of any unauthorized use, disclosure, theft or breach of PHI, you must immediately report it to Cape Atlantic I.N.K.’s Privacy Officer or, in his or her absence, to Cape Atlantic I.N.K.’s Compliance Officer.**

Employees, interns, and volunteers are advised that confidentiality obligations extend even after termination from employment with Cape Atlantic I.N.K..

2. Business Information.

Information regarding Cape Atlantic I.N.K.’s strategies and operations are a valuable property of Cape Atlantic I.N.K., and such information is also confidential and proprietary to Cape Atlantic I.N.K.. This information includes, without limitation, business

records and agreements; client lists and care management and related information; pricing and cost data; referral source information; information pertaining to acquisitions, affiliations and mergers; financial data and records; research data; strategic plans; marketing strategies; techniques; policies, procedures and protocols; training materials; proprietary computer software; and information about, and data maintained on behalf of Cape Atlantic I.N.K. by, Cape Atlantic I.N.K.'s vendors and suppliers. You should deem any document or computerized record of Cape Atlantic I.N.K. to contain Cape Atlantic I.N.K.'s confidential and proprietary information. All employees, interns, and volunteers are obligated to protect and safeguard this confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized access, use or disclosure of this information. In addition, in the course of normal business activities, suppliers, customers and competitors may divulge information that is proprietary to their business. Such confidences should be respected and such information must not be disclosed beyond authorized purposes.

3. Record Retention.

Cape Atlantic I.N.K. will retain its business, client, billing and other records for such periods as required under applicable law. Cape Atlantic I.N.K. will retain and destroy such records in accordance with Cape Atlantic I.N.K.'s document retention and destruction policy, as may be adopted or amended by the Board of Trustees from time to time.

E. Workplace Health & Safety.

Cape Atlantic I.N.K. is committed to maintaining a safe and healthy workplace. To that end, if you see any unsafe, hazardous or unhealthful condition in the workplace, you must immediately report the condition to your supervisor. If the condition is something you can easily remedy without harm to yourself (e.g., you find debris near a doorway entrance you can easily sweep up to prevent a tripping or slipping hazard), you should do so. Safety is everyone's concern and responsibility.

With respect to workplace health and safety, be reminded that:

1. You must follow Cape Atlantic I.N.K.'s policies and procedures for workplace emergencies, such as fire, weather events and other emergency situations.
2. Threatening, aggressive, bullying or abusive behavior toward others is not tolerated at any time.
3. Weapons of any kind are not permitted on the premises of Cape Atlantic I.N.K., including both its internal premises (the offices and building) and external premises (the parking lot and any real property belonging to Cape Atlantic I.N.K.).
4. All employees, interns, and volunteers are expected to report to work being able to complete the essential duties of their role. Medical treatment requiring the use of a legal drug that may impair an employee, intern, and volunteer ability to safely and effectively complete the essential duties of their role will need to submit Cape Atlantic I.N.K.'s physician's certification to Human

Resources prior to initiation of any Cape Atlantic I.N.K. business. The use of illegal or unauthorized drugs or the consumption of alcohol is strictly prohibited in the workplace. Likewise, reporting to work while under the influence of alcohol or illegal or unauthorized drugs, or smelling of alcohol or illegal/unauthorized drug consumption, can lead to discipline, up to and including termination. Likewise, the possession, sale, distribution or manufacture of any illegal drug, controlled substance or alcohol on Cape Atlantic I.N.K. property, in a Cape Atlantic I.N.K.- owned or supplied vehicle or during working hours is strictly prohibited. The storing of alcohol or any illegal or unauthorized drug or drug paraphernalia in a desk, vehicle or other repository on Cape Atlantic I.N.K. premises is prohibited. For further information, refer to Employee Manual or Intern and Volunteer Manual.

F. Workplace Conduct.

1. Employment Standards, Policies and Procedures.

Cape Atlantic I.N.K. has set forth in its Employee Manual important standards, policies and procedures concerning employment practices and conduct of Cape Atlantic I.N.K.. All employees, interns, and volunteers are expected to understand and abide by the standards, policies and procedures set forth in the Employee Manual, and such compliance is essential to the legal and ethical conduct promoted by this Code of Conduct.

2. Prohibited Harassment.

Cape Atlantic I.N.K. is an equal opportunity employer and has a policy of zero tolerance for workplace discrimination or harassment in the workplace.

Cape Atlantic I.N.K. implements policies that prohibit harassment of employees, interns, and volunteers by another employees, interns, and volunteers, manager, supervisor or any other non-employees present in the workplace on the basis of any legally protected category including, but not limited to, a person's race, color, religion, creed, age, gender, pregnancy, national origin, ancestry, citizenship, affectional or sexual orientation, genetic information, marital status, domestic partnership/civil union status, liability for service in the armed forces of the United States, veteran status, handicap or disability, or atypical hereditary cellular or blood trait. Harassment is defined as verbal or physical conduct that denigrates or show hostility or aversion toward an individual because of that individual's membership in any protected group (for example, race, age, national origin, ancestry or disability) and that:

- Has the purpose or effect of creating an intimidating, hostile or offensive work environment;
- Has the purpose or effect of unreasonably interfering with the individual's work performance; or
- Otherwise adversely affects the individual's employment opportunities.

Sexual harassment has been defined by federal, state and/or local regulations as a form of sexual discrimination. Sexual harassment can consist of unwelcome sexual advances,

requests for sexual favors, display of derogatory pictures or drawings, or other physical or verbal conduct by a supervisor or co-worker that unreasonably interferes with an employee's work performance or creates an intimidating work environment. The following list of prohibited conduct is not intended to be exhaustive since it is impossible to determine all the circumstances that may arise. It is illegal and against the policies of Cape Atlantic I.N.K. for any employee, intern, and volunteer male or female, to sexually harass another employees, interns, and volunteers by:

- Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of an employee, intern, and volunteer continued employment;
- Making an individual, either male or female, an object of any unwelcome sexual advances in the course of his or her employment;
- Making submission to or rejection of such conduct the basis for employment decisions affecting the employee; or
- Creating an intimidating, hostile, or offensive working environment by such conduct.

While it is not easy to define precisely what harassment is, it certainly includes slurs, epithets, threats, derogatory comments, unwelcome jokes and teasing.

Under the law, individual employees, interns, and volunteers including directors, managers and supervisors, can be held personally liable for acts of harassment that they commit at work. Such personal liability could result in financial loss to the individual in addition to any sanction or discipline imposed by Cape Atlantic I.N.K.. Cape Atlantic I.N.K. does not condone and will not tolerate such conduct by its employee, intern, and volunteer, Directors, directors, managers or supervisors either male or female.

Any employee, intern, or volunteer who feels that he/she is a victim of such harassment should immediately report the matter to their supervisor. Should you prefer not to discuss this matter with your supervisor, or should your supervisor be absent or otherwise unavailable, you should report the matter to Human Resources or Operations Administrator. No retaliatory action will be taken against any employee, intern, or volunteer who makes a good faith complaint of harassment and/or assists in the handling or investigation of a complaint in good faith. Employee, intern, or volunteer complaints of harassment by managers and supervisors will be investigated in a fair and objective manner.

3. Social Media.

Cape Atlantic I.N.K. has devoted considerable time and resources to building its reputation and good will. These are valuable and important property to Cape Atlantic I.N.K.. Your use of social media may negatively impact Cape Atlantic I.N.K., so bear this in mind when using social media on your own time. You are solely responsible for your own conduct and you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Cape Atlantic I.N.K. expects their employees to follow the Social Media Policy when using social media and prohibits employees, interns, and volunteers from representing themselves as a spokesperson for the Organization.

Keep in mind that any of your conduct that adversely affects your job performance, the performance of co-workers or otherwise adversely affects Cape Atlantic I.N.K. management, youth/young adults, and their families, suppliers, vendors, people who work on behalf of Cape Atlantic I.N.K. or Cape Atlantic I.N.K.'s legitimate business interests, may result in disciplinary action up to and including termination. Further, posting or re-posting of client and family information, even if you think you are being anonymous or trying to "de-identify" the information, may be a breach of your legal obligations under HIPAA and other privacy laws, resulting in potential civil and criminal penalties imposed upon you personally.

4. License, Registration and Certification Renewals.

All licensed, registered and certified employees, interns, and volunteers are responsible for maintaining and ensuring the validity of their respective licenses, registrations and certifications or other credentials. All licensed, registered and certified employees, interns, or volunteers shall comply at all times with federal and state laws and regulations affecting their respective disciplines and governing the practice of their respective professions.

5. Use of Cape Atlantic I.N.K.'s Property.

As a general rule, employees, interns, and volunteers are expected to use Cape Atlantic I.N.K.'s property, including time, materials, supplies, equipment, information and other resources ("Property") in a prudent and effective manner for business-related purposes only. The use of property for community or charitable purposes, or for personal uses, must be approved by the Executive Director, in advance. Any use of property for personal financial gain unrelated to job responsibilities on behalf of Cape Atlantic I.N.K. is prohibited. While on Cape Atlantic I.N.K. properties, employees, interns, volunteers, persons served, and other visitors, the Organization assumes no liability for the damage, loss or theft of personal possessions.

G. Ethical and Legal Compliance.

1. Compliance.

Employees, interns, and volunteers are expected to engage in ethical and legal conduct at all times. Employees, interns, and volunteers must comply with all applicable federal, state and local laws and regulations, and government health care and private reimbursement program requirements to which the individual and Cape Atlantic I.N.K. is bound by law or pursuant to lawfully executed contracts. This compliance requirement includes all licensure rules and regulations, and all applicable legal, ethical and professional standards of practice. Employees, interns, and volunteers must comply with this Code of Conduct, the Compliance Plan and all other policies, procedures and protocols adopted by Cape Atlantic I.N.K. from time to time.

Ethics are the standards of conduct that define what is morally right and wrong. In other words, *should I do this?* Ethics are important because it is not easy to decide what is right and what is wrong. Many of the decisions we make involve others and when we act with honesty, integrity, and compassion, people around us will trust you and your decision-making abilities. For social workers, professional ethics are outlined that lays out the principles, standards, and values to which social workers are expected to adhere. Cape Atlantic I.N.K. Employees, interns, and

volunteers are bound by National Association of Social Workers, (NASW) Code of Ethics. The *Code* is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve. This Code guides our employees, interns, and volunteers in determining how we respond and act in relationships and toward our persons served. The Code is applicable to all levels of social work practice. Everyone, from students to professors of social work, is expected to adhere to its standards. The Code is not considered a step-by-step rule book for social workers; rather, it is a set of standards, values, and principles that social workers must use to make sound ethical decisions. Employees, interns, and volunteers are expected to act in a legally- and ethically compliant manner at all times and within the scope of their employment and job duties and limitations at all times. Each employee, intern, and volunteer should be aware that actions taken by the employees, interns, and volunteers are unethical, illegal or outside the scope of employment or beyond job duties may subject the individual employee, intern, and volunteers to personal liability. This may include, for example, civil liability, professional licensure board liability and potential criminal liability. This also may include employment sanctions, up to and including termination of employment.

To assist employees, interns, and volunteers in understanding and meeting their compliance obligations, all employees, interns, and volunteers are expected to attend general compliance education and training sessions as well as more specific sessions designated for their areas of responsibility and job titles. This may include mandatory compliance training offered by Cape Atlantic I.N.K., as well as continuing education courses offered outside Cape Atlantic I.N.K.. Employees, interns, and volunteers holding a professional license, certification or registration also must comply fully with all professional continuing education requirements.

The laws, rules, regulations, policies and procedures to which employees, interns, and volunteers are bound are extensive and subject to change. Although Cape Atlantic I.N.K. will assist employees, interns, and volunteers in understanding and meeting their compliance obligations, each employee, intern, and volunteer is required to read and understand Cape Atlantic I.N.K.'s Compliance Plan, this Code of Conduct, and the as well as other policies and procedures of Cape Atlantic I.N.K., and to act in a compliant manner at all times when acting or providing services to or on behalf of Cape Atlantic I.N.K.. Further, each employee, intern, and volunteer is obligated to further his or her own education by keeping abreast of legal, professional and compliance developments.

Compliance questions should be directed to the Compliance Officer who will answer directly or obtain information as needed to answer specific questions.

2. Leadership.

Employees, interns, and volunteers are expected to comply with this Code of Conduct, those in a leadership position, such as those in management, supervisory roles or other positions of authority, are expected to serve as role models. Such individuals are expected to ensure that those under their direction and supervision have sufficient information and guidance to be able to comply with applicable federal and state laws, regulations and policies, and to resolve ethical dilemmas. Individuals in leadership positions must strive to promote an appropriate standard of ethical and legal performance.

3. Reporting

Employees, interns, and volunteers are required to report immediately to Cape Atlantic I.N.K.'s Compliance Officer or, in the absence of the Compliance Officer, the Executive Director, any actual or perceived violation of law, this Code of Conduct, the Compliance Plan, or any other policies or procedures adopted by Cape Atlantic I.N.K.. Cape Atlantic I.N.K. takes all reports of non-compliance seriously, and all reports made in good faith may be made without fear of retribution or retaliation. Cape Atlantic I.N.K. will make efforts to maintain the confidentiality of any individual reporting misconduct; however, confidentiality cannot be guaranteed as requirements of applicable law and the circumstances associated with the misconduct may require or result in disclosure.

Reports may be made to the Compliance Officer in person, by mail, work email or telephone, or by sending a message through Cape Atlantic I.N.K.'s Corporate Compliance Line link on Cape Atlantic I.N.K.'s website, by logging in with your username and password and clicking on the link titled "Corporate Compliance Line." The reporter is encouraged to provide as much information as possible to assist with the issue at hand.

It is Cape Atlantic I.N.K.'s policy that no employee, intern, and volunteer will be disciplined for the good faith reporting of what is reasonably believed to be an act of wrongdoing or a violation of law, this Code of Conduct or the Compliance Plan. However, an employee, intern, and volunteer may be subject to disciplinary action if it is reasonably determined that the report of wrongdoing was knowingly fabricated, distorted, exaggerated or minimized to either injure someone else or to protect others. Further, an employee, intern, and volunteer whose report of potential misconduct contains admissions of personal wrongdoing will not be guaranteed protection from potential disciplinary action. The fact of an admission, however, as opposed to deliberate non-reporting, will be taken into consideration in connection with making a disciplinary decision, and depending on all of the relevant circumstances, may result in a lesser disciplinary action than would result in the event of non-reporting.

4. Investigation.

It is the responsibility of the Compliance Officer or Committee Designee to ensure that each report of potential violations is appropriately documented and promptly investigated. It is the responsibility of the Compliance Officer or Committee Designee to ensure that an objective and informed version of the facts is uncovered during the investigation, and that each matter investigated is brought to a satisfactory conclusion.

When Compliance Officer or Committee Designee receives the report either from the external ethics hotline or our internal process, a preliminary investigation begin as soon as possible to determine whether the complaint has merit and warrants a more in-depth investigation. If the compliance matter potentially involves the Compliance Officer, or a Committee member, other members of the Compliance Committee will be responsible for ensuring the prompt investigation and satisfactory conclusion of the matter. The Compliance Officer or Committee Designee gathers information and evidence from the complainant (plaintiff) using the Organization's monitoring tool. No contact is established with the respondent (the accused) or other witnesses during this period. This initial investigation determines if the alleged activity is

enough to violate the code of ethics or other ethical policies and procedures. If the violation concerns a legal matter, it may be necessary to seek legal advice at this time, either from in-house counsel or outside legal representation. If the Compliance Officer or Designee determines that there is not enough evidence that indicates a violation has occurred, the complainant will be notified in writing, using the third-party hotline as an intermediary, if necessary. If the Compliance Officer or Committee Designee determines the complainant's allegation has merit, the Compliance Officer or Committee Designee notifies the respondent in writing as to the findings of the preliminary investigation, including any charges that are being levied. If the preliminary fact-finding results indicate that a full investigation is warranted, it should commence as quickly as possible. To ensure adherence to best practices for effective investigation techniques, the process should include a number of key steps as outlined in the Organization's Investigation Checklist. The Compliance Officer or Designee with the assistance of members of the Compliance Committee will conduct the investigation. The Compliance Officer notifies the respondent in writing as to the findings of the preliminary investigation, including any charges that are being levied. The respondent should be given 5-30 days, to reply to the charges and furnish their own evidence, as well as a list of any witnesses that support their case, if necessary. If respondent needs additional time to respond to the allegations, the individual must notify the Compliance Officer or Committee Designee before the specified date. Respondents should not be told the identity of the complainant unless it is necessary for their defense, such as in the case of sexual harassment, unless it is necessary for their defense. Depending on the circumstances, it may be advisable for the Compliance Officer or Committee Designee to take action in the interim if the investigation is surrounding allegations of sexual harassment. It could be beneficial to consider moving the respondent to another "department" temporarily, approving an administrative leave of absence, or changing work schedules so the complainant and respondent avoid contact with each other. The complainant will be protected by the Organization's Non-Retaliation process.

5. Corrective Actions.

Once a Code of Conduct complaint is received by the Compliance Officer, Executive Director, or Supervisor, the timeline immediately commences and will be updated weekly until the investigation is concluded with recommendations.

Cape Atlantic I.N.K. does not promote or condone unethical conduct or criminal activity in any context. Cape Atlantic I.N.K. recognizes, however, that the laws, regulations, rules and policies applicable to employees, interns, and volunteers are complex and often subject to interpretation. Cape Atlantic I.N.K. also understands that mistakes may occur. Accordingly, the Compliance Officer and Compliance Committee are charged with the obligation to assess all of the relevant facts and circumstances surrounding reported misconduct and to recommend appropriate corrective actions. Cape Atlantic I.N.K. is committed to correcting legal and ethical wrongdoing to assure that Cape Atlantic I.N.K.'s to employees, interns, and volunteers adhere to both the letter and spirit of the applicable federal and state laws and standards. Cape Atlantic I.N.K.'s corrective actions may include further training and education, amendment or clarification of policies and procedures, or creating and implementing new policies and procedures. Corrective actions also may include, as deemed necessary or appropriate under the circumstances, disciplinary actions in respect to the individual or individuals involved in the misconduct, including employment termination and, if appropriate, referral to government or law enforcement authorities

for further action. Employees, interns, and volunteers are expected to cooperate fully with any corrective actions adopted by Cape Atlantic I.N.K..

After all parties have been interviewed, it may be necessary to attempt to obtain corroborating evidence to determine the credibility of the witnesses and their statements. Inform all parties that they may need to be interviewed again at a future date. After all the information has been compiled and the investigation has concluded, a determination should be provided on a "need to know" basis. If it is determined that remedial action is necessary, any decisions regarding corrective action should be made in conjunction with management. When deciding on the type of corrective action, a number of factors should be taken into consideration. These include but not limited to: the seriousness of the offense and the frequency of occurrence, the overall employee record of the respondent, how similar occurrences have been handled in the past and the suitability of the intended punishment in relation to company policy. If it is determined that the actions of the respondent were unethical but do not warrant termination, it is important to take steps to prevent the situation from occurring again. Additional training can ensure those who are guilty of violations are fully aware of the inappropriateness of their actions, as well as the reasons they were inappropriate. Depending on the nature of the violation(s), a corrective action plan can be but not limited to: no action, a written reprimand, censuring and education, suspension, or termination. An ethics investigation also provides an opportunity for a company to learn any "needs" in its Compliance Plan that may have laid the groundwork or provided the opportunity for a situation to occur. At the conclusion of an incident, it can be beneficial to take the time to reexamine policies and procedures and take corrective measures. By providing additional training to all employees, organizations can help prevent the situation from occurring again. The Compliance Officer shall maintain a log of all compliance reports of complaints, investigations and actions taken. The Compliance Officer will follow a schedule for the retention/disposal of investigation records. Cape Atlantic I.N.K. must retain the log of compliance reports, complaints, and actions taken during an investigation for seven (7) years after the conclusion of an investigation.

H. Avoiding Abuses of Trust.

1. Conflicts of Interests, Boundaries, Dual Relations, and Disclosures.

Employees, interns, and volunteers are prohibited to engage in any activity that might interfere or appear to interfere with the independent exercise of professional or business judgment, such as when an employee, intern, and volunteer's personal interests conflict with the best interests of Cape Atlantic I.N.K. or its youth/young adults, and families or business partners.

The Organization prohibits Conflict of Interests that may arise if personal interests or outside activities influence, or appear to influence, the ability to make objective decisions related to job responsibilities, or to act in a manner that is in the best interests of Cape Atlantic I.N.K.. or when a person is in a position to derive personal benefit from actions or decisions made in their official capacity. Employees, interns, and volunteers with decision making authority, including the Executive Director, Compliance Officer, Members of the Compliance Committee, members of the Board of Trustees, managers and supervisors, and others who make decisions on behalf of or

that affect Cape Atlantic I.N.K. must disclose actual and potential conflicts of interest to the Compliance Committee. Failure to disclose a conflict of interest will lead to disciplinary action, up to and including termination. All actual and potential conflicts will be reviewed and appropriate actions taken. Refer to Cape Atlantic I.N.K.'s Conflict of Interest Policy, as may be adopted or amended by the Board of Trustees from time to time.

Cape Atlantic I.N.K.'s employees, interns, or volunteers should not engage in dual or multiple relationships with our persons served, stakeholders, and other entities doing business with the Organization in which there is a risk of exploitation or potential harm. In instances when dual or multiple relationships are unavoidable, the Organizations employees, interns, or volunteers should take steps to protect our persons served, stakeholders, and other entities doing business with the Organization by disclosing these dual or multiple relationships to their supervisor, Program Manager, Operations Administrator, Corporate Compliance Officer, or Committee Designee.

2. Receiving Gifts from youth/young adults, and their families

Youth/young adults and their families may occasionally wish to give gifts to employees, interns, and volunteers as a token of appreciation. By accepting such gifts, however, employees, interns, and volunteers may create expectations of favored status or preferential treatment to the youth/young adults, or their families. Accordingly, employees, interns, and volunteers must consider the circumstances before accepting any gift, and must consult with the Compliance Officer before accepting any gift that could be considered extraordinary or otherwise unreasonable under the circumstances. Under no circumstance may an employee, intern, and volunteer solicit gifts from youth/young adults, or their families, business vendors or others doing business with Cape Atlantic I.N.K. during the Organization's working hours. Cape Atlantic I.N.K. may, from time to time, adopt policies and procedures concerning gifts from youth/young adults, and families, or rule on any specific gift of which it becomes aware.

3. Receiving Business Courtesies from Referral Sources.

Business courtesies may not be solicited under any circumstances. No employee, intern, and volunteer may accept anything of value from someone doing business with Cape Atlantic I.N.K. if the business courtesy is offered or appears to be offered in exchange for any type of favorable treatment or advantage or is for or to influence the referral of youth/young adults, and families or other reimbursable business from or to Cape Atlantic I.N.K.. Employees, interns, and volunteers must never give to or receive from any vendor or potential vendor any bribe, kickback or other unusual payment. Federal and state laws and regulations specifically prohibit the offer or acceptance of a bribe, kickback or other thing of value in exchange for or to induce a referral or other business.

To avoid even the appearance of impropriety, employees, interns, and volunteers are not to accept any gifts or promotional items of more than nominal value without express written approval of the Compliance Officer or Executive Director. "Nominal value" means valued at no more than \$15.00 retail value per item or \$75.00 in the annual aggregate. All gifts received that

are valued in excess of \$15.00 retail value per item or \$75.00 in the annual aggregate must be reported to the Compliance Officer or Executive Director.

4. Setting Boundaries: Giving Business Courtesies to Youth/Young Adults, and Families or Referral Sources.

Cape Atlantic I.N.K. does not seek to gain an improper advantage by offering business courtesies such as entertainment, meals, or free services to youth/young adults, and families, referral sources or purchasers of Cape Atlantic I.N.K.'s services. Employees, interns, and volunteers are prohibited from offering any type of business courtesy to a referral source or persons-served for the purpose of obtaining favorable treatment or advantage. To avoid even the appearance of impropriety, employees, interns, and volunteers are prohibited from providing any referral source or persons-served with gifts or promotional items of more than "nominal value," as defined above.

5. Professional Courtesies for Employees, Interns, and Volunteers.

Cape Atlantic I.N.K. may, from time to time, adopt policies concerning professional courtesies/discounts for employees, interns, and volunteers of Cape Atlantic I.N.K., as well as other individuals. It is imperative that any such policy be carefully applied because the policy and the actual courtesies extended must comply with federal and state law requirements. Currently, no such policy applies or can apply to beneficiaries of any federal healthcare benefit program, such as Medicare and Medicaid, unless there has been a good faith showing of financial need. Any employee, intern, and volunteer who may have a concern or question concerning such policies should speak with the Compliance Officer.

6. Witnessing of Documents, Personal or Organizational Fundraising, Solicitations, and Fraternalization/Dating

Cape Atlantic I.N.K.'s employees, interns, and volunteers are prohibited from witnessing any legal document(s), for our persons served, other than the Organizations approved forms/documents.

Distribution or circulation of any political written or printed materials on behalf of any agency, organization, group, individual or cause is prohibited in work areas or during working time.

Personal Fundraising is prohibited by an employee, intern, or volunteer during the Organization's working hours. The Organization does not do fundraising.

The Corporate Compliance Plan follows the Employee Manual as outlined under Miscellaneous Policies when speaking about fraternization or dating. Employees who disregard this policy will receive disciplinary actions up to and including employment termination.

Solicitation means the collection of signatures, contributions, money or gifts by or on behalf of any agency, organization, group, individual or cause. Cape Atlantic I.N.K.'s

employees, interns, volunteers, persons served, guests, or visitors are forbidden to solicit during the Organization's working hours.

I. Business Practices.

1. Binding the Business Entity. At a business level, Cape Atlantic I.N.K. consists of a non-profit corporation: Cape Atlantic Integrated Network for Kids, Inc. The activities and affairs of the corporation are overseen by a Board of Trustees, with day-to-day affairs managed by the Executive Director. Unless expressly authorized or granted in a written document signed by the President of the Board of Trustees or the Executive Director or designee, no employee, intern, and volunteer shall have the power or authority to take any action, make any commitment or sign any contract or other instrument for, in the name of, on behalf of, or in any other way that will bind or commit Cape Atlantic I.N.K., or impose any commitment or obligation on Cape Atlantic I.N.K.. This includes, but is not limited to, a financial, performance or legal commitment or obligation.

2. Relationships with Contractors, Suppliers and Vendors.

Cape Atlantic I.N.K. will manage its contractor, supplier and vendor relationships in a fair and reasonable manner, consistent with all applicable federal and state laws and regulations. Cape Atlantic I.N.K.'s selection of contractors, suppliers and vendors will be made on the basis of objective business criteria and not be based on personal relationships and friendships. Cape Atlantic I.N.K. expects its employees, interns, and volunteers to maintain ethical conduct when engaging in business practices such as source selection, negotiation, determination of contract awards, and administration of purchasing activities. An employee, intern, or volunteer having a dual relationship or competing, financial, personal or romantic interest with our Providers/Vendors, Contractors, and Suppliers is prohibited by Cape Atlantic I.N.K..

3. Government Customers.

Cape Atlantic I.N.K. may from time to time be a party to various contracts and subcontracts with government agencies. Examples are provider contracts wherein Cape Atlantic I.N.K. supplies services to or on behalf of the governmental programs, such as Medicaid, either directly or as a subcontractor. It is essential that all employees, interns, and volunteers are knowledgeable of, and comply with, all of the applicable federal and state laws, rules and regulations of all such government agencies. Billing personnel must also comply with Cape Atlantic I.N.K.'s policies and procedures regarding billing and reimbursement. Any employee, intern, and volunteer who may have a concern or question concerning compliance with any government contract or subcontract should report the concern to the Compliance Officer.

4. Kickbacks and Other Inducements.

Employees, interns, and volunteers shall not solicit, offer, receive or pay any financial inducement, gift, payoff, kickback or bribe to induce, influence or reward favorable

decisions of any government personnel or representative, any customer, contractor, or vendor in a commercial transaction, or any person in a position to benefit Cape Atlantic I.N.K. or other employees, interns, and volunteers in any way. Employees, interns, and volunteers are prohibited from engaging in any such unlawful business practices, either directly or indirectly. While all employees, interns, and volunteers shall not make or offer payment or provide any other thing of value to another person with the understanding or intention that such payment or other thing of value is to be used for an unlawful purpose.

5. Billing and Financial Reporting.

Cape Atlantic I.N.K. is committed to ensuring that Cape Atlantic I.N.K.'s billing and reimbursement practices comply with all federal and state laws, regulations, guidelines and policies, as well as any third party payor requirements, and that all bills and claims are accurate and reflect current payment methodologies. Employees, interns, and volunteers must use their best efforts to prevent, and if appropriate, to report to the Compliance Officer or, in the absence of the Compliance Officer the Executive Director, errors, improprieties or suspicious circumstances in billing that could violate applicable federal and state laws or regulations, or any of Cape Atlantic I.N.K.'s policies or procedures.

Employees, interns, and volunteers must be familiar with Cape Atlantic I.N.K.'s billing and reimbursement policies and procedures. Employees, interns, and volunteers shall be honest and accurate in documenting and coding for services rendered, filing claims for reimbursement, seeking payment for services rendered and maintaining financial records. Employees, interns, and volunteers shall not intentionally or knowingly submit false, fraudulent or misleading bills or claims to any client, any government entity or third party payor, including, but not limited to, bills or claims for services not provided or that characterize the service differently from the actual service, or that do not otherwise comply with applicable program or contractual requirements.

Cape Atlantic I.N.K. does not intentionally or knowingly contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal or state health care programs, or that is suspended or debarred from federal or state government contracts, or that has been convicted of a criminal offense related to the provision of health care items or services. Employees, interns, and volunteers immediately shall report to the Compliance Officer or, in the absence of the Compliance Officer the Executive Director, any information employees, interns, and volunteers may possess concerning the exclusion, suspension, debarment or other ineligibility of employees, interns, and volunteers or other individuals or entities with whom Cape Atlantic I.N.K. has or is considering a business relationship.

Although it is difficult to provide a comprehensive list of impermissible activities, the following are examples of prohibited conduct:

- Billing for services not provided.
- Altering forms or documentation to obtain payment.
- Engaging in deliberate or a pattern of duplicate billing to obtain reimbursement to which Cape Atlantic I.N.K. is not entitled.
- Offering, paying, soliciting or receiving any kickback, bribe or rebate.

- Misrepresenting services rendered, the identity of the person providing a service, the dates of services, or frequency, duration or description of services.
- Billing for non-covered services as covered services.
- Intentionally or recklessly submitting incorrect, misleading or fraudulent information to a payor.
- Intentionally falsifying, destroying or withholding records relating to billing and claims submission functions.

6. Antitrust and Competition.

Employees, interns, and volunteers are expected to comply with applicable antitrust laws and similar laws regulating competition. Employees, interns, and volunteers must not engage in any behavior that might interfere with fair competition. For example, state and federal antitrust laws prohibit price fixing, which includes sharing price or cost data with competitors. These laws also prohibit boycotts, certain exclusive dealing and price discrimination agreements against competitors, vendors or purchasers, and similar unfair practices, including bribery, misappropriation of trade secrets, deception and intimidation. In general, sensitive conversations with competitors or suppliers should be avoided except through the advice of legal counsel.

Employees, interns, and volunteers must not provide Cape Atlantic I.N.K.'s business information to a competitor, unless the provision of such information is necessary to consummate a *bona fide* business relationship or to serve a joint child/family receiving services from both Cape Atlantic I.N.K. Any business information provided must be strictly limited to that necessary for the particular business relationship or services provided.

7. Improper Influence on Conduct of Audits.

No employee, intern, and volunteer or any Director or other individual, or any person acting at the direction of any such individual, shall directly or indirectly take action to coerce, manipulate, mislead or fraudulently influence any public accountant, certified public accountant, auditor or other financial advisor or contractor engaged in the performance of any audit or review of financial statements of Cape Atlantic I.N.K., which could result in rendering Cape Atlantic I.N.K.'s audit results or financial statements false or materially misleading.

8. Marketing and Advertising.

Cape Atlantic I.N.K. may engage in marketing and advertising activities to educate the public, increase awareness regarding services offered, and recruit staff. Cape Atlantic I.N.K. will present only truthful, non-deceptive information in our marketing materials. Employees, interns, and volunteers shall be honest in communications with youth/young adults, and their families, attorneys, auditors and with all those with whom Cape Atlantic I.N.K. does business. Employees, interns, and volunteers shall not make any misleading statements about Cape Atlantic I.N.K.'s services or products or those of its competitors. Cape Atlantic I.N.K.'s marketing distribution of corporate citizenship practice includes, but not limited to, the following: using our agency's website and Resource Net, participating on local and state child-serving governing boards

and presentations of our business model to increase the awareness of our services to our persons served and our system partners.

J. Tax-Exempt Status.

1. Generally.

Cape Atlantic I.N.K. is a not-for-profit corporation (501c3) and has been granted federal tax-exempt status by the Internal Revenue Service (IRS) based upon our Cape Atlantic I.N.K.'s charitable mission. Maintaining this status is critical, and the use of Cape Atlantic I.N.K.'s tax-exempt Property and revenues must meet all applicable IRS requirements. For example, Cape Atlantic I.N.K. may not engage in activities that inappropriately benefit private Cape Atlantic I.N.K. or individuals, including employees, interns, and volunteers and members of the Board of Trustees. If a private benefit is more than incidental, it may jeopardize Cape Atlantic I.N.K.'s tax-exempt status. This is to ensure that Cape Atlantic I.N.K. serves a public interest, not a private one. Cape Atlantic I.N.K. is committed to serving its charitable mission and maintaining its tax-exempt status.

2. Political Contributions.

As a tax-exempt Cape Atlantic I.N.K. with a not-for-profit corporate status, Cape Atlantic I.N.K. must remain unbiased and objective during political campaigns and elections. employees, interns, and volunteers are not permitted to participate or intervene in political campaigns on behalf of (or in opposition to) any candidate for public office in the capacity of their position with Cape Atlantic I.N.K.. If you have any questions about your individual participation or funding of a political campaign, contact the Compliance Officer. The following “do’s” and “don’ts” provide some general guidelines:

Do’s:

- You may contribute personal funds to the candidacy of a public official, subject to applicable law.
- You are free to be involved in the democratic process during your personal time away from work, so long as you are speaking for yourself as an individual and are not presenting yourself as a representative of or speaking on behalf of Cape Atlantic I.N.K..

Don’ts:

- You may not receive reimbursement from Cape Atlantic I.N.K. for contributions to political activities.
- You may not use Cape Atlantic I.N.K. resources, property, or facilities for any political activities.
- You may not use Cape Atlantic I.N.K. funds to contribute to a political campaign or election in any way.

K. Non-Retaliation.

Cape Atlantic I.N.K. is committed to operating with honesty and integrity in all aspects of its business. The Organization follows The rules under which our Cape Atlantic I.N.K. employees, interns, and volunteers must operate are often complex and difficult to understand. It is every employee's, intern's, and volunteer's obligation to raise compliance questions and concerns with the Compliance Officer, Executive Director or a supervisor (who should bring the matter to the Compliance Officer or Executive Director for response).

Cape Atlantic I.N.K. will not retaliate against any employee, intern, and volunteer who reports compliance issues in good faith. This means Cape Atlantic I.N.K. will not take any negative or adverse act against such employees, interns, and volunteers. Reporting “in good faith” means that you are telling the truth about an issue as you know it. If you believe retaliatory action has been taken against you for reporting an issue in good faith, please contact the Compliance Officer, Human Resources or the Executive Director.

L. Acknowledgement Process.

Employees, interns, and volunteers are expected to read and comply with this Code of Conduct. Questions concerning this Code of Conduct should be directed to the Compliance Officer. Each employee, intern, and volunteer is expected to sign and return to Cape Atlantic I.N.K. a written acknowledgement that he or she has read this Code of Conduct, understands its terms and agrees to comply with it.

CORPORATE COMPLIANCE PLAN

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS

SECTION III OF V

COMPLIANCE PRACTICES AND PROCEDURES

III. COMPLIANCE PRACTICES AND PROCEDURES.

A. Plan Applicability and Distribution.

1. Applicability.

Cape Atlantic Integrated Network for Kids, Inc. (referred to herein as the “Cape Atlantic I.N.K.”) has instituted these compliance practices and procedures as part of its Corporate Compliance Plan. The Compliance Plan applies to Cape Atlantic I.N.K.’s employees, interns, and volunteers, including Cape Atlantic I.N.K.’s, contractors and agents of Cape Atlantic I.N.K. involved, directly or indirectly, in the provision of or billing for health care services to any government or private third party payor.

2. Distribution.

The Compliance Plan will be distributed in its entirety to Cape Atlantic I.N.K.’s employees, interns, and volunteers involved, at any level, in the billing and collection for services rendered by Cape Atlantic I.N.K., or otherwise identified by the Compliance Committee as having decision-making authority on behalf of Cape Atlantic I.N.K.. The Code of Conduct will be distributed to all employees, interns, and volunteers and Cape Atlantic I.N.K.’s contractors and agents.

3. Updates.

The Compliance Plan will be updated or supplemented as soon as practicable following the enactment, promulgation or publication of any new law, regulation, official government interpretative guidance or valid contractual modification affecting any government or private third party payor, including, but not limited to, reimbursement, coding, billing, documentation or medical policy changes, or the publication of any binding case law precedent in the states in which Cape Atlantic I.N.K. provides services or which represents persuasive precedent to the courts of such jurisdictions.

B. Compliance Officer.

1. Appointment; Term of Office.

Cape Atlantic I.N.K. shall appoint a Compliance Officer whose role is to serve as the focal point for Cape Atlantic I.N.K.’s compliance activities and to plan, implement and monitor the various elements of Cape Atlantic I.N.K.’s compliance program. The Compliance Officer shall serve as a member of Cape Atlantic I.N.K.’s Compliance Committee. The Compliance Officer may be removed from office or replaced at any time, for any reason, by vote of the Compliance Committee. The Compliance Officer will not have a right to vote on such matter.

2. Duties and Responsibilities of the Compliance Officer.

The Compliance Officer, or Committee Designee, has responsibility for the administration and management of this Compliance Plan and shall act as Chair of the Compliance Committee. In his or her role as Compliance Officer, the Compliance Officer reports directly to the Compliance Committee and Executive Director. The Compliance Officer, or Committee Designee, shall have direct access to Cape Atlantic I.N.K.'s legal counsel, within the budgetary restrictions of Cape Atlantic I.N.K.. Notwithstanding any such budgetary restrictions, the Compliance Officer shall have direct unimpeded access to Cape Atlantic I.N.K.'s legal counsel (a) when determined necessary in light of the urgency of the matter (e.g., situations that can result in immediate consequences to Cape Atlantic I.N.K.) and/or (b) the sensitivity of the matter makes direct access necessary (e.g., when there is an internal unresolved conflict). The Compliance Officer, or Committee Designee, must be accessible to all employees, interns, and volunteers. The responsibilities of the Compliance Officer include:

a. Implementation. The Compliance Officer, or Committee Designee, shall oversee the development, implementation, administration and day-to-day enforcement of the Compliance Plan. The Compliance Officer, or Committee Designee, shall periodically recommend to the Compliance Committee revisions to the Compliance Plan in light of changes in Cape Atlantic I.N.K.'s needs and applicable federal and state laws and regulations. The Compliance Officer, or Committee Designee, shall ensure distribution of the Code of Conduct and/or entire Compliance Plan, in accordance with **Section III.A.(2)**, and obtain a written acknowledgment from all employees, interns, and volunteers acknowledging their understanding of, and commitment to abide by, its requirements.

b. Staff Communication. The Compliance Officer, or Committee Designee, shall assist in the development and implementation of policies and procedures to provide a mechanism for reporting potential compliance issues or violations of the Compliance Plan and that encourage all employees, interns, and volunteers to report suspected compliance issues to the Compliance Officer or the Executive Director without fear of retaliation for good-faith reporting.

c. Reports to the Compliance Committee and Board of Trustees. The Compliance Officer, or Committee Designee, shall report periodically (at least bi-annually) to the Compliance Committee and Board of Trustees. The reports will address, as appropriate, the progress of implementation, or any review and revision of, the Compliance Plan; incidents of suspected misconduct or other non-compliance; and the initiation and progress of any investigation in response to a complaint or any periodic audit, and the findings and recommendations in respect to any investigation or periodic audit. The Compliance Officer, or Committee Designee, also shall have the authority to report on such matters directly to the Compliance Committee and Board of Trustees at any time.

d. Education. The Compliance Officer, or Committee Designee, shall oversee development, approval and monitoring of the educational and training materials and programs relating to this Compliance Plan, and facilitate and participate in educational and training programs focusing on essential components of this Compliance Plan and the policies and procedures adopted or otherwise referred to under this Compliance Plan.

e. Investigation and Corrective Actions. It is the responsibility of the Compliance Officer, or Committee Designee, to ensure that each report of potential violations is

appropriately documented and promptly investigated. It is the responsibility of the Compliance Officer, or Committee Designee, to ensure that an objective and informed version of the facts is uncovered during the investigation, and each matter investigated is brought to a satisfactory conclusion. When Compliance Officer, or Committee Designee, receives the report either from the external ethics hotline or our internal process, a preliminary investigation begins as soon as possible to determine whether the complaint has merit and warrants a more in-depth investigation. If the compliance matter potentially involves the Compliance Officer, or a Committee member, other members of the Compliance Committee will be responsible for ensuring the prompt investigation and satisfactory conclusion of the matter. The Compliance Officer gathers information and evidence from the complainant (plaintiff) using the Organization's monitoring tool. No contact is established with the respondent (the accused) or other witnesses during this period. This initial investigation determines if the alleged activity is enough to violate the code of ethics or other ethical policies and procedures. If the violation concerns a legal matter, it may be necessary to seek legal advice at this time, either from in-house counsel or outside legal representation. If the Compliance officer, or Committee Designee, determines that there is not enough evidence that indicates a violation has occurred, the complainant will be notified in writing, using the third-party hotline as an intermediary, if necessary. If the Compliance Officer, or Committee Designee, determines the complainant's allegation has merit, the Compliance Officer, or Committee Designee, notifies the respondent in writing as to the findings of the preliminary investigation, including any charges that are being levied. To ensure adherence to best practices for effective investigation techniques, the process should include a number of key steps as outlined in the Organization's Investigation Checklist. The Compliance Officer, or Committee Designee, with the assistance of members of the Compliance Committee will conduct the investigation. The Compliance Officer, or Committee Designee, notifies the respondent in writing as to the findings of the preliminary investigation, including any charges that are being levied. The respondent should be given 5-30 days, to reply to the charges and furnish their own evidence, as well as a list of any witnesses that support their case, if necessary. If respondent needs additional time to respond to the allegations, the individual must notify the Compliance Officer, or Committee Designee, before the specified date. Respondents should not be told the identity of the complainant unless it is necessary for their defense, such as in the case of sexual harassment, unless it is necessary for their defense. Depending on the circumstances, it may be advisable for the Compliance Officer, or Committee Designee, to take action in the interim if the investigation is surrounding allegations of sexual harassment. It could be beneficial to consider moving the respondent to another "department" temporarily, approving an administrative leave of absence, or changing work schedules so the complainant and respondent avoid contact with each other. The complainant will be protected by the Organization's Non-Retaliation process. The investigation may involve interviewing witnesses from the list of names supplied by the complainant and respondent as well as any other individuals that are deemed relevant to the investigation. Thorough preparation is essential to ensure that the questioning is effective and also does not violate the rights of the interview subjects. Interviews should take place in a discreet location. During the interview process, the complainant is interviewed first, followed by the respondent and then any witnesses. The tone of the interview should be professional and not interrogative. Questions should be open-ended where applicable and non-confrontational in order to gather as much relevant information as possible. At no time should the interviewer become confrontational or try to make the subject uncomfortable. The goal is to gather as much relevant information as possible, not to badger or harass. During the interview, the subject's demeanor, body language and

mannerisms should be observed to detect possible signs of lying. After all parties have been interviewed, it may be necessary to attempt to obtain corroborating evidence to determine the credibility of the witnesses and their statements. Inform all parties that they may need to be interviewed again at a future date. After all the information has been compiled and the investigation has concluded, a determination should be provided on a “need to know basis. If it is determined that remedial action is necessary, any decisions regarding corrective action should be made in conjunction with management. When deciding on the type of corrective action, a number of factors should be taken into consideration. These include but not limited to: the seriousness of the offense and the frequency of occurrence, the overall employee record of the respondent, how similar occurrences have been handled in the past and the suitability of the intended punishment in relation to company policy. If it is determined that the actions of the respondent were unethical but do not warrant termination, it is important to take steps to prevent the situation from occurring again. Additional training can ensure those who are guilty of violations are fully aware of the inappropriateness of their actions, as well as the reasons they were inappropriate. Depending on the nature of the violation(s), a corrective action plan can be but not limited to: no action, a written reprimand, censuring and education, suspension, or termination. An ethics investigation also provides an opportunity for a company to learn any "needs" in its Compliance Plan that may have laid the groundwork or provided the opportunity for a situation to occur. At the conclusion of an incident, it can be beneficial take the time to reexamine policies and procedures and take corrective measures. By providing additional training to all employees, organizations can help prevent the situation from occurring again.

f. Periodic Audits. The Compliance Officer, or Committee Designee, shall ensure an appropriate quality assurance program is in place in order to identify potential audit areas, establish audit priorities, and conduct periodic audits in order to improve Cape Atlantic I.N.K.’s efficiency and quality of services, to monitor compliance, and to reduce Cape Atlantic I.N.K.’s vulnerability to fraud and abuse.

g. Background Checks. The Compliance Officer, or Committee Designee, shall oversee the performance of background checks and screening on all vendors. Human Resources shall oversee the performance of background checks and screening on all new and current employees, interns, and volunteers pursuant to this Compliance Plan.

C. Compliance Committee.

1. Appointment; Term of Office; Qualifications.

The Corporate Compliance Committee will be an ad hoc committee. The Compliance Committee includes representation of all departments and at least one Board of Trustee member.

2. Duties of the Committee Members.

a. Duty of Loyalty. The primary obligation of each member of the Compliance Committee is a duty of loyalty to Cape Atlantic I.N.K.. Accordingly, each member of the Compliance Committee agrees to act fairly and honestly with Cape Atlantic I.N.K., without self-interest or other undisclosed or improper motives, and to promote ethical and legal conduct.

b. Confidentiality. Compliance Committee members are obligated to keep strictly confidential all information relating to Cape Atlantic I.N.K.'s operations and all information relating to the Compliance Committee's activities. Unless required by law, Compliance Committee members must not disclose any such information to a third party without the prior authorization and consent of Cape Atlantic I.N.K.'s Compliance Officer in consultation with the Executive Director. Compliance Committee members must not disclose any of the committee's activities to any employees, interns, and volunteers unless such disclosure is required under this Compliance Plan or otherwise for the committee member to carry out his or her duties for the Compliance Committee. If a member of the Compliance Committee is requested or required to disclose any such information to a third party, the committee member must provide Cape Atlantic I.N.K. with prompt notice of the request or requirement before disclosing the information (unless such notice is prohibited by law) so as to afford Cape Atlantic I.N.K. an opportunity to seek an appropriate protective order. Compliance Committee members will be obligated to enter into a confidentiality agreement setting forth these requirements, in a form substantially the same as the form included in the Appendix to this Compliance Plan.

3. Responsibilities of the Committee.

The Compliance Committee shall endeavor to fulfill the following obligations and functions:

a. Meetings. The committee shall meet at least bi-annually and at such other times as requested by the committee Chair or other member of the committee, or as needed in order to respond to compliance issues. The committee shall act by a simple majority vote of all members of the committee. The committee shall maintain records of its meetings and actions.

b. Review of this Compliance Plan. The committee shall review this Compliance Plan periodically (at least every two years) and, following consultation with the Compliance Officer, or Committee Designee, and legal counsel, it shall propose to the governing body revisions to this Compliance Plan in response to its findings and in response to changes in the needs of Cape Atlantic I.N.K., changes in federal or state law, and changes in policies and procedures of government and private third party reimbursement programs.

4. Authority.

Subject to the ultimate authority of the Board of Trustees, the Compliance Committee's responsibilities include, but are not limited to, receiving an annual report of investigations, monetary returns, and efforts of corrective actions and enforcements of the Corporate Compliance Plan. The Compliance Committee may recommend that Cape Atlantic I.N.K. seek legal advice to ensure that the Organization does not violate any False Claims Act Law, anti-kickback prohibitions, self-referral prohibitions, or any other legal or regulatory obligation.

5. Limitations on Responsibilities.

It should be clearly understood that neither the Compliance Committee, nor the Compliance Officer, or Committee Designee, is responsible for Cape Atlantic I.N.K.'s actual compliance with applicable federal and state laws, rules and regulations or for transacting business

in conformance therewith. Rather, the Compliance Committee and the Compliance Officer, or Committee Designee, are responsible for ensuring that Cape Atlantic I.N.K. has in place, at all times, an effective compliance plan, and that the applicable policies and procedures of Cape Atlantic I.N.K. are sufficient for purposes of communicating, monitoring and enforcing Cape Atlantic I.N.K.'s ongoing commitment to compliance. That being said, each individual is responsible for such individual's own conduct.

D. Auditing and Monitoring Process.

1. Monitoring Reports.

Cape Atlantic I.N.K., through the Compliance Committee, shall create periodic compliance reports outlining the activities of Cape Atlantic I.N.K. with respect to implementation, maintenance and amendment of this Compliance Plan. If a complaint or other report alleging known or suspected non-compliance has been filed, Cape Atlantic I.N.K., through the Compliance Committee, may, as appropriate, prepare a special compliance report that describes the alleged or suspected non-compliance and the actions taken and the recommendations made in response to the complaint or report. The special compliance report should include the following information:

- The circumstances that led to the complaint or report.
- The investigative steps that were taken.
- The facts disclosed during the investigation.
- The applicable federal and state laws or regulations at issue.
- The internal policies, procedures or practices at issue.
- The conclusions reached by the Compliance Committee or Cape Atlantic I.N.K. and the remedial actions recommended or taken, if any, or as applicable, the referral of the matter to Cape Atlantic I.N.K.'s legal counsel.

2. Audits; Auditors' Expertise.

Cape Atlantic I.N.K. shall conduct periodic audits of Cape Atlantic I.N.K.'s billing and coding compliance, as more fully described below. The frequency of such audits shall be as determined by the Compliance Officer, or Committee Designee, in consultation with the Executive Director and Compliance Committee. Cape Atlantic I.N.K. shall ensure that internal or external auditors conducting these compliance audits have expertise in federal and state reimbursement laws, and government and private health care reimbursement program requirements, including, as necessary, billing, coding and documentation rules. When possible, Cape Atlantic I.N.K. will have its legal counsel engage the chosen external audit company and have the audit performed at the direction of its legal counsel in order to establish the attorney-client privilege to audit communications and results.

3. Audit Subjects and Goals.

The specific subjects and goals of each audit should be determined by the Compliance Officer, or Committee Designee, in consultation with the Executive Director and Compliance Committee, as appropriate, and Cape Atlantic I.N.K.'s outside consultants when appropriate, and may be based upon the subjects and goals specified in this Compliance Plan (such

as with respect to claims submission audits) or based upon a response to a specific complaint or report of suspected non-compliance or other findings. Determination should be made as to the following:

a. Type of Review. Determination should be made whether a particular audit will be “random” (based on a random selection of records reflecting a representative sample of Cape Atlantic I.N.K.’s mix) or “focused” (based on a selected sample of records from a pre-identified problem or area/specialty/service).

b. Scope of Audit. Determination should be made as to whether a particular audit will be “prospective” (review of records *prior to* claims submission) or “retrospective” (review of records *after* claims submission and reimbursement from the insurance carrier).

c. Sample Size. Determination should be made as to the size of the audit and number of records to be audited.

4. Claims Submission Audits.

a. Goals. The goals of any claims submission audit are to determine whether (i) bills are accurately coded and accurately reflect services provided, (ii) services or items provided are medically necessary, (iii) any incentives for unnecessary services or items exist, and (iv) client records contain sufficient documentation to support the charge billed.

b. Baseline Audit. Cape Atlantic I.N.K. may conduct baseline claims submission audits following the implementation of this Compliance Plan. This baseline audit should examine the claim development and submission process, from client intake through claim submission and payment, and identify elements within the process that may contribute to non-compliance or that may need to be the focus for improving execution. This baseline audit should establish a methodology for selecting and examining client records, which may serve as the continuing methodology for future claims submission audits.

c. Periodic Audits. Cape Atlantic I.N.K. shall conduct periodic claims submission audits at such times as determined by Cape Atlantic I.N.K.. The methodology for selecting and examining the medical records under the periodic audits should be consistent with the methodology established under the baseline audit, if any, subject to adjustments deemed reasonably necessary to address deficiencies discovered in the audit process or changes in circumstances.

d. Focus. All claims submission audits should be designed to achieve the goals set forth above, but such audits may also focus on (i) the specific risk areas identified by Cape Atlantic I.N.K., including particularly documentation of medical necessity, confirmation that all services ordered were actually performed and documented and that only those services were billed, (ii) a review of codes and modifiers assigned to claims, (iii) discovery of data entry errors, or (iv) the examination of Cape Atlantic I.N.K.’s most frequent claim-denials or Cape Atlantic I.N.K.’s most frequent claims (e.g., the top ten denials or the top ten services billed).

5. Response to Problems.

It is the responsibility of the Compliance Officer, or Committee Designee, to ensure that each report of potential violations is appropriately documented and promptly investigated. It is the responsibility of the Compliance Officer, or Committee Designee, to ensure that an objective and informed version of the facts is uncovered during the investigation, and that each matter investigated is brought to a satisfactory conclusion. The Compliance Officer, or Committee Designee, with the assistance of the Compliance Committee shall competently and thoroughly investigate the complaint and promptly respond within thirty (30) days. The Committee will gather and organize the information and conduct interviews with all individual concerned at the point of notice of the allegation. If the compliance matter potentially involves in any way the Compliance Office or Committee members, other members of the Compliance Committee will be responsible for ensuring the prompt investigation and satisfactory conclusion of the matter. Employees, interns, and volunteers are expected to cooperate fully in the investigative process. The Compliance Committee will report the outcome with corrective actions, possibly to include termination. The Compliance Officer will update the Board. The Compliance Officer, or Committee Designee, shall determine, oversee and monitor any appropriate corrective or disciplinary actions. The Compliance Officer, or Committee Designee, shall maintain a log of all compliance reports of complaints, investigations and actions taken.

6. Audit Process.

Cape Atlantic I.N.K., in consultation with its advisors, including its legal counsel, shall determine from time to time the auditing processes that best suit the subjects and goals of each audit, the needs of Cape Atlantic I.N.K., and the requirements of this Compliance Plan. Internal or external auditors may perform the audits, and the auditors may utilize, among others, any of the following techniques: concurrent or retrospective audits; spot-checking the work of coders and billers; on-site visits and interviews of youth/young adults, and their families at their homes; interviews with personnel involved in coding, claims development and submission, care management, and other related activities; questionnaires; testing billing and coding staff to determine their knowledge of reimbursement and coverage criteria; assessing existing relationships with providers, facilities, and other potential referral sources; reevaluation of deficiencies cited in past surveys; and review of client and financial records of Cape Atlantic I.N.K.. Any external auditor retained should be independent of the care management employees, interns, and volunteers of Cape Atlantic I.N.K..

7. Documentation Requirement.

Cape Atlantic I.N.K. shall appropriately document its auditing efforts, and it shall maintain this documentation, including its internal and external audit reports, in a central file dedicated to Cape Atlantic I.N.K.'s compliance activities. All documents relating to auditing activity should be marked, "CONFIDENTIAL," and any documents sent to, received from or prepared by legal counsel should be marked, "CONFIDENTIAL/ATTORNEY-CLIENT PRIVILEGED."

E. Training and Education.

1. Education and Training Required.

The Compliance Committee shall ensure that all employees, interns, and volunteers attend and participate in an initial (new hire orientation) and recurrent education and training programs. Such education and training programs may be tailored to Cape Atlantic I.N.K.'s needs and the responsibilities of the employees, interns, and volunteers. The Compliance Officer shall, in consultation with the Compliance Committee where appropriate, determine (a) who needs training (both in compliance and in coding and billing), (b) the type of training that best suits Cape Atlantic I.N.K.'s needs, such as in-service training sessions, outside seminars, or self-study programs utilizing newsletters or other training sources, and (c) the extent to which education and training is needed and how much each person should receive.

2. Implementation.

To implement this Compliance Plan, all employees, interns, and volunteers will be required to participate in orientation (for new employees, interns, and volunteers) and one or more education and training sessions within six months after the adoption of this Compliance Plan. All employees, interns, and volunteers who are engaged by Cape Atlantic I.N.K. after the initial implementation of this Compliance Plan will be required to read this Compliance Plan, including the Code of Conduct, within the first thirty (30) days of their engagement with Cape Atlantic I.N.K.. The Compliance Plan will be made available to all employees, interns, and volunteers on Cape Atlantic I.N.K.'s website and other locations as communicated by the Compliance Officer, or Committee Designee. In addition, unless the Compliance Officer, or Committee Designee, makes other arrangements, newly engaged employees, interns, and volunteers will be required to participate in the next regularly scheduled education and training program following their initial engagement with Cape Atlantic I.N.K..

3. Frequency.

The Compliance Officer, or Committee Designee, shall provide or arrange for an education and training program for all employees, interns, and volunteers at such times as determined by the Compliance Officer, or Committee Designee, and Compliance Committee. For all staff involved in billing and coding, and marketing personnel (if any), the education and training shall be at least annually. At the direction of the Compliance Officer, or Committee Designee, or Compliance Committee, other training sessions may be held or otherwise required as the need arises to address changes in this Compliance Plan, in federal or state law or regulation, or in any applicable government or private health care reimbursement programs, or to respond appropriately to any finding of noncompliance.

4. Content and Goals.

The general compliance training sessions should include an overview of this Compliance Plan, the consequences of violating the standards and procedures adopted under this Compliance Plan, and the role of employees, interns, and volunteers in the operation and success of this Compliance Plan. The goals of general compliance training should be to train employees, interns, and volunteers to perform their jobs in compliance with this Compliance Plan and to make clear that compliance is a condition of continued engagement with Cape Atlantic I.N.K.. In addition, as deemed appropriate by the Compliance Officer, or Committee Designee, in consultation with the Compliance Committee when appropriate, training and education sessions

may incorporate, among others, any of the following topics: (a) the details and functions of this Compliance Plan; (b) areas of risk exposure identified by the Compliance Committee; (c) claim development and submission processes; (d) marketing practices; and (e) summaries of applicable federal and state laws and regulations and government and private health care reimbursement principles, including, without limitation, fraud and abuse laws, coding requirements, prohibitions against paying or receiving remuneration to induce referrals, prohibitions against self-referrals, proper confirmation of diagnoses, prohibitions against alterations to medical records, the prescribing of medications and procedures without proper authorization, proper documentation of services rendered, and the duty to report any misconduct.

5. Mandatory Participation.

All employees, interns, and volunteers must attend and participate in Cape Atlantic I.N.K.'s general compliance education and training. Such attendance and participation is a condition precedent to the employees, interns, and volunteers continued engagement by Cape Atlantic I.N.K..

6. Effect of Non-Participation.

Adherence to the provisions of this Compliance Plan, including, but not limited to, the educational and training requirements, is a factor in the periodic evaluations of employees, interns, and volunteers. Failure to comply with training and education requirements may result in disciplinary action, including possible termination of employment or other engagement.

7. Record Retention.

The Compliance Officer, or Committee Designee, shall retain, on behalf of Cape Atlantic I.N.K., adequate records of the education and training programs. These records may include attendance logs and materials distributed during the training sessions.

F. Effective Lines of Communication.

1. Access to Compliance Officer and Compliance Committee.

The Compliance Officer, or Committee Designee, shall ensure that there are well-publicized open lines of communication between Cape Atlantic I.N.K.'s employees, interns, and volunteers and the Compliance Officer, or Committee Designee, and Executive Director. The Compliance Officer, or Committee Designee, shall maintain an "open door" policy under which any individual may discuss compliance issues directly with the Compliance Officer, or Committee Designee. All employees, interns, and volunteers will be encouraged to report to the Compliance Officer, or Committee Designee, or Executive Director any incident that is reasonably believed to be noncompliant with federal or state laws or regulations, or government or private health care reimbursement program requirements. All employees, interns, and volunteers will be encouraged to direct any questions about compliance matters to the Compliance Officer, or Committee Designee. In the absence of the Compliance Officer, or Committee Designee, reports should be made to the Executive Director.

2. Method to Report Suspected Noncompliance.

Compliance statements, reports, complaints or questions should be directed to the Compliance Officer, or Committee Designee, or the supervisor, Program Manager, Operations Administrator, or the Executive Director. Actual or suspected violations of the Code of Conduct or Compliance Plan must be reported to the Compliance Officer in person or by mail, work email or telephone, or by utilizing Cape Atlantic I.N.K.'s Corporate Compliance Line link on Cape Atlantic I.N.K.'s website, by logging in with your username and password and clicking on the link titled "Corporate Compliance Line."

3. Contents of the Statements.

The Compliance Officer, or Committee Designee, shall make known to all employees, interns, and volunteers the information that should be included in a complaint or report of suspected noncompliance. In submitting any statement alleging noncompliance, Cape Atlantic I.N.K.'s employees, interns, and volunteers should be guided by the following principles:

- Compliance statements should be based upon facts.
- Compliance statements should contain a brief explanation of the facts giving rise to the concern, the identities of the directors, officers, supervisors, employees or contractors suspected of being involved, the dates upon which the incidents occurred, the subject area or exposure to risk area believed to be violated, and the date the statement is submitted.
- The individual filing a compliance statement may, but need not, include his or her name or any other personally identifiable facts, with the understanding that the ability to fully investigate compliance concerns may be hindered by anonymous reports.

4. Response to Statements.

If the Compliance Officer, or Committee Designee, in consultation with the Compliance Committee and Executive Director where appropriate, determines that a statement submitted alleges noncompliance with any federal or state law or regulation, or any third party health care reimbursement program requirement, or this Compliance Plan, the Compliance Committee and Cape Atlantic I.N.K. will respond in accordance with the following guidelines:

- a. The Compliance Officer, or Committee Designee, in consultation with the Executive Director or Compliance Committee, shall determine when and if Cape Atlantic I.N.K.'s legal counsel should be consulted;
- b. If retained, Cape Atlantic I.N.K.'s legal counsel will be asked to review the statement and advise Cape Atlantic I.N.K. as to an appropriate course of conduct;
- c. The Compliance Officer, or Committee Designee, in connection with Cape Atlantic I.N.K.'s legal counsel when appropriate, shall conduct an internal investigation

and report the results of the investigation to the Compliance Committee, Executive Committee and, where appropriate, the Board of Trustees;

d. The Compliance Committee, together with the Compliance Officer, or Committee Designee, and the Executive Director, in consultation with Cape Atlantic I.N.K.'s legal counsel as necessary, shall assess the findings and determine the most appropriate response;

e. The appropriate personnel will be notified by the Compliance Officer of the statement, the investigation and Cape Atlantic I.N.K.'s response, and

f. The Compliance Officer, or Committee Designee, shall appropriately document these activities.

5. Confidentiality/Anonymity/No Reprisals.

Statements alleging non-compliance may be submitted anonymously. When the identity of the complainant is known, Cape Atlantic I.N.K. will strive to maintain the confidentiality of the complainant's identity to the extent practicable under the circumstances. The complainant's identity, however, may be disclosed by the Compliance Officer, or Committee Designee, the Compliance Committee or Cape Atlantic I.N.K., or it may otherwise become known, as necessary for the Compliance Committee and Cape Atlantic I.N.K. to respond to the statement. Any employees, interns, and volunteers, or contractor of Cape Atlantic I.N.K. who files or initiates a complaint or report alleging noncompliance, or any statement concerning operational issues, will not be terminated or subject to any employment action, discipline, reduction in salary, or other retribution, (no-reprisal against the reporter) solely as a result of filing any such complaint, report or statement, as long as the reporter filed the complaint, report or statement in good faith and with reasonable foundation in fact.

6. Concurrent Reporting and Analysis.

Employees, interns, and volunteers, including billing and coding staff, are obligated under this Compliance Plan to make all reasonable efforts to ascertain billing and claims mistakes or noncompliance before the applicable bill is delivered or the applicable claim is submitted to any third party. Questions concerning the veracity of any bill or claim, or the documentation relating thereto, that arise concurrently with the preparation of a bill or claim must be immediately reported to the Compliance Officer, or Committee Designee, by the individual who discovers the issue, and in all cases the applicable bills and claims must not be delivered or submitted to any third party until the questions are appropriately addressed.

7. Recordkeeping Requirements.

The Compliance Officer and/or HR, on behalf of Cape Atlantic I.N.K., shall retain in a central file dedicated to compliance matters, copies of: (a) all complaints, reports or other statements; and (b) documentation of the response to the complaints, reports and other statements, including any investigations and corrective actions. The Compliance Officer, or Committee Designee, also shall maintain a log recording the complaints, reports and other statements, and the investigation, and responses arising therefrom, and the monitoring reports made to Cape Atlantic I.N.K., along with the dates of the same.

G. Responding to Detected Offenses and Corrective Actions.

1. Prompt Investigation.

It is the responsibility of the Compliance Officer, or Committee Designee, to ensure that each report of potential violations is appropriately documented and promptly investigated. It is the responsibility of the Compliance Officer, or Committee Designee, to ensure that an objective and informed version of the facts is uncovered during the investigation, and that each matter investigated is brought to a satisfactory conclusion.

When Compliance Officer, or Committee Designee, receives the report either from the external ethics hotline or our internal process, a preliminary investigation begin as soon as possible to determine whether the complaint has merit and warrants a more in-depth investigation. If the compliance matter potentially involves the Compliance Officer, or a Committee member, other members of the Compliance Committee will be responsible for ensuring the prompt investigation and satisfactory conclusion of the matter. The Compliance Officer, or Committee Designee, gathers information and evidence from the complainant (plaintiff) using the Organization's monitoring tool. No contact is established with the respondent (the accused) or other witnesses during this period. This initial investigation determines if the alleged activity is enough to violate the code of ethics or other ethical policies and procedures. If the violation concerns a legal matter, it may be necessary to seek legal advice at this time, either from in-house counsel or outside legal representation. If the Compliance officer determines that there is not enough evidence that indicates a violation has occurred, the complainant will be notified in writing, using the third-party hotline as an intermediary, if necessary. If the Compliance Officer, or Committee Designee, determines the complainant's allegation has merit, the Compliance Officer, or Committee Designee, notifies the respondent in writing as to the findings of the preliminary investigation, including any charges that are being levied. If the preliminary fact-finding results indicate that a full investigation is warranted, it should commence as quickly as possible. To ensure adherence to best practices for effective investigation techniques, the process should include a number of key steps as outlined in the Organization's Investigation Checklist. The Compliance Officer, or Committee Designee, with the assistance of members of the Compliance Committee will conduct the investigation. The Compliance Officer, or Committee Designee, notifies the respondent in writing as to the findings of the preliminary investigation, including any charges that are being levied. The respondent should be given 5-30 days, to reply to the charges and furnish their own evidence, as well as a list of any witnesses that support their case, if necessary. If respondent needs additional time to respond to the allegations, the individual must notify the Compliance Officer, or Committee Designee, before the specified date. Respondents should not be told the identity of the complainant unless it is necessary for their defense, such as in the case of sexual harassment, unless it is necessary for their defense. Depending on the circumstances, it may be advisable for the Compliance Officer, or Committee Designee, to take action in the interim if the investigation is surrounding allegations of sexual harassment. It could be beneficial to consider moving the respondent to another "department" temporarily, approving an administrative leave of absence, or changing work schedules so the

complainant and respondent avoid contact with each other. The complainant will be protected by the Organization's Non-Retaliation process.

2. Assessing Allegations of Non-Compliance.

Allegations of non-compliance are necessarily assessed on a case-by-case basis, and the existence or amount of a monetary loss to a health care reimbursement program is not solely determinative of whether the alleged conduct should be further investigated or reported to government authorities. The Compliance Officer, or Committee Designee, together with the Executive Director, and legal counsel, if retained, should determine the extent to which corrective actions will be initiated with respect to findings of non-compliance, such as a referral to criminal or civil law enforcement authorities, a corrective action plan, a report to the government, or submission of an overpayment to the appropriate third party payor. If the offense occurred despite the existence of this Compliance Plan, the Compliance Officer, or Committee Designee, will promptly assess whether any change to this Compliance Plan is necessary to prevent similar offenses.

3. Documentation of Investigation.

The investigation may involve interviewing witnesses from the list of names supplied by the complainant and respondent as well as any other individuals that are deemed relevant to the investigation. Thorough preparation is essential to ensure that the questioning is effective and also does not violate the rights of the interview subjects. Interviews should take place in a discreet location. During the interview process, the complainant is interviewed first, followed by the respondent and then any witnesses. The tone of the interview should be professional and not interrogative. Questions should be open-ended where applicable and non-confrontational in order to gather as much relevant information as possible. At no time should the interviewer become confrontational or try to make the subject uncomfortable. The goal is to gather as much relevant information as possible, not to badger or harass. During the interview, the subject's demeanor, body language and mannerisms should be observed to detect possible signs of lying. After all parties have been interviewed, it may be necessary to attempt to obtain corroborating evidence to determine the credibility of the witnesses and their statements. Inform all parties that they may need to be interviewed again at a future date. After all the information has been compiled and the investigation has concluded, a determination should be provided on a "need to know basis. If it is determined that remedial action is necessary, any decisions regarding corrective action should be made in conjunction with management. When deciding on the type of corrective action, a number of factors should be taken into consideration. These include but not limited to: the seriousness of the offense and the frequency of occurrence, the overall employee record of the respondent, how similar occurrences have been handled in the past and the suitability of the intended punishment in relation to company policy. If it is determined that the actions of the respondent were unethical but do not warrant termination, it is important to take steps to prevent the situation from occurring again. Additional training can ensure those who are guilty of violations are fully aware of the inappropriateness of their actions, as well as the reasons they were inappropriate. Depending on the nature of the violation(s), a corrective action plan can be but not limited to: no action, a written reprimand, censuring and education, suspension, or termination. An ethics investigation also provides an opportunity for a company to learn any "needs" in its Compliance Plan that may have laid the groundwork or provided the opportunity for a situation to occur. At the conclusion of an

incident, it can be beneficial take the time to reexamine policies and procedures and take corrective measures. By providing additional training to all employees, organizations can help prevent the situation from occurring again.

4. Reporting Violations.

If the Compliance Officer, or Committee Designee, or Compliance Committee discovers credible evidence of misconduct from any source and, after a reasonable inquiry by Cape Atlantic I.N.K.'s legal counsel, has reason to believe that the misconduct may violate criminal, civil or administrative law, Cape Atlantic I.N.K., through the Executive Director, shall report the existence of such misconduct to the appropriate government authority. Cape Atlantic I.N.K. shall endeavor to make its report within a reasonable period after confirming the existence of such misconduct, with the understanding that such reports should be made no later than sixty (60) days after such a confirmation. Any report of misconduct to the government should be made in accordance with an established policy of Cape Atlantic I.N.K., which policy is consistent with Cape Atlantic I.N.K.'s legal obligations and interests.

H. Enforcement Standards and Disciplinary Guidelines.

1. Acknowledgment.

The Compliance Officer, or Committee Designee, shall require each of the employees, interns, and volunteers to submit to the Compliance Officer, or Committee Designee, a written acknowledgement that he or she has read the Code of Conduct and this Compliance Plan, and that he or she fully understands and agrees to comply with the Code of Conduct, this Compliance Plan and the related standards and procedures. The Compliance Officer, or Committee Designee, may require such acknowledgements on an annual or more frequent basis.

2. Duty to Report.

All employees, interns, and volunteers are obligated under this Compliance Plan to report any and all instances of suspected non-compliance, either directly to the Compliance Officer, or, in the absence of the Compliance Officer, or Committee Designee, supervisor, Program Manager, Operations Administrator, or to the Executive Director, or through any other mechanism made available to Cape Atlantic I.N.K.'s employees, interns, and volunteers. The failure of any individual to fulfill this obligation will subject the individual to disciplinary action under this Compliance Plan, including termination, in Cape Atlantic I.N.K.'s sole discretion.

3. Periodic Statements.

The Compliance Officer, or Committee Designee, may require each of the employees, interns, and volunteers to submit, concurrent with Cape Atlantic I.N.K.'s periodic performance review, a statement as to whether he or she has any knowledge of actual or suspected instances of non-compliance or other wrongdoing, and any recommendations he or she may have for improvement to the overall compliance plan or delivery of quality of care by Cape Atlantic

I.N.K.. At the discretion of the Compliance Officer, or Committee Designee, such inquiries may be made, and employees, interns, and volunteers may be required to document their responses, on a more frequent basis, for example, at monthly staff meetings.

4. Disciplinary Actions for Failing to Abide with Compliance Plan.

Cape Atlantic I.N.K. may, in accordance with its Employee Manual and other applicable policies, impose varying degrees of disciplinary action against employees, interns, and volunteers who fail to comply with this Compliance Plan or any of the standards and procedures adopted under this Compliance Plan, or any federal or state law, or health care reimbursement program requirement, including, without limitation, warnings, reprimands, probation, demotion, wage reduction, temporary suspension and termination. Cape Atlantic I.N.K. also may seek civil damages or, as permitted by law, make a referral for criminal prosecution. The disciplinary actions imposed are at all times within the sole and absolute discretion of Cape Atlantic I.N.K., and such actions may be imposed at any time and in any manner deemed necessary or desirable by Cape Atlantic I.N.K., subject to the terms and conditions of the applicable employees, interns, and volunteers] engagement with Cape Atlantic I.N.K..

5. Guidelines for Discipline.

Without intending to modify any of the terms or conditions of any governing business document or member's agreement, or any employees, interns, and volunteers engagement with Cape Atlantic I.N.K., and without intending to provide any special rights to its contractors, Cape Atlantic I.N.K. shall endeavor to impose sanctions or to take other disciplinary actions under this Compliance Plan in a manner that is consistent in respect to the qualifications and the role of the employees, interns, and volunteers involved, and proportionate to the offenses. Toward this end, Cape Atlantic I.N.K. may consider the following factors: (1) whether the misconduct was willful, reckless or negligent; (2) whether the employees, interns, and volunteers reported his or her own non-compliance, or it was reported by others; (3) whether the misconduct is an isolated incident or there have been similar reports or incidents; (4) whether or not the employees, interns, and volunteers cooperated fully with the investigation and with any remedial actions required; and (5) the level of liability exposure to Cape Atlantic I.N.K..

6. Exit Interview.

An exit interview may be conducted with each employee, intern, and volunteer who voluntarily resigns or is otherwise terminated. The interview may be conducted by the Human Resources or the Compliance Officer, or Committee Designee, or his or her designee. The person conducting the exit interview should inquire into whether the individual is aware of or participated in any conduct or activity that could be construed as non-compliant with this Compliance Plan, federal or state law or any governmental or other third party health care reimbursement program requirements. The person conducting the exit interview will document such exit interview, which documentation such person will sign and date and will request that the exiting individual sign and date. The form of Certification is included in the appendices to this Compliance Plan.

CORPORATE COMPLIANCE PLAN

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS

SECTION IV OF V

REGULATED CONDUCT AND GUIDELINES

IV. REGULATED CONDUCT AND GUIDELINES.

A. Applicability.

Cape Atlantic Integrated Network for Kids, Inc. (referred to herein as “Cape Atlantic I.N.K.”) has instituted policies governing regulated conduct and guidelines as part of its Corporate Compliance Plan.

B. Employee Background Checks; Employee and Vendor Screening.

1. Applicants/New Personnel – Background Checks.

The Compliance Officer, or Committee Designee, or Human Resources shall ensure a process is in place, either by the Compliance Officer or through delegation to Human Resources or to a vendor/contractor, to make sure a reasonable and prudent background investigation is performed, including a reference check, as a part of the employment or contracting application process for all prospective employees, interns, and volunteers and contractors who will have discretionary authority to make decisions that may involve compliance with the law or compliance oversight. Cape Atlantic I.N.K. will not hire or retain any individual who is debarred, excluded or otherwise ineligible for participation in Medicare, Medicaid and other federal and state health care programs. The Compliance Officer, or his or her designee, shall ensure that all applications are thoroughly reviewed and that the databases listed in **Section IV.B.2.**, immediately below, are examined to ensure that the applicant is not listed as debarred, excluded or otherwise ineligible for participation in Medicare, Medicaid and other federal and state health care programs. Reference should be made to Cape Atlantic I.N.K.’s Background Checks Policy.

2. New and Current Personnel – Exclusion Database Screening.

The Compliance Officer, or Committee Designee, Human Resources or his or her designee (including through delegation to human resources or other personnel or to a vendor/contractor), shall ensure that the following databases (as such website addresses may be amended from time to time) are screened for all employees, interns, and volunteers prior to employment and on a monthly basis during the term of employment.

Providers and MCOs are responsible for verifying that any current or prospective employees (regular or temporary), contractors or subcontractors who directly or indirectly will be furnishing, ordering, directing, managing or prescribing items or services in whole or in part are not excluded, unlicensed or uncertified by searching the following databases on a monthly basis.

Excluded, Unlicensed or Uncertified Individuals or Entities Databases

1. State of New Jersey debarment list (mandatory): <http://www.nj.gov/comptroller/divisions/medicaid/disqualified/>
2. Federal exclusions database (mandatory): <https://exclusions.oig.hhs.gov/>

3. N.J. Treasurer's exclusions database (mandatory):
<http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml>
4. N.J. Division of Consumer Affairs licensure databases (mandatory):
<http://www.njconsumeraffairs.gov/Pages/verification.aspx>
5. N.J. Department of Health licensure database (mandatory):
<http://www.state.nj.us/health/guide/find-select-provider/>.
6. Certified nurse aide and personal care assistant registry (mandatory, if applicable):
<http://njna.psiexams.com/search.jsp>
7. Federal exclusions and licensure database (optional and fee-based):
<https://www.npdb.hrsa.gov/hcorg/pds.jsp> . Please note that only certain provider types may access this database. See www.npdb.hrsa.gov/hcorg/register.jsp for more information.

If any exclusion database or the website for any exclusion database is changed, the Compliance Officer, or Committee Designee, shall update Cape Atlantic I.N.K.'s records and practices accordingly.

The list of databases may be expanded as determined by the Compliance Officer, or Committee Designee, or as required by law. Any prospective employee, intern, and volunteer included in any of the aforementioned exclusion lists will not be hired unless the individual can demonstrate, upon reliable and credible evidence, that he or she is not the individual contained in the report, is no longer on the report and provide written proof of same, or has been listed on the report in error and provide written proof of same and that his/her name will be removed. If any employee, inters, and volunteer is found to be listed on any of the aforementioned exclusion lists, the Compliance Officer will perform further research to determine whether the employee, intern, or volunteer is, in fact, the person on the exclusion list, whether the individual should have been removed from the list or was included on the list in error. If the Compliance Officer, or Committee Designee, determines that any employee, intern, and volunteer is included on any of the aforementioned lists, the Compliance Officer, or Committee Designee, immediately will report same to the Executive Director and Compliance Committee (when deemed appropriate), and seek legal counsel (when deemed appropriate) as to necessary action. If the individual is involved in care management or coding and billing functions, he or she shall be removed from duties until legal counsel is sought.

3. Licensed, Registered and Certified Personnel.

The Compliance Officer, or Committee Designee, (including through delegation to human resources or other personnel or to a vendor/contractor), shall ensure that all licensure, registration and certification credentials for licensed, registered and certified personnel are verified and in good standing, prior to employment and monthly thereafter at the website below:

New Jersey Division of Consumer Affairs licensure database:
<http://www.njconsumeraffairs.gov/Pages/verification.aspx>

4. Vendors.

The Compliance Officer, or Committee Designee, (including through delegation to human resources or other personnel or to a vendor/contractor), shall conduct a reasonable and prudent background investigation of all vendors engaged by Cape Atlantic I.N.K., which includes, at a minimum, screening the vendor against the database, New Jersey Treasurer's Exclusion Database: <http://www.state.nj.us/treasury/revenue/debarment/debsearch.shtml>

Vendor screening will be performed prior to engagement of the vendor and on a monthly basis during the term of engagement. Cape Atlantic I.N.K. shall not execute any contract with or otherwise engage any vendor that has been convicted of a criminal offense related to the delivery of health care or that is listed as debarred, excluded or otherwise ineligible for participation in Medicare, Medicaid and other federal and state health care programs. If a vendor is found to be contained on any of the exclusion lists (and the Compliance Officer, or Committee Designee, confirms the accuracy of the listing), the Compliance Officer, or Committee Designee, shall seek legal counsel (when appropriate) as to the proper course of action. If the vendor is engaged in care management or billing or coding functions, the vendor shall be relieved of its duties pending legal counsel determination.

If a vendor or other contractor is a licensed health care facility, the Compliance Officer, or his or her designee (including through delegation to human resources or other personnel or to a vendor/contractor), shall confirm the licensure status of the vendor or contractor with the applicable licensing authority, e.g., the New Jersey Department of Health or other applicable licensing authority. The New Jersey Department of Health website for searching licensed facilities is below (as may be amended from time to time):

<http://www.state.nj.us/health/healthfacilities/about-us/facility-types/>

5. Criminal Charges or Proposed Debarment or Exclusion.

In the event that any criminal charge or proposed debarment or exclusion is pending against an individual or entity employed or engaged by Cape Atlantic I.N.K., such individual or entity may be removed from direct responsibility for or involvement with any federal or state health care program. If resolution of the matter results in conviction, debarment or exclusion, Cape Atlantic I.N.K. shall terminate the employment or other contractual arrangement with the individual or entity. If the individual is a member of the Board of Trustees a committee thereof, then such individual shall be removed from the Board of Trustees or such committee.

C. Claims Submission and Development.

1. Principles of Coding and Billing.

Under various state and federal laws and regulations, health care providers and others submitting claims for reimbursement to health care programs are subject to civil and criminal penalties for fraudulent billing practices. There are two fundamental principles of proper

billing practice: (i) only submit claims for services actually provided; and (ii) properly document the client record to support the claims submitted. Thus, Cape Atlantic I.N.K. must exercise a high level of care in the billing and claims submission process. In this regard, Cape Atlantic I.N.K. shall follow the billing and coding rules issued, where applicable, by the Centers for Medicare & Medicaid Services (CMS), state Medicaid programs and other federal and state statutes and regulations, and federal, state or private payer health care program requirements. Furthermore, Cape Atlantic I.N.K.'s employees, interns, and volunteers must adhere to the following principles:

a. Proper and timely documentation of all professional services must be maintained to ensure that only accurate and properly documented services are billed.

b. Claims may not be submitted for services not performed or for a level of service that exceeds the level of service actually provided.

c. Records and notes used as a basis for a claim submission must be appropriately organized in a legible form so they can be audited and reviewed.

d. All information and services reported on reimbursement claims must be based on medical necessity and must be documented in the client record.

e. The documentation necessary for accurate code assignment must be available to coding staff.

f. The compensation for billing department coders and billing consultants may not provide any financial incentive to upcode or otherwise artificially inflate claims.

g. Cape Atlantic I.N.K. either shall appropriately credit a payor or client account, or refund to all third party payors or youth/young adults, and families in a timely manner, all revenues to which Cape Atlantic I.N.K. is not entitled.

h. Claims will be submitted only for services that are reasonable and necessary.

i. There will be no "double billing" for services.

j. There will be no billing for non-covered services as if covered.

k. There will be no knowing (i.e., with knowledge, deliberate, not accidental) misuse of provider identification numbers and other identification numbers used for claims submission.

l. Billing will be performed in accordance with applicable coding guidelines and there will be no billing for inappropriately unbundled services (i.e., billing for each component of the service instead of billing or using an all-inclusive code).

m. Coding modifiers will be used properly.

n. There will be no upcoding of the level of service provided.

o. There will be no “clustering” of services. Clustering is the practice of coding/charging one or two middle levels of service codes exclusively, under the philosophy that some will be higher, some lower, and the charges will average out over an extended period (in reality, this overcharges some youth/young adults, and families while undercharging others).

p. In the event Cape Atlantic I.N.K. retains a third party company to perform billing services, the underlying agreement should include the following provisions:

(1) An agreement that the third party will comply with all applicable federal and state laws and regulations;

(2) An agreement to be bound by the terms of this Compliance Plan;

(3) An agreement to notify Cape Atlantic I.N.K. in the event that the billing company is under investigation, civil or criminal, regardless of whether the investigation involves Cape Atlantic I.N.K.; and

(4) In the event that the billing company has adopted its own corporate compliance program and information is reported internally through such program relating to Cape Atlantic I.N.K., an agreement that such information immediately be reported to Cape Atlantic I.N.K. through the Compliance Officer.

2. Care Management/Coding Staff.

a. Communication. Cape Atlantic I.N.K., through the Compliance Officer, or Committee Designee, shall establish mechanisms for Cape Atlantic I.N.K.’s coding and billing staff to communicate effectively and accurately with Cape Atlantic I.N.K.’s care management staff. Cape Atlantic I.N.K. shall maintain records of such mechanism, which may include policies and procedures appended to this Compliance Plan. The mechanism should empower the coding and billing staff to adhere to the documentation requirements set forth below and required under applicable law, regulations and payor requirements, and to challenge any failures to satisfy the requirements.

b. Claims Preparation. Coding and billing staff shall submit claims if the appropriate documentation supports the claims and only when such documentation is maintained and available for audit and review. In this regard, coding and billing staff shall comply with and enforce the following policies:

(1) Documentation. Coding and billing staff should be familiar with proper record documentation requirements established by Cape Atlantic I.N.K.. Documentation created by care management staff must satisfy the requirements before bills or claims are generated.

(2) Unclear Documentation. If the coding and billing staff finds any documentation to be unclear or conflicting, the coding and billing staff shall seek clarification

from the care management employee, intern, and volunteer prior to submitting any claim. All youth/young adult's records used as a basis for a claim submission shall be appropriately organized in a legible form so they can be audited and reviewed. Supplemental notes, properly dated and identified as supplemental, may be required by the coding and billing staff before submitting claims.

(3) Diagnosis and Procedures. The coding and billing staff shall pay particular attention to issues of medical necessity and appropriate diagnosis and treatment codes. The diagnosis or diagnoses, and procedures and other services reported on the reimbursement claim must be based on the client record and other documentation established by care management staff. Documentation necessary to assign the appropriate code must be available to the coding and billing staff at any time.

c. Regular Review of Rejected Claims. The coding and billing staff shall regularly review rejected claims to facilitate a reduction in errors and to determine whether the rejections are part of a larger trend, either due to changes in payor policies or changes in conduct of Cape Atlantic I.N.K.. Coding and billing staff are expected to discuss rejections with the care management staff responsible for services, and to raise the issue with the Compliance Officer if a rejection appears to be more than an isolated error or incident.

3. Care Management Staff.

All care management staff involved in care management decisions or documentation shall adhere to the following principles:

a. Documentation. Each care management employee, intern, and volunteer providing or supervising services provided to a youth/young adult, and their families is responsible for the correct documentation of the services rendered. Appropriate documentation must be placed in the client record and signed by the care management employee, intern, or volunteer who provided or supervised the services. Care management staff must ensure the pre-authorization has been obtained when necessary before performance of a service.

b. Reasonable and Necessary Services. The necessity and rationale for all services should be appropriately and accurately documented in the client record. Care management employees, interns, and volunteers shall perform only those planning and social service activities reasonably believed to be necessary and to appropriately address the needs of individuals referred for services. However, Medicare, Medicaid and some other insurance plans, will only pay for services that meet the Medicare, Medicaid or other payer, definition of reasonable and necessary. When Cape Atlantic I.N.K. bills for services, the bill should be only for those services believed to be reasonable and necessary for the diagnosis and treatment of an individual.

c. Records of Persons Served. It is critical that the youth/young adult's record be completed in a timely, accurate and thorough manner. The record is a reflection of the quality of care given and is essential to providing continuing quality care. There should be appropriate documentation of services provided. Thorough and accurate documentation helps to ensure accurate recording and timely transmission of information. Accurate record documentation should satisfy, at a minimum, the following standards:

(1) All components of the record should be complete, comprehensive, and thorough.

(2) The documentation of each youth/young adult's encounter should all relevant information related to services and as needed to ensure proper billing for services rendered.

(3) If not documented, the rationale for ordering or providing therapy or other services should be easily inferred by an independent reviewer or third party who has appropriate training.

(4) Coding reported on insurance claims forms should be supported by documentation in the youth/young adult's record, and the record should contain all required information. The provider of services must be clearly documented.

d. Claim Forms. Accurate documentation on all forms utilized in care management and billing are important. This includes, but is not limited to, forms used for youth/young adult's face-to-face sheet, registration, pre-authorizations where applicable, and all other forms completed and retained in their records that may be used to support claims submission. All employees, interns, and volunteers will comply with these requirements. Cape Atlantic I.N.K. shall closely monitor the proper completion of all claim forms.

4. Overpayments

If it is determined that a payment received by Cape Atlantic I.N.K. constitutes an overpayment from a government-sponsored health care reimbursement program, or an overpayment from a private health care reimbursement program, that is not regularly adjusted by the payor or Cape Atlantic I.N.K. (e.g., through set-offs, periodic reconciliations, or other similar processes) as a matter of practice or as specified under a lawfully executed agreement with the private payor, Cape Atlantic I.N.K. must return the overpayment to the appropriate program or third party payor promptly as soon as possible after the determination is made. With respect to an overpayment from a government-sponsored health care reimbursement program, the repayment must be made within sixty (60) days after the identification of the overpayment. If any such overpayment is suspected to have arisen from misconduct, or if the circumstances otherwise justify consultation with legal counsel, the Compliance Officer, or Committee Designee, together with the Executive Director, shall consult with Cape Atlantic I.N.K.'s legal counsel in respect to the suspected misconduct and overpayment before taking any other actions.

D. Anti-Kickback Laws and Self-Referral Prohibitions.

1. Illegal Remuneration - Kickbacks.

Individuals and entities are prohibited from soliciting, receiving, offering or paying remuneration of any kind (e.g., money, goods, services), directly or indirectly, in return for or to induce a referral or recommendation, or for purchasing, leasing, ordering, or arranging, for any, health care items or services. Accordingly, whenever Cape Atlantic I.N.K. intends to enter into a

business arrangement with any person or entity from which or to which Cape Atlantic I.N.K. receives or makes referrals, Cape Atlantic I.N.K. will first assess the relationship's compliance with federal and state anti-kickback laws, rules and regulations, and any available safe harbors. This includes the federal Anti-Kickback Statute (42 USC § 1320a-7b(b)) and state laws prohibiting kickbacks.

There are many transactions that may violate the anti-kickback rules. For example, no one acting on behalf of Cape Atlantic I.N.K. may offer gifts, loans, rebates, services, or payment of any kind to a physician that refers youth/young adults, and families to Cape Atlantic I.N.K., or to employees, interns, and volunteers or family members, without consulting the Compliance Officer who may consult with legal counsel. Any discounts offered by suppliers and vendors, as well as discounts offered to third party payors, should first be reviewed by the Compliance Officer, or Committee Designee, and/or legal counsel. Rentals of space and equipment must be at fair market value, without regard to the volume or value of referrals that may be received in connection with the space or equipment. Fair market value should be determined through an independent appraisal.

Agreements for professional services, management services, and consulting services must be in writing and have specified terms to include compensation that is set in advance and at fair market value. Payment based on a percentage of revenue should be avoided in many circumstances. Any questions about these arrangements should be directed to the Compliance Officer, or Committee Designee, who may consult with legal counsel.

The U.S. Department of Health & Human Services has described a number of payment practices that will not be subjected to criminal prosecution under the federal Anti-Kickback Statute. These so-called "safe harbors" are intended to help providers protect against abusive payment practices while permitting legitimate ones. If an arrangement fits "squarely within" a safe harbor, it will not create a risk of criminal penalties including exclusion from the Medicare and Medicaid programs. However, the failure to satisfy every element of a safe harbor does not in itself make an arrangement illegal. Analysis of a payment practice under the law and the safe harbors is complex, and depends upon the specific facts and circumstances of each case. Cape Atlantic I.N.K.'s employees, interns, and volunteers should not make their own judgments on the availability of a safe harbor for a payment practice, investment, discount, or other arrangement. These situations must be reviewed with the Compliance Officer, or Committee Designee, who may consult with legal counsel.

Violation of the federal Anti-Kickback Statute is a felony, punishable by significant monetary penalties or imprisonment, or both. Violation of the law could also mean that an entity and/or a provider becomes excluded from participating in the Medicare and Medicaid programs, and other federal health care programs.

2. Inducements.

The anti-kickback laws referred to in the preceding section also prohibit health care providers from inappropriately inducing individuals to use particular services. Examples of such inducements may include routinely waiving coinsurance or deductible amounts without a good faith determination and documenting that the individuals are in financial need, or failing to make

reasonable efforts to collect any such cost-sharing amounts. Accordingly, whenever Cape Atlantic I.N.K. intends to market services or otherwise provide incentives for individuals to use a particular service, it will first assess the intended marketing plan or incentives for compliance with this Compliance Plan and applicable law.

3. Self-Referrals.

Under federal and state laws prohibiting self-referrals, health care providers are prohibited from referring individuals to an entity with which the provider, or an immediate family member of the provider, has a “financial relationship,” unless a specific statutory or regulatory exception exists. At the federal level, the self-referral law is known as the Stark Law, 42 USC § 1395nn. The term “financial relationship” is interpreted liberally by federal and state regulators and includes ownership or investment interests through equity, debt or other means, and also compensation arrangements. Thus, Cape Atlantic I.N.K. must use caution in referral relationships with physicians who have a financial relationship with Cape Atlantic I.N.K., even through a contractual relationship.

E. Federal and State Anti-Fraud and False Claims Laws.

Federal and state anti-fraud and false claims laws prohibit, among other things, the “knowing and willful” presentation of false or fraudulent claims for payment to federal and state health care programs. Details regarding these laws are contained in Cape Atlantic I.N.K.’s Federal Deficit Reduction Act Policy in **Section V** of this Compliance plan.

F. Government Investigations.

The federal and state governments have made the investigation and prosecution of health care fraud one of their highest priorities and have proposed many initiatives for identifying fraudulent practices. Consistent with that emphasis, it is the aim of Cape Atlantic I.N.K. to take all reasonable steps to prevent or eliminate any improper activities. In the event that Cape Atlantic I.N.K. is the subject of a government inquiry or investigation, Cape Atlantic I.N.K.’s policy has been and will continue to be to provide cooperation to government authorities while at the same time protecting the rights of Cape Atlantic I.N.K. and its employees, interns, and volunteers. The purpose of this policy is to provide a uniform method for Cape Atlantic I.N.K.’s employees, interns, and volunteers to respond to any government inquiry.

1. Definition of “Federal and State Government Agency.”

For purposes of this policy, a government agency includes, but is not limited to, the agencies listed below. If you are contacted by an agency that is not on this list and you are unsure whether the agency is a federal or state government agency, you should immediately contact the Compliance Officer, or Committee Designee, or Executive Director.

United States Department of Justice

The federal enforcement agency responsible for civil and criminal prosecutions of all federal laws.

<i>Office of the Inspector General</i>	Investigative arm of federal government programs, under the Department of Health and Human Services.
<i>Federal Bureau of Investigation</i>	Investigative arm of federal government programs.
<i>Medicaid Fraud Control Unit (MFCU)</i>	The investigative arm of state Medicaid agencies.
<i>Centers for Medicare and Medicaid Services (CMS)</i>	The federal agency overseeing the administration of the Medicare and Medicaid programs.
<i>Medicaid Programs</i>	State health insurance programs for the indigent. In New Jersey, the agency overseeing the New Jersey Medicaid programs is the Department of Human Services, Division of Medical Assistance & Health Services
<i>Department of Health and Human Services, Drug Enforcement Agency (DEA)</i>	The federal agency overseeing the administration of controlled substances.
<i>NJ Attorney General's Office</i>	The arm of state government responsible for investigation and prosecution of state law violations.
<i>NJ Board of Medical Examiners (BME)</i>	State authority responsible for investigating professional discipline issues involving physicians. Other professional licensing boards oversee other professional disciplines, including, for example, the New Jersey Board of Nursing, New Jersey State Board of Psychological Examiners and the New Jersey State Board of Social Work Examiners.
<i>Department of Labor, Occupational Safety and Health Administration (OSHA)</i>	The federal agency charged with enforcement of safety and health laws and regulations.
<i>Department of Health and Human Services, Office for Civil Rights</i>	The federal agency responsible for investigating violations of HIPAA privacy standards and violations of civil rights laws.

2. Procedures for Visits from Government Agencies.

While it is Cape Atlantic I.N.K.'s policy to cooperate during an investigation or inquiry, Cape Atlantic I.N.K. follows these procedures to obtain full information regarding the

scope of the investigation or inquiry. When a representative of a federal or state government agency contacts an employee, intern, and volunteer anywhere, such as at home or at the office, for information regarding Cape Atlantic I.N.K. or any other entity with which Cape Atlantic I.N.K. does business, the employees, interns, and volunteers should do the following:

a. Check ID. If the government representative appears in person, ask to see his or her identification and business card. Otherwise, ask for the person's name and office, address and telephone number, identification number and call the government representative's office to confirm his or her authority. If more than one government representative appears, there will often be one government representative in charge. The employees, interns, and volunteers should determine who this government representative is and ask that government representative to provide the information. Document and retain the agents' names, titles, divisions, badge numbers, addresses and telephone numbers.

b. Check for Search Warrant or Other Documentation. If the government representative wants to search offices of Cape Atlantic I.N.K. or obtain any documents from Cape Atlantic I.N.K., including any youth records, ask to see a legal document authorizing the search, such as a search warrant and any affidavit supporting the warrant or a court order, and request a brief time to consult with the Compliance Officer or Executive Director. The Compliance Officer, or Committee Designee, or Executive Director should consult with legal counsel regarding the legal documents presented. Many searches are not permissible without a valid search warrant, but certain agencies, such as OSHA, the Medicaid Fraud Control Unit, the Office of Inspector General and the Medicaid Programs, may seek access and may assess penalties for failure to provide access upon reasonable request. Make a copy of the legal documentation presented by the representative. Note that a valid search warrant should include the names and types of law enforcement agents allowed to conduct the search, Cape Atlantic I.N.K.'s name and address, the date and time that the search is permitted, and a description of the part of Cape Atlantic I.N.K.'s offices, records and property the agents are permitted to search.

c. Contact Cape Atlantic I.N.K.'s Leadership. If contacted by a government representative, immediately notify a supervisor, the Compliance Officer, or Committee Designee, and the Executive Director, and relay all information and documentation you gathered from the agent. Either the Compliance Officer, or Committee Designee, or the Executive Director will provide instructions on how to proceed. If a government agent visits in person to search any offices or records of Cape Atlantic I.N.K., the employees, interns, and volunteers should request a delay until he or she has consulted with the Compliance Officer or the Executive Director, and as authorized, Cape Atlantic I.N.K.'s legal counsel.

d. Conduct During a Search. During any search of Cape Atlantic I.N.K.'s offices or records, remember the following:

(1) Be Courteous. Be courteous and helpful while following all guidelines provided by Cape Atlantic I.N.K.. Do not forget to check identifications, or to seek documentation of authority, and to request time to consult with the Compliance Officer, or Committee Designee, or the Executive Director.

(2) Observe. Remain on the premises, observe the search, and take detailed notes until a supervisor, the Executive Director, the Compliance Officer, or Committee Designee, or legal counsel for Cape Atlantic I.N.K. arrives. Do not leave the government representative alone while he or she searches the premises, but do not interfere or obstruct a valid search.

(3) Keep Detailed Notes. Keep detailed notes of everything that the government representative requests, inspects (whether or not they are seized), or seizes, and detailed notes of any conversations that may be held with a government representative.

(4) Make Copies. Request a receipt for all documents that the government representative copies, including the number of pages copied. If the government representative wishes to seize original documents, ask for those documents to be copied first. If permission is not granted to make copies, make a list of all documents before they are removed from the premises.

(5) Computers. If the government representative wants to seize computers, ask to copy all files to a disk or other backup media.

(6) Questions from Representatives. Employees, interns, and volunteers are required to answer questions concerning the location of documents, but are not required to answer questions regarding the contents of the documents. An employee, intern, or volunteer may tell the representative that he or she prefers to wait until the Compliance Officer, or Committee Designee, the Executive Director or Cape Atlantic I.N.K.'s legal counsel is present.

(7) Affidavits. Employees, interns, and volunteers are not required to comment on the validity of any affidavit presented, nor are they required to sign any document prior to review by legal counsel.

3. Interviews.

a. Interviews or "Conversations". If the government representative wants to speak with you personally, then find out why without getting into details. It is not unusual for government representatives to lead you to believe that you must speak to them when they first contact you, or to imply that it is wrong for you to refuse to speak with them during this first contact, or to suggest that your best interests would be served by speaking to them immediately when contacted. Remember, you are not required by law to respond immediately to such inquiries; you are permitted to schedule an appointment to speak with them at a different time, and you are entitled to have someone with you during any interview.

b. You Are Free to Speak. If you wish, you are free to speak with the government representative. If you choose to be interviewed by a government representative before calling the Compliance Officer, or Committee Designee, or the Executive Director, you should contact the Compliance Officer, or Committee Designee, and the Executive Director as soon as possible after the interview. Remember that you may also have someone of your choosing present during the interview with the government representative. You are encouraged to take notes during the interview, or as soon thereafter so that you may document the encounter.

c. Legal Representation. You are entitled to have someone with you during any interview with a government representative and you should request that the Compliance Officer, or Committee Designee, the Executive Director or legal counsel be present. Cape Atlantic I.N.K. will arrange to have its legal counsel present at no cost to you or, if you wish, you may consult with an attorney of your own choosing at your expense.

d. Interview Guidelines. During any interview with a government representative, you should follow these simple guidelines:

(1) Always tell the truth. If you do not recall something or have no knowledge about the topic that the government representative is asking about, say so.

(2) Be very careful to answer questions completely, accurately and concisely so that there will be no misunderstanding as to what you are saying. It is important to make clear to the government representative whether the information that you are providing is first-hand knowledge, something you have heard, or speculation. It is good practice to avoid speculation, but if you do speculate, it is important to make sure you let the government representative know that you are speculating.

(3) If you have not already done so, please contact the Compliance Officer, or Committee Designee, and the Executive Director as soon as possible after the interview.

4. Inquiries by Mail.

If you receive a request in the mail from a government representative for documents or a subpoena, immediately provide a copy to the Compliance Officer, or Committee Designee. Do not respond to the request until receiving instructions from the Compliance Officer, or Committee Designee.

5. Post-Investigation.

a. Communications Regarding an Investigation. Do not discuss an investigation with anyone without first receiving permission from the Compliance Officer or Executive Director. All inquiries concerning an investigation, including from any media representative or any other employee, intern, and volunteer, should be referred to the Compliance Officer, or Committee Designee, or Executive Director.

b. Document Preservation. Do not alter or destroy documents (whether paper, electronic or email). Once Cape Atlantic I.N.K. has notice of an investigation, no Cape Atlantic I.N.K. personnel may alter, throw away or destroy records or other documents.

c. Communications with Counsel. Once a government contact is initiated, establish a specific file for communications to and from legal counsel. Caption the file and all of your memoranda, notes or other communications with legal counsel with the words "CONFIDENTIAL ATTORNEY-CLIENT PRIVILEGED COMMUNICATION." Do not make copies other than a file copy, and do not further distribute any of the confidential communications with legal counsel. Distribution may destroy the privilege of confidentiality.

G. Retention of Compliance Records.

1. Compliance Records.

All records necessary to protect the integrity of Cape Atlantic I.N.K.'s compliance process and to confirm the effectiveness of the Compliance Plan will be maintained on-site in accordance with applicable law. These records should be maintained and preserved on a confidential basis, such that access is limited to those who require access to perform their duties on behalf of the Compliance Committee or Cape Atlantic I.N.K.. Certain records, marked "CONFIDENTIAL/ATTORNEY-CLIENT PRIVILEGED" will be maintained separately and will not be copied or distributed except in consultation with legal counsel.

The kinds of records Cape Atlantic I.N.K. will maintain include the records listed below. This is not an exhaustive list, but it serves to underscore the importance of retaining compliance records and it provides a guideline for the Compliance Committee.

a. All records and documentation (e.g., youth/young adult records and billing and claims documentation) required either by federal or state law for participation in federal healthcare programs or any other applicable federal and state laws and regulations.

b. Copies of the Compliance Plan, as adopted and as amended from time to time.

c. List of Compliance Committee members, including the names and ordinary job titles and responsibilities of such individuals and the periods such individuals served on the committee.

d. Information on the Compliance Officer, or Committee Designee, including name, contact information and term of office.

e. Documentation of compliance training and education efforts, including acknowledgments from employees, interns, and volunteers of their review and understanding of the Code of Conduct and, as applicable, this Compliance Plan, and documentation of attendance at training sessions.

f. Documentation of audits conducted, including the findings and any corrective actions taken, and reports prepared regarding same.

g. Compliance Committee reports to the members.

h. Compliance complaints and investigations, findings and corrective actions.

i. Results of exit interviews and any periodic statements collected from employees, interns, and volunteers or contractors concerning Cape Atlantic I.N.K.'s health care reimbursement compliance.

- j. Any self-disclosure and refund made to a government or third party payor.
- k. Background checks on vendors, contractors and employees, interns, and volunteers.
- l. Identification of and agreements with any outside auditors and legal counsel.

2. Third Party Payor Communications.

If any employee, intern, and volunteer has questions or concerns about ambiguous or confusing reimbursement rules, such employees, interns, and volunteers may contact the government or private third party payors to obtain clarification. Any advice received from such a third party payor with respect to coding and billing should be documented in writing. Any advice received verbally should be confirmed in writing by a letter from the employees, interns, and volunteers to the payor restating the basis of the inquiry, the answer received, and a notification that the payor should contact Cape Atlantic I.N.K. immediately in the event the advice has been misinterpreted. All such communications with third party payors should be stored with the health care reimbursement compliance records. As applicable, such communication should also be filed with the applicable youth/young adult's records.

CORPORATE COMPLIANCE PLAN

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS

SECTION V OF V

FEDERAL DEFICIT REDUCTION ACT POLICY

**A. SECTION 6032 OF THE FEDERAL DEFICIT REDUCTION ACT OF
2005, 42 U.S.C. §1396a(a)(68)**

Cape Atlantic Integrated Network for Kids, Inc. (referred to herein as the “Cape Atlantic I.N.K.”) has instituted this Federal Deficit Reduction Act Policy as part of its Corporate Compliance Plan (“Compliance Plan”).

B. Applicability.

This Policy applies to Cape Atlantic I.N.K.’s employees, interns, and volunteers, as well as all contractors and agents of Cape Atlantic I.N.K. involved, directly or indirectly, in the provision or monitoring of, or coding or billing for, health care services billed to or payable by any government or private third party payor. This Policy is part of Cape Atlantic I.N.K.’s Compliance Plan, and is also hereby incorporated by reference into Cape Atlantic I.N.K.’s Employee Manual, as same may exist or be adopted or amended from time to time.

C. Section 6032 of the Deficit Reduction Act of 2005.

Section 6032 of the Deficit Reduction Act of 2005 is a federal law that requires certain health care organization, including Cape Atlantic I.N.K., to assist in preventing, detecting and addressing fraud, waste and abuse in federal health care programs by taking certain actions, including to have in place a policy to describe provisions of certain federal and state anti-fraud and false claim laws. Those laws are summarized below.

D. Federal and State Anti-Fraud and False Claims Laws.

1. Federal Anti-Fraud And False Claims Laws.

a. The Federal False Claims Act (“FCA”), 31 U.S.C. § 3729 et seq.

The FCA is a law that prohibits a person or entity, such as Cape Atlantic I.N.K. and its employees, interns, and volunteers agents and contractors, from "knowingly and willfully" presenting or causing to be presented a false or fraudulent claim for payment or approval to the federal government, and from "knowingly and willfully" making, using or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the federal government. The FCA also prohibits a person or entity from conspiring to defraud the government by getting a false or fraudulent claim allowed or paid and knowingly or improperly retaining an overpayment. These prohibitions extend to claims submitted to federal and federally-funded health care programs, such as Medicare and Medicaid.

The FCA broadly defines “knowing” and “knowingly.” Knowledge will have been proven under the FCA if the person or entity: (i) has actual knowledge of the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information. The law specifically provides that a specific intent to defraud is not required to prove a violation.

A person or entity found guilty of violating this law will be liable for civil monetary penalties. As of April 13, 2022, the Department of Justice (the “DOJ”) adjusted these

penalties to reflect the rate of inflation (28 CFR 85.5). Under the False Claims Act, any person who knowingly submits a false claim to the government is subject to a civil penalty of “not less than \$5,500 and not more than \$11,000 for each violation.” This statutory amount, however, understates the real penalty that may be imposed.

For fines assessed January 30, 2023 (28 CFR 85.5) the Department of Justice (the “DOJ”) increased the penalties assessable under the False Claims Act (“FCA”). The DOJ raised the minimum penalty for a single false claim from \$12,537 to \$13,508; the maximum penalty from \$25,076 to \$27,018 per each claim submitted. The person or entity may also be liable for the government cost in recovering the penalties and damages.

Under the Affordable Care Act, the law was amended to, among other things, extend liability for “reverse false claims,” or knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay or transmit money or property to the federal government. Thus, overpayments from federally-funded health care programs not returned within required timeframes may create FCA liability. In addition, violating the FCA can provide the basis to subject a person or entity to exclusion from participation in Medicare, Medicaid and other federal health care programs.

Private persons are permitted to bring civil actions for violations of the FCA on behalf of the United States (also known as “qui tam” actions) and are entitled to receive a percentage of monies collected. Persons bringing these claims (known as “relators” or “whistleblowers”) are granted protection under the law. Any whistleblower who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against by his or her employer because of reporting violations of the FCA will be entitled under the law to remedies, including reinstatement with seniority, double pay back, interest, special damages sustained as a result of discriminatory treatment, and attorney fees and costs.

b. The Federal Program Fraud Civil Remedies Act, 31 U.S.C. § 3801 et seq. (“PFCRA”).

The PFCRA makes it illegal for a person or entity to make, present or submit (or cause to be made, presented or submitted) a “claim” (i.e., a request, demand or submission) for property, services, or money to an “authority” (i.e., an executive department of the federal government, such as the U.S. Department of Health and Human Services) when the person or entity “knows or has reason to know” that the claim: (i) is false, fictitious or fraudulent, or (ii) includes or is supported by any written statement which asserts a material fact that is false, fictitious or fraudulent, or (iii) includes or is supported by any written statement that omits a material fact, is false, fictitious or fraudulent because of the omission and is a statement in which the person or entity has a duty to include such material fact, or (iv) is for the provision of items or services which the person or entity has not provided as claimed.

In addition, it is illegal to make, present or submit (or cause to be made, presented or submitted) a written “statement” (i.e., a representation, certification, affirmation, document, record, or accounting or bookkeeping entry made with respect to a claim or to obtain the approval or payment of a claim) if the person or entity “knows or has reason to know” such

statement (i) asserts a material fact that is false, fictitious or fraudulent, or (ii) omits a material fact making the statement false, fictitious or fraudulent because of the omission.

Similar to the FCA, the PFCRA broadly defines the terms “knows or has reason to know” as (i) having actual knowledge that the claim or statement is false, fictitious or fraudulent, (ii) acting in deliberate ignorance of the truth or falsity of the claim or statement, or (iii) acting in reckless disregard of the truth or falsity of the claim or statement. The law specifically provides that a specific intent to defraud is not required to prove that the law has been violated. The PFCRA provides for civil penalties for each false claim paid by the government, and, in certain circumstances, an assessment of twice the amount of each claim.

In addition, if a written statement omits a material fact and is false, fictitious or fraudulent because of the omission and is a statement in which the person or entity has a duty to include such material fact and the statement contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the contents of the statement, the law provides for a monetary penalty for each such statement.

Violation of the PFCRA may include civil monetary penalties. From time to time, the Department of Justice has adjusted these penalties to reflect the rate of inflation and as such, they vary depending on the date the penalty was assessed or the violation occurred. For violations that occurred on or before November 2, 2015, and for fines assessed on or before August 1, 2016 whose associated violations occurred on or before November 2, 2015, a civil monetary penalty of \$5,500 per claim can be assessed, plus twice the amount of any wrongfully filed claim. For fines assessed after August 1, 2016 whose associated violations occurred after November 2, 2015, a civil money penalty of \$10,781 per claim can be assessed, plus twice the amount of any wrongfully filed claim. As of January 29, 2021, the civil monetary penalties equal \$11,803.00 per claim or statement in violation of PFCRA, with potential periodic inflation adjustments, as well as potential assessments for claims paid by the federal government.

2. New Jersey Anti-Fraud and False Claims Laws.

a. The New Jersey False Claims Act, P.L. 2007, Chapter 265, as amended by P.L. 2009, Chapter 265 (“NJFCA”).

The NJFCA is a state law that prohibits, among other things, knowingly presenting or causing to be presented to an employee, officer or agent of the State of New Jersey, or to any contractor, grantee, or other recipient of State funds, a false or fraudulent claim for payment or approval, or knowingly making, using, or causing to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the State. The NJFCA also prohibits conspiring to defraud the State by getting a false or fraudulent claim approved or paid by the State.

The NJFCA defines “knowingly” as having actual knowledge of the information, acting in deliberate ignorance of the truth or falsity of the information, or acting in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud

is required. Acts occurring by innocent mistake or as a result of mere negligence will be a defense to an action under the NJFCA.

A person who has violated the NJFCA will be jointly and severally liable to the State of New Jersey for a civil penalty of not less than and not more than the civil penalty allowed under the federal FCA, for each false or fraudulent claim, plus three times the amount of damages which the State sustains (i.e., treble damages). The court may reduce the treble damages to not less than twice the amount of damages the State sustains if the court finds certain factors are met.

Violations of the NJFCA also give rise to liability under the Medical Assistance and Health Services Act (see below), N.J.S.A. 30:4D-17 et seq. Specifically, any person, firm, corporation, partnership, or other legal entity that violates the provisions of the NJFCA will, in addition to other penalties provided by law, be liable for civil penalties of (i) payment of interest on the amount of the excess benefits or payments at the maximum legal rate in effect on the date the payment was made to the person, firm, corporation, partnership or other legal entity, for the period from the date upon which the payment was made to the date upon which repayment is made to the State of New Jersey; (ii) payment of an amount not to exceed three-fold the amount of such excess benefits or payments; and (iii) payment in the sum of not less than and not more than the civil monetary penalty allowed under the federal FCA for each excessive claim for assistance, benefits or payments.

b. Whistleblower Provisions and Protections under the NJFCA, N.J.S.A. § 2A:32C-10.

A person may bring a civil action for a violation of the NJFCA for the person and for the State of New Jersey. The person must also serve the State Attorney General. If the State Attorney General proceeds with and prevails in an action brought by an individual under the NJFCA, the individual is entitled to at least 15% but not more than 25% of the proceeds recovered under any judgment or any proceeds of any settlement, depending on the extent of the individual's involvement. If the State Attorney General does not proceed with an action, the individual will receive an amount the court decides is reasonable, which will be between 25% and 30% of the proceeds of the action or settlement of a claim.

An employee, intern, and volunteer who is discharged, demoted, suspended, threatened, harassed or any in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employees, interns, and volunteers, on behalf of the employees, interns, and volunteers or others in furtherance of an action under the NJFCA, including preliminary investigation, may be entitled to special protection. The protection afforded may include reinstatement with the same seniority status such employees, interns, and volunteers would have had, but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorney fees.

c. The New Jersey Insurance Fraud Prevention Act ("NJIFPA"), N.J.S.A. § 17:33A-1 et seq.

The NJIFPA makes it unlawful to (i) present or cause to be presented (including the assisting, conspiring or urging of another to present) any written or oral statement as part of, or in support of or opposition to, a claim for payment or other benefit pursuant to an insurance policy knowing the statement contains false or misleading information concerning any fact or thing material to the claim, or (ii) conceal or knowingly fail to disclose the occurrence of an event which effects any person's initial or continued right or entitlement to any insurance benefit or payment or the amount of any benefit or payment to which the person is entitled. A violation of this law can subject a person or entity to civil damages equal to three times the amount of damages, tiered monetary penalties based upon the number of offenses, and a State surcharge. In addition, the law authorizes the State Attorney General to pursue additional criminal penalties.

d. Reports may be made anonymously. Reports must be made in "good faith" and without any malicious attempt. Every attempt will be made to preserve the confidentiality of reports of non-compliance. All employees must understand, however, that circumstances may arise in which it is necessary or appropriate to disclose information. In such cases, disclosures will be on a "need to know" basis only. Individuals can call visit the websites, if they suspect fraud, waste, or abuse has occurred:

[New Jersey Office of the State Comptroller | File a Complaint \(nj.gov\)](#) or
1-888-937-2835

[Insurance Fraud. Report It. End it. - State of New Jersey \(njinsurancefraud2.org\)](#) or
1-877-55-FRAUD (1-877-553-7283)

Any evidence of fraud, waste or abuse in Medicare or any other health care program involving only Federal funds can be reported to the toll-free hotline established by the federal Office of Inspector General in the US Department of Health and Human at: **1-800-HHS-TIPS (1-800-477-8477)**.

e. [The Medical Assistance and Health Services Act \("MAHSA"\)](#),
[N.J.S.A. § 30:4D-1 et seq.](#)

Provisions in this comprehensive law allow for the imposition of criminal fines and terms of imprisonment for various violations involving the submission of claims for payment under the Medical Assistance Program. For instance, such criminal penalties may be imposed upon a health care provider who willfully receives Medical Assistance payments to which the provider is either not entitled or that are in a greater amount than that to which the provider is entitled. The law also allows penalties to be imposed upon an individual or entity that (i) knowingly and willfully makes or causes to be made any false statement or false representation of a material fact in any claim form in order to receive payment, (ii) knowingly and willfully makes or causes to be made any written or oral false statement for use in determining such payment, or (iii) conceals or fails to disclose the occurrence of an event which affects the right to receive such a payment. Penalties may also be imposed if false statements or representations of a material fact are made in connection with the conditions or operations of any institution during an initial or recertification process entitling the facility to payments under the Medical Assistance Program. Under the MAHSA, it is also unlawful for an individual or entity to solicit, offer or receive a kickback, rebate or bribe in connection with the furnishing of items or services for which payment

is made or the furnishing of items or services whose cost is or may be reported to obtain benefits or payments under Medical Assistance Program. In addition to criminal fines and jail sentences, violators of this law are also subject to civil penalties, which can include treble damages, interest on the overpayments, and not less than and not more than the civil penalty allowed under the federal FCA for each false claim submitted.

The director of the program may also take certain actions against individuals and entities found to be in violation of this law. Specifically, the director may suspend, debar or disqualify, for good cause, any provider presently participating or who has applied for participation in the program, or may suspend, debar or disqualify, for good cause, any individual or entity who is participating directly or indirectly in the Medicaid program, including their agents, employees or independent contractors.

Additionally, if an individual or entity fails to respond within ten (10) days to any order of the director, or any person designated by the director, requiring payment or repayment of any amount found to be due under this law, the director may issue certificate to the clerk of the Superior Court of New Jersey stating that the person or entity is indebted to the state for the payment of the outstanding amount.

f. Health Care Claims Fraud, N.J.S.A. § 2C:21-4.2, 4.3 and 2C:51-5.

The crime of Health Care Claims Fraud is committed when a false, fictitious or fraudulent or misleading statement of material fact is knowingly or recklessly submitted (or is attempted to be submitted) or a material fact is omitted from any record, bill, claim or other document in connection with payment or reimbursement for health care services by either a licensed health care practitioner or an unlicensed person. In addition to other criminal penalties allowed by law, the penalty for each violation of this law is a fine of up to five times the monetary amount obtained or sought.

A health care practitioner may also be subject to additional penalties, including but not limited to, suspension or forfeiture of his/her license.

g. False Claim for Payment of a Government Contract.

Another New Jersey law, N.J.S.A. 2C:21-34 et seq., makes it a crime to (i) knowingly submit to the government any claim for payment for performance of a government contract knowing that the claim is false, fictitious or fraudulent, and (ii) knowingly making a material representation that is false in connection with the negotiation, award or performance of a government contract. The criminal penalties for violations of this law vary from a crime in the fourth degree to a crime in the second degree depending on the amount of the claim.

h. Whistleblower Protections.

Under the New Jersey Conscientious Employee Protection Act (CEPA), N.J.S.A. § 34:19-1 et seq., employees, interns, and volunteers are prevented from taking any retaliatory action against an employee, intern, and volunteer who discloses (or threatens to disclose) to a supervisor or to a public body any activity, policy or practice of the employer that the employee, intern, and volunteer reasonably believes is fraudulent or criminal and that may

defraud an individual or governmental entity, among others. In addition, the law protects employees who object or refuse to participate in such activity, policy or practice. Specific protection is also given to licensed or certified health care professionals who object to or refuse to participate in any activity, policy or practice that the employee, interns, and volunteer reasonably believes constitutes improper quality of care.

E. Other Fraud and Abuse Laws.

Other fraud and abuse laws are discussed in **Section IV, Regulated Conduct and Guidelines**, of Cape Atlantic I.N.K.'s Compliance Plan.

F. Procedures for Detecting Fraud, Waste and Abuse.

All employees, interns, and volunteers must, as a condition of continued employment or engagement by Cape Atlantic I.N.K., strictly adhere to the requirements of all federal and state laws prohibiting fraud, waste, and abuse. Under federal and state laws, all employees, interns, and volunteers of Cape Atlantic I.N.K. have an affirmative duty to prevent, detect, and report fraudulent behavior. Any employee, intern, and volunteers who knows, has reason to know, or reasonably suspects that wrongdoing, fraud, waste, or abuse regarding a federal or state health care program, including Medicare and Medicaid, has occurred within Cape Atlantic I.N.K. must immediately report such wrongdoing to the Compliance Officer, or Committee Designee, to the Executive Director.

Further, it is a condition of continued employment or engagement by Cape Atlantic I.N.K. to adhere strictly to the requirements and procedures set forth in Cape Atlantic I.N.K.'s Compliance Plan, including the Code of Conduct. Violations of the Compliance Plan, including the Code of Conduct, will subject the violator to sanctions, up to and including termination from employment or engagement.

Cape Atlantic I.N.K., as part of its training with regard to Cape Atlantic I.N.K.'s Compliance Plan and Code of Conduct, will educate all employees, interns, and volunteers regarding procedures for detecting fraud, waste, and abuse.

Individuals may report a violation of the code of ethics or the standards of conduct; or report on waste, fraud or abuse; or any other incident or practice or wrongdoing:

- i. Cape Atlantic I.N.K. supervisor or Compliance Officer
- ii. **Website:** www.lighthouse-services.com/capeatlanticink
- iii. **Telephone: English** speaking USA and Canada: 833-480-0010 (not available from Mexico) **Spanish** speaking North America: 800-216-1288 (from Mexico user must dial 001-800-xxx-xxxx)
- iv. **E-mail:** reports@lighthouse-services.com (must include Cape Atlantic I.N.K with report)

- v. **Fax:** (215) 689-3885 (must include Cape Atlantic I.N.K with report) Whatever way you choose to report, there will be no reprisal, as stated in our Corporate Compliance Plan's and **New Jersey's Conscientious Employee Protection Act**, N.J.S.A. §§ 34:19-1 – 34:19-8 (“**NJ CEPA**”) known as New Jersey's Whistleblower Statute.
- vi. The State of NJ Medicaid Fraud and Abuse Hotline: 1-888-937-3835; 24 hrs/day, 7 days a week
- vii. New Jersey Office of the State Comptroller | File a Complaint (nj.gov) or 1-888-937-2835
- viii. Insurance Fraud. Report It. End it. - State of New Jersey (njinsurancefraud2.org) or 1-877-55-FRAUD (1-877-553-7283)

Any questions regarding Cape Atlantic I.N.K.'s Compliance Plan, including the Code of Conduct, should be directed to the Compliance, or Committee Designee, the Executive Director. Actual or suspected violations of the Code of Conduct or Compliance Plan must be reported to the Compliance Officer in person or by mail, work email or telephone, or by utilizing Cape Atlantic I.N.K.'s Corporate Compliance Line link on Cape Atlantic I.N.K.'s website, by logging in with your username and password and clicking on the link titled “Corporate Compliance Line.”

G. Non-Retaliation.

Cape Atlantic I.N.K. will not retaliate against any employee, intern, and volunteer who reports compliance issues in good faith. This means Cape Atlantic I.N.K. will not take any negative or adverse act against such employees, interns, and volunteers. Reporting “in good faith” means that you are telling the truth about an issue as you know it. If you believe retaliatory action has been taken against you for reporting an issue in good faith, please contact the Compliance Officer, Human Resources or the Executive Director.

H. Distribution and Acknowledgement.

Cape Atlantic I.N.K. will make this Policy available to all employees, interns, and volunteers, as well as all contractors and agents of Cape Atlantic I.N.K. involved, directly or indirectly, in the provision or monitoring of, or coding or billing for, health care services billed to or payable by any government or private third party payor. When required by Cape Atlantic I.N.K., employees, interns, and volunteers, contractors and agents of Cape Atlantic I.N.K. must sign an acknowledgement form acknowledging the receipt of this Policy and Cape Atlantic I.N.K.'s Compliance Plan, including the Code of Conduct.

I. Annual Certification.

Cape Atlantic I.N.K. must certify to the State of New Jersey annually that, among other things, its Corporate Compliance Plan and Employee Manual incorporate the requirements of Section 6032 of the federal Deficit Reduction Act, as required by law. In certain circumstances, Cape Atlantic I.N.K. may be required to submit documentation to support the answers provided in

the certification. Cape Atlantic I.N.K. also may be subject to onsite reviews conducted by the state or federal government to verify compliance.

CORPORATE COMPLIANCE PLAN

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS

APPENDICES

APPENDICES

1. Resolution regarding the Corporate Compliance Plan
2. Acknowledgement Form
3. Exit Interview Certification Form

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS, INC.

BOARD RESOLUTION REGARDING CORPORATE COMPLIANCE PLAN

Adopted: April 24, 2017

Revised: April 12, 2023

The Board of Trustees of **Cape Atlantic Integrated Network for Kids, Inc.** (“Cape Atlantic I.N.K.”) does hereby adopt the following preamble and resolutions, and consents to action taken by virtue thereof, as of this 12th day of April, 2023.

WHEREAS, an effective internal control system promoting adherence to and compliance with applicable federal and state law and regulations, and the program requirements of federal, state and private health plans, is consistent with Cape Atlantic I.N.K.’s goal of billing and claims integrity and compliance; and

WHEREAS, Cape Atlantic I.N.K. adopted and implemented, over a period of years, various policies and procedures comprising its compliance program; and

WHEREAS, Cape Atlantic I.N.K. desires to adopt and implement a new comprehensive corporate compliance plan (the “Compliance Plan”) consistent with guidance published by the Department of Health & Human Services, Office of Inspector General and other guidance; and

WHEREAS, voluntary adoption, implementation and maintenance of such a comprehensive Compliance Plan will facilitate the integrity of Cape Atlantic I.N.K.’s billing and claims activities, and it will greatly reduce the exposure of Cape Atlantic I.N.K. and its care management staff and other employees, interns, and volunteers to sanctions under federal and state law arising from such activities.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Compliance Plan dated April 12, 2023 as distributed to the Board of Trustees, is adopted as presented; and

IT IS FURTHER RESOLVED that a copy of this resolution be attached to the Compliance Plan as an exhibit; and

IT IS FURTHER RESOLVED that the Compliance Officer and Compliance Committee be, and are hereby, authorized to oversee the implementation, maintenance, and periodic review and amendment of the Compliance Plan, and to further the purposes of the Compliance Plan, that the Compliance Committee be, and is hereby, authorized to oversee the development, revision and enforcement of any supplemental compliance guidance it may determine is necessary or desirable.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned has executed this Board Resolution Regarding Corporate Compliance Plan as of the date set forth above.

Cape Atlantic Integrated Network for Kids Inc.

Attestation

By: Marya Small Parra

By: Alan DeStefano

Name: Marya Small Parra

Name: Alan DeStefano

Title: Board Chairperson

Title: Executive Director

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS, INC.

**ACKNOWLEDGEMENT FORM
CODE OF CONDUCT AND COMPLIANCE PLAN**

The undersigned does hereby affirm and certify that:

1. I have received (directly or through access to Cape Atlantic I.N.K.'s intranet), read, and understand the Code of Conduct, and I have received (directly or through access to Cape Atlantic I.N.K.s intranet), read and understand the Corporate Compliance Plan (the "Compliance Plan") of **Cape Atlantic Integrated Network for Kids, Inc.** ("Cape Atlantic I.N.K."), including Section V of the Compliance Plan, regarding Section 6032 of the federal Deficit Reduction Act of 2005. I will abide by the Code of Conduct and the Compliance Plan. I have received educational training with regard to the Code of Conduct and the Compliance Plan, and compliance issues in general as they affect my role in Cape Atlantic I.N.K.. I understand the disciplinary policies of Cape Atlantic I.N.K. with regard to individuals who violate laws, regulations, standards, and operating policies.

2. I realize that I have an obligation to report actual or suspected misconduct that may violate the Code of Conduct or the Compliance Plan along with actual or suspected violations of laws, regulations, and standards that I may observe in Cape Atlantic I.N.K.. I recognize that concerns should be forwarded to the Compliance Officer or Compliance Committee, along with any evidence or proof of misconduct that may assist in an internal investigation. I will make all reports in good faith, based on reasonable and credible information.

3. I understand that I have the right to ask to remain anonymous in any report filed with the Compliance Committee, but I also recognize I may need to reveal my identity if necessary to fully investigate the compliance issue. I also recognize that in the event an investigation by federal or state authorities is conducted, those authorities may require me to serve as a witness and that, in such an event, I may no longer maintain anonymity.

4. I understand that if I am named to any list of individuals excluded or debarred from participation in federal or state reimbursement programs, my employment or other engagement with Cape Atlantic I.N.K. may be terminated.

[Signature]

[Print Name]

Date

CAPE ATLANTIC INTEGRATED NETWORK FOR KIDS, INC.

**EXIT INTERVIEW
CERTIFICATION FORM CONCERNING COMPLIANCE**

The undersigned does hereby certify that:

1. I am familiar with the Corporate Compliance Plan (“Compliance Plan”) and the Code of Conduct included in the Compliance Plan of **Cape Atlantic Integrated Network for Kids, Inc.** (collectively, “Cape Atlantic I.N.K.”).

2 Except as set forth below, I am not aware of any violations of the Compliance Plan, the Code of Conduct, or any laws, regulations, rules, policies or procedures applicable to Cape Atlantic I.N.K. that have occurred during the term of my employment or engagement with Cape Atlantic I.N.K.. If none, write “none” below, but the same will be assumed if the below is blank.

3. I agree to meet with the Compliance Officer and Compliance Committee, if so requested, at a reasonable time to discuss the information provided above.

4. If I become aware of any violations or possible violations after signing this certification form, I shall report that information to the Compliance Officer or other member of the Compliance Committee identified by Cape Atlantic I.N.K. for such purposes immediately upon learning of the violation or possible violation.

5. I understand and agree that, in lieu of completing the information required by Section 2 above, I have a duty to meet with the Compliance Officer or another member of the Compliance Committee to discuss my reasons for not completing this certification, and any information that is required by it.

[Signature]

Date: _____

[Print Name]

Witness: _____

Printed Name: _____