

1. Introduction

Attentive Care is committed to maintaining the highest standards of ethical conduct, regulatory compliance, and corporate responsibility. This Compliance Charter outlines our commitment to compliance, the responsibilities of all affected individuals, including employees and leadership, and the mechanisms for ensuring adherence to all applicable laws, policies, and regulations, including New York State Office of the Medicaid Inspector General (OMIG) Regulation 18 NYCRR Part 521-1.

2. Purpose

The purpose of this charter is to establish a framework for compliance within Attentive Care, ensuring that all business activities are conducted in accordance with legal and ethical standards, fostering a culture of integrity, transparency, and accountability.

3. Scope

This Compliance Charter applies to all employees, clients, contractors, board members, business partners, and other affected individuals. It governs all operational, financial, and administrative activities within the organization.

4. Governing Authority

The governing authority for the Compliance Program is **Brian Botshon**, CEO of Attentive Care, who is ultimately responsible for the oversight, support, and effectiveness of the Compliance Program in accordance with Regulation 18 NYCRR Part 521-1.

Per OMIG compliance requirements, the governing authority must:

- Demonstrate an active and informed oversight of the compliance program;
- Ensure that the Compliance Officer is given sufficient authority, independence, and resources to carry out their duties;

- Receive regular reports from the Compliance Officer and Compliance Committee on the status of the compliance program, identified risks, and any corrective actions;
- Approve and support the annual review and revision of compliance-related policies and procedures;
- Hold organizational leadership accountable for the implementation and ongoing effectiveness of the compliance program.

The governing authority plays a critical role in setting the tone for compliance and ethics throughout the organization and ensuring that compliance objectives are integrated into the overall management and operations of Attentive Care.

5. Roles & Responsibilities

Compliance Officer (Kelly Ottinger) serves as the Chair of the Compliance Committee. The Compliance Officer is responsible for overseeing the compliance program, ensuring adherence to applicable laws, including Regulation 18 NYCRR Part 521-1, and facilitating the implementation of effective compliance practices across the organization.

In compliance with Regulation 521-1, the Compliance Officer will:

- Have the authority and resources necessary to carry out their responsibilities;
- Report directly to the governing body and/or CEO;
- Ensure the implementation of a compliance program that meets all eight required elements, including written policies and procedures, training, auditing, reporting, enforcement, and corrective action systems;
- Oversee the development and revision of compliance-related policies;
- Monitor organizational adherence to Medicaid billing and documentation requirements.

The Compliance Officer will be provided sufficient time, resources, authority, and direct access to senior management and the governing authority to perform duties effectively.

The Compliance Committee will support the Compliance Officer by:

- Collaborating on resource planning and identifying staffing or budgetary needs;
- Advocating for sufficient administrative and technical support;
- Facilitating timely access to information, personnel, and records necessary for effective oversight;
- Ensuring that departmental leadership allows time and flexibility in the Compliance Officer's schedule to fulfill program obligations;
- Promoting organizational awareness of the Compliance Officer's role and responsibilities to reinforce authority and cooperation.

Compliance Committee responsibilities include:

- **Regulatory Compliance Oversight** – Ensuring compliance with Regulation 521-1 and other federal, state, and local laws. This includes monitoring the effectiveness of the compliance program, enforcing standards, and initiating improvements.
- **Policy Development and Updates** – Working closely with the Compliance Officer to review and update policies as regulations change. The Compliance Committee will maintain open, structured communication with the Compliance Officer, including:
 - Regular agenda items during Committee meetings focused on policy revisions;
 - Sharing departmental updates and regulatory changes relevant to policy updates;
 - Collaborating in drafting, reviewing, and approving policy changes;
 - Ensuring feedback from affected departments is incorporated into final versions;
 - Monitoring the implementation of policy updates across the organization to ensure alignment and understanding.
- **Risk Assessment and Management** – Identifying, analyzing, and addressing specific areas of compliance risk. In accordance with 18 NYCRR Part 521-1.3(d), the Compliance Program must address risk areas associated with Medicaid program participation, including:
 - **Billings** – Ensuring all billed services are properly documented, accurately coded, and aligned with the services rendered.
 - **Payments** – Verifying that all payments received are valid, justified, and not the result of duplicate or erroneous billing.
 - **Ordered Services** – Confirming that all services provided are medically necessary, appropriately ordered, and match plan of care.
 - **Medical Necessity** – Reviewing service utilization to ensure it meets documented patient needs.
 - **Quality of Care** – Monitoring the standard of care provided and resolving any deficiencies.
 - **Governance** – Overseeing that leadership and organizational structure support a compliant and ethical environment.
 - **Mandatory Reporting** – Ensuring legal and regulatory obligations to report are fulfilled timely.
 - **Credentialing** – Maintaining up-to-date licensure and credentials for employees and contractors.
 - **Contract Oversight** – Evaluating contractor performance, compliance with contract terms, and potential risks.
 - **HIPAA Breaches** – Preventing, detecting, and responding to data privacy breaches.
 - **Conflict of Interest** – Monitoring and managing real or potential conflicts within business and clinical operations.

- **Employee Misconduct** – Detecting, investigating, and remediating internal misconduct related to Medicaid operations.

These risk areas are drawn from and align with the required compliance areas identified in 18 NYCRR Part 521-1.3(d), which mandates that Medicaid providers implement a program addressing billing, payments, services ordered and provided, medical necessity, quality of care, and additional high-risk areas affecting Medicaid operations.

Risk areas are reassessed annually and updated based on audit findings, regulatory updates, and evolving organizational activities. The Compliance Committee, in coordination with the Compliance Officer, utilizes the following methods to assess and update risk areas:

- Reviewing results from internal audits and external reviews;
- Monitoring trends and incidents identified through hotline reports and investigations;
- Evaluating changes in applicable federal and state laws, including Medicaid program requirements;
- Soliciting feedback from department leaders and staff regarding operational challenges or vulnerabilities;
- Benchmarking industry standards and compliance best practices;
- Updating the organizational risk areas and aligning compliance priorities with identified areas of concern.

This process ensures that Attentive Care remains proactive in identifying and mitigating compliance risks relevant to its Medicaid operations and services.

- **Training and Awareness** – Ensuring compliance training programs are current, relevant, and aligned with emerging regulations and organizational risks. Topics include Medicaid fraud prevention, HIPAA requirements, whistleblower protections, and reporting obligations.
- **Monitoring and Auditing** – Conducting internal audits and monitoring activities at least annually, as required by Regulation 521-1, to detect and correct compliance gaps.
- **Investigations and Corrective Actions** – Investigating reported concerns and violations, implementing corrective actions, and reporting findings to the governing authority.
- **Ethical Culture** – Promoting a culture of integrity, ethical decision-making, and accountability.
- **Reporting and Communication** – Communicating with the governing authority and ensuring that updates on program activities, training, audits, and investigations are documented and reported in a timely manner
 - To ensure the governing authority maintains effective oversight, the Compliance Officer provides written and verbal reports to the governing authority (CEO) on a quarterly basis, and more frequently as needed. These reports include:

- Summaries of audit and monitoring activities
- Identified compliance risks and incidents
- Updates on training and education initiatives
- Investigations and corrective actions taken
- Recommendations for policy revisions or program enhancements

Reports are documented, reviewed during Compliance Committee meetings, and delivered to the governing authority to inform strategic decisions, demonstrate accountability, and fulfill regulatory obligations under 18 NYCRR Part 521-1.

6. Compliance Committee Membership

The Compliance Committee includes senior management from all departments, ensuring broad organizational oversight and input. Additional staff may be appointed as needed by the governing authority or designee.

Current Members:

- Kelly Ottinger – Corporate Compliance Officer / Chair
 - Bryan Gordon – Chief of Operations
 - Stacey Phillips – Human Resources Manager
 - Gina Burroughs – Regional Manager / HIPAA Privacy Officer
 - John Maxian – Accounting Manager
 - Daryl Duffney – Director of Compliance
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7. Compliance Committee Meetings

The Committee shall convene at least quarterly and more frequently if needed. The Compliance Officer may request meetings, and any member may propose agenda items. Meeting minutes, program updates, and corrective actions will be reported to the governing authority for review and additional input.

8. Training and Awareness

Training sessions will be conducted at least annually and updated as needed to reflect changes in laws, regulations, and areas of risk. The Committee will ensure that training topics are tailored to relevant risks and job responsibilities. Compliance with Regulation

521-1 mandates regular training on Medicaid billing integrity, whistleblower protections, and fraud prevention.

9. Reporting and Whistleblower Protection

Individuals are encouraged to report concerns through designated channels. Reports will be treated confidentially, and whistleblowers will be protected from retaliation to the fullest extent possible. Anonymous reporting mechanisms will be available to comply with Regulation 521-1.

10. Monitoring and Enforcement

Regular internal audits and assessments will be conducted. Any findings will be addressed through documented corrective actions, up to and including disciplinary measures or legal action. The Compliance Officer will track resolutions to ensure lasting improvements.

11. Continuous Improvement

The Compliance Officer and Committee are committed to continuous improvement in alignment with Regulation 521-1. The Charter, policies, and procedures will evolve as necessary to reflect industry standards and regulatory changes.

12. Charter Review and Revision

This Compliance Charter will be reviewed and updated **at least annually** by the Compliance Officer and Committee to ensure ongoing relevance, accuracy, and compliance with Regulation 521-1 and other applicable requirements.

13. Conclusion

This Compliance Charter represents Attentive Care's firm commitment to ethical, lawful, and responsible business conduct. The engagement of all staff, leadership, and the governing authority is essential to the success of the compliance program.